

MEDCO-14: Physician's Report of Work Ability Fact Sheet

BACKGROUND:

BWC's objective is the effective management of an injured worker's (IW) lost-time claim. A focus on return to work is a visible aspect of that objective, as we understand that quickly and safely getting an IW back on the job positively aids the healing process and reduces financial and emotional impact to both the IW and employer. The Physician's Report of Work Ability (MEDCO-14) is a critical tool that is used to facilitate this focus. The goal is to align the information collected with this objective.

PURPOSE:

The MEDCO-14 allows you to provide a medical snapshot of the IW's restrictions/capabilities at a specific point in time. The questions capture relevant data which enables the claims team to:

1. Understand the IW's ability or inability to perform any work;
2. Understand the IW's capabilities and, if applicable, restrictions;
3. To make a determination on temporary total compensation;
4. Understand the barriers to the IW returning to work;
5. Understand the reasons for delay in the IW's ability to return to his/her current job;
6. Understand the treatment plan and vocational issues that need to be addressed to help the IW in returning back to work; and
7. Determine if there is anything inside his/her control to assist in lessening the IW's disability.

Each question serves a specific purpose that is reflected in the way the question is worded and the context it is referenced. Your response should be based solely on the evaluation of the IW's medical state in relation to the conditions listed in **Section 4. Legal and employment issues should not influence your medical opinion provided on the MEDCO-14.**

Given the benefits of early return to work, continuous claim monitoring for return to work opportunities is vital for the IW's success. An IW's condition generally will not remain static during treatment. Monitoring those changes may assist Bureau of Workers' Compensation (BWC), the Managed Care Organization (MCO) and the self-insured (SI) employer in removing barriers for a return to work as quickly as possible.

HOW BWC, MCOs and SELF-INSURED EMPLOYERS USE THE FORM

Once you submit the medical snapshot via the MEDCO-14, BWC, the MCO or the SI employer will determine if there are action steps that can be taken to help remove any barriers and/or delays to the IW's return to work (e.g., evaluating and addressing a recommendation for an additional condition). Additionally, BWC, the MCO or the SI employer will partner with the IW and employer to identify safe and effective return to work opportunities that meet the medical needs of an IW. BWC or the SI employer will also determine if the IW is entitled to compensation benefits.

CLARIFICATION OF MEDCO-14 SECTIONS:

DEMOGRAPHICS

This section collects demographic information about the IW and provides identifying information so the form can be matched to a specific claim for the IW. This section also collects information regarding past, present and future office visits. The exam/appointment information can be used in conjunction with other medical information to monitor the treatment plan.

SECTION 1: MEDCO-14 SUBMISSION

If this is the **first time** the IW is being seen by you for this work-related injury, check the first box then move to Section 2.

If you have previously seen the IW for this work-related injury, and NONE of the information on a previously-submitted MEDCO-14 has changed, you will check the second box and proceed to section 8. While the expectation is that over time the disability would progress to complete resolution, this indicates that you have found **no change** in the IW's condition, work status, or abilities and the disability remains status quo at this time.

If you have previously completed a MEDCO-14 and ANY of the information (e.g., work status dates, clinical findings) on a previously-submitted MEDCO-14 has changed, you will check the third box and proceed to each section indicating "Yes" or "No" in the (Updates Yes No) space at the end of the title line for each section. In any section that you are reporting changes, you will check "Yes" then, you must note the changes to that section on the form. For example, in Section 3B you previously indicated the estimated date the IW should be able to return to the job held at the time of injury as 5/16/15. Presently, you believe the estimated date the IW should be able to return to the job held at the time of injury is 7/28/15. In this case you would check the "Yes" box and report 7/28/15 as the estimated date the IW should be able to return to the job held at the time of injury. If no other information in that section has changed, no additional updates are needed. However, if for example the IW's capabilities have also changed then, you would also update Section 3C.

In any section you have no changes to report you will check "No" and proceed to the next section. **Exception – If you update section 3 and answer "No" to 3B or update any dates, you must also complete section 4A even if there are no changes to report in 4A.**

SECTION 2: EMPLOYMENT/OCCUPATION

In order to determine if the IW is able to return to the ***job duties of the position of employment at the time of injury***, it is important to understand the specific job duties and job requirements. In this section, you are asked whether or not the job-duty information has been provided, written or verbally, and reviewed.

If you have not been provided a description of the IW's job duties at the time of injury, BWC, the MCO or the SI employer should ensure the information is sent to you for review.

SECTION 3: WORK STATUS/ IW'S CAPABILITIES

For clarification purposes, BWC is defining restrictions as a limitation or being restricted. Restrictions can be in varying degrees from minor to complete. In order to determine if the IW may be capable of working and/or eligible for compensation BWC must first know whether or not the IW has restrictions due to the allowed conditions in the claim.

SECTION 3A of SECTION 3

The question in section 3A is asking if any restrictions exist and whether or not the IW is in any way limited or restricted due to the allowed conditions in the claim. If there are restrictions, BWC is seeking clarification as to whether the restrictions are temporary or permanent. Thus, if the IW has any restrictions, from minor to total, the answer to question 3A should be "Yes". Your answer should be "No" only if the IW is "not" in any way restricted due to the allowed conditions in the claim.

Work status/Injured worker's capabilities		(Updates Yes <input type="checkbox"/> No <input type="checkbox"/>)
3A	Does the injured worker have any physical or health restrictions related to allowed conditions in the claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, are the restrictions: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <i>Proceed to section 3B.</i>	
	If no, please check the box to indicate the injured worker is released to work as of the date of this exam. <input type="checkbox"/> <i>Proceed to section 8.</i>	

SECTION 3B of SECTION 3

If you answer yes to 3A, in sections 3B you are asked to provide clarification regarding the degree of the restrictions. For that reason, BWC first seeks to clarify if the restrictions prevent the IW from returning to the full duties of his/her job held on the date of injury (former position of employment). There may be cases where the IW has restrictions due to the allowed conditions in the claim however, those restrictions do not prevent the IW from doing the full duties of his/her job held on the date of injury (see example below).

3B	If there are restrictions, can the injured worker return to the full duties of his/her job held on the date of injury (former position of employment)? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please check the box to indicate that the injured worker is released to work as of the date of this exam. <input type="checkbox"/> <i>Proceed to section 8.</i>

Example:

- A customer service representative in a call center sustained a work-related injury of a broken toe. While the IW has been directed by her treating physician to wear tennis shoes for 3 weeks while the toe heals, the restriction does NOT prevent the IW from returning to full duties of her job held on the date of injury.

Subsequently, if the restrictions prevent the IW from returning to the full duties of the job held on the date of injury (former position of employment) you are asked to indicate the date restricted duty (minor to complete) began. **Keep in mind this question does not ask whether or not the IW can or cannot work. The question is only asking you to provide the date restricted duty began.** For further instruction on how to supply information regarding the IW's ability or inability to perform work, please see the section labeled **SECTION 3C of SECTION 3** below.

3B	If no, please indicate when the injured worker could not do the job held on the date of injury for this period of restricted duty. Date: ____/____/____.
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Examples:

- **WAREHOUSE WORKER** - IW is a warehouse worker who sustained a work-related hernia injury on 9/15/2015. The IW's treating physician feels the IW cannot do the full duty job held on the date of injury as of 9/15/2015 (the date of injury).
- **REGIONAL MANAGER** - IW is a regional manager who sustained fractured ribs, abrasion of the right ankle and a concussion with loss of consciousness due to a work-related motor vehicle accident on 10/1/2015. The IW's treating physician feels the IW cannot do the full duty job held on the date of injury as of 10/1/2015 (the date of injury).
- **CONSTRUCTION WORKER** - IW is a construction worker who sustained a lumbar sprain on 9/13/2015 and had returned to full duty work. On 10/5/2015 the worker reinjured his back lifting bales of roofing shingles. The IW's treating physician feels the IW cannot do the full duty job held on the date of injury as of 10/5/2015 (the date of re-injury).

In all of the examples listed above, you would list the date the IW was unable to perform his/her full duty job for that period of restricted duty. You will note in the first two examples the date the treating physician would enter as a response to the question in 3B "If no," would be the same as the date of injury. However, in the third example, the IW had already returned back to work full duty and was re-injured. In the third scenario, the response to the question in 3B "If no," would be the same as the date of re-injury.

The last question in section 3B asks you to estimate, based on your assessment of the IWs allowed conditions and your treatment plan, when the IW should be able return to the full duties of his/her job held on the date of injury. Based on the allowed conditions in the claim and your experience with this type of injury, you are being asked to estimate when the IW will be able to return to full duty work.

3B

Please estimate when the injured worker should be able to return to the job held on the date of injury for this period of restricted duty. Date: ___/___/____. Proceed to section 3C.
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If your answer was "No" in 3B, you are asked to complete section 3C.

SECTION 3C of SECTION 3

If you have indicated in 3A and 3B that the IW has work-related restrictions, you are required to complete 3C. In 3C you are asked to furnish information regarding the IW's ability or inability to perform work. The check boxes and questions are designed to capture, in part, some of the IW's capabilities. These capabilities are general physical abilities you observed throughout your evaluation, not just those capabilities specific to the IW's job duties at the time of injury. Additional capabilities or restrictions can be noted in the blank space provided at the end of 3C. In order to clearly understand your medical opinion, if the IW is not capable of performing any work, you should note this restriction (e.g. Unable to perform any work) in the blank space at this end of 3C.

You are **not expected** to respond to the question regarding "functional restrictions based only on allowed psychological conditions" **unless you are treating the IW for an allowed psychological condition.**

Whether the employer at the time of the injury, or any other employer, has work available is irrelevant to the medical evaluation and should not impact responses in this section. Evaluation should be based solely on the IW's medical state in relation to the conditions listed in Section 4.

If you feel the IW is capable of performing some job duties, but the IW has informed you that the employer has no light duty work available, you would enter the date in section 3C, that accurately reflects your medical opinion of when the IW could perform some of job duties regardless of whether work is available or not available.

Example:

- On the date of injury, 9/15/2015, the treating physician examined the IW and determined the IW had restrictions based on the work-related conditions in the claim. However, the treating physician didn't feel that any of those conditions were preventing the IW from working light duty.

If the treating physician felt the IW could return to light duty work immediately, the date the treating physician would enter in 3C would be the same as the date of injury.

The response in 3C for this example would be: *If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return to work date: 9/15/2015*

However, if the treating physician felt the IW needed three days off before returning to light duty work then, the date the treating physician entered would reflect the three days off.

The response in 3C for this example would be: *If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return to work date: 9/18/2015*

BWC, the MCO or the SI employer will use the information provided in this section to partner with the IW and employer in identifying safe and effective return to work opportunities which meet the medical capabilities and needs the physician has identified.

Please indicate which of the activities listed below the injured worker can perform (even if the response to 3B is No.)
 If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return to work date: ____/____/____.

The injured worker can perform simple grasping with: Left hand Right hand Both
 The injured worker can perform repetitive wrist motion with: Left hand Right hand Both
 The injured worker's dominant hand is: Left Right
 The injured worker can perform repetitive actions to operate foot controls or motor vehicles with: Left foot Right foot Both
 If the injured worker is taking prescribed medications for the allowed conditions in this claim, can the injured worker safely:
 *Operate heavy machinery: Yes No *Drive: Yes No *Perform other critical job tasks as defined by any source listed above in section 2: Yes No

Please indicate the following: N = Never, O = Occasionally, F = Frequently, C = Continuously					Lifting/carrying				Pushing/pulling				
Activity	N	O	F	C	Activity	N	O	F	C	N	O	F	C
Bend					Reach above shoulder					0 - 10 lbs.			
Squat/kneel					Type/keyboard					11 - 20 lbs.			
Twist/turn					Work with cold substances					21 - 40 lbs.			
3C Climb					Work with hot substances					41 - 60 lbs.			
										61 - 100 lbs.			
										100 + lbs.			

How many total hours can the injured worker work: ____ per week ____ per day?
 In an eight-hour workday, how many total hours can the injured worker: Sit: ____ hours Continuously With break
 Walk: ____ hours Continuously With break Stand: ____ hours Continuously With break
 Does the injured worker have any functional restrictions based only on allowed psychological conditions? Yes No If Yes, please describe in space provided below. Note: If Yes is indicated please reference the MEDCO-16 as needed.
 Additionally, in this space, please provide any additional information addressing the injured worker's capabilities and/or job accommodations which may not be addressed above. _____

Additional Comments - If there is any additional information which you feel should be considered in determining whether an IW can perform any tasks safely, you should include the information in the white space provided in Section 3C. This includes the IW's **inability** to perform any work duties.

Examples:

- **WAREHOUSE WORKER** - IW is a warehouse worker who sustained a work-related hernia injury on 9/15/2015. The IW's treating physician feels the IW cannot do the full duty job held on the date of injury as of 9/15/2015 (the date of injury). The warehouse worker tells the treating physician that he doesn't think his employer has light duty work available. However, other than heavy lifting, the treating physician does feel the IW is capable of performing other job tasks. Therefore, the treating physician enters the date of injury in 3C as the date the IW *is not released to the former position of employment but may return to available and appropriate work with restrictions*. The treating physician then indicates the activities the IW can perform in the remainder of 3C.
- **REGIONAL MANAGER** - IW is a regional manager who sustained fractured ribs, abrasion of the right ankle and a concussion with loss of consciousness due to a work-related motor vehicle accident on 10/1/2015. The IW's treating physician feels the IW cannot do the full duty job held on the date of injury as of 10/1/2015 (the date of injury). Upon examination the treating physician has some concerns about the severity of the concussion and the migraine headache the IW has. The treating physician feels the IW needs to remain off of work completely until additional diagnostic testing can be completed for the migraine and the IW can be seen by a specialist. Therefore, in the additional space provided at the bottom of 3C, the treating physician states the IW is not capable of any work at this time.

SECTION 4: DISABILITY PERIOD INFORMATION

The purpose of this section is to pinpoint which, if any, condition(s) is preventing the IW from returning to the full job duties required at the time of injury.

You **MUST** complete all fields in section 4A **ANYTIME** you complete section 3 and answer "No" to 3B or, you update any of the date fields in section 3. This includes anytime you select the third option in section 1 and make updates to section 3 by either answering "No" to 3B or updating any date fields.

You are asked to list the narrative description of the diagnosis(es), site/location, if applicable, the ICD code for the allowed conditions being treated due to the work-related injury and to indicate if each condition listed is preventing the IW from performing the full job duties required of the job at the time of injury.

Example:

- **REGIONAL MANAGER** - The IW is a regional manager who was involved in a work-related motor vehicle accident. He was diagnosed with fractured ribs, an abrasion right ankle and a concussion with loss of consciousness. All of these conditions were allowed in the IW's claim. While the fractured ribs, abrasion of the right ankle did cause some minor irritation, those conditions were not preventing the IW from returning to his work as a regional manager. The treating physician felt the injury to the right ankle and fractured ribs caused no work limitations, the IW could kneel, bend, twist/turn, etc.

However, the IW did have cognitive issues related to the concussion that rendered the IW incapable of performing his duties as a regional manager (e.g. working on a computer, flying, driving, and giving presentations). Based on these exam findings, the following are the treating physician's responses in section 4:

<i>Narrative condition</i>	<i>Site</i>	<i>ICD</i>	<i>Preventing Full Duty</i>
Contusion to the ribs	right	S20.211A	No
Abrasion of the ankle	right	S90.511A	No
Concussion w/ loss of consciousness		S06.0X9A	Yes

In this case, the concussion with loss of consciousness is the only condition preventing the IW from returning to the full job duties required at the time of injury.

While there are occasions where the IW may be disabled due to all of the conditions resulting from the work-related injury, usually that is not the case. Therefore, the form asks you to specify whether each condition is preventing the IW from performing the job duties he/she had at the time he/she was injured.

You are also asked to list other relevant conditions being treated in order to identify non-work-related conditions that may be contributing to a delay in recovery or may need to be taken into consideration when attempting to facilitate a return to work.

Example

- **COMORBIDITY** - The IW is diabetic, and the diabetes is delaying the IW's recovery. This information may assist BWC, the MCO or SI employer in working with the employer to fashion a return to work plan based on the work abilities and considering all of the IW's physical capabilities.

Your answers to the questions in this section should be based solely on your medical opinion regarding the IW's ability to work relative to the work-related injury(ies). Employment issues (e.g., employer cannot accommodate request for light duty work) should not influence the medical opinion provided in this section.

SECTION 5: CLINICAL FINDINGS

Question 1: *The IW is progressing: As expected, Better than expected or Slower than expected.*

Your response to this question will provide BWC, the MCO or the SI employer with the status of the IW's recovery. If the IW is **progressing as expected**, BWC, the MCO and the employer can begin to prepare for the IW's return to light or full duty based on the expected healing timeframe. If the IW is **progressing better than expected**, the parties can anticipate light or full duty return to work opportunities to be present sooner. However, if the IW is **progressing slower than expected**, BWC, the MCO or the SI employer should use the information in other sections of the form to determine what assistance to you or the IW is appropriate.

For example, if the IW's progress may be impaired because the IW is awaiting a decision on an additional condition or a treatment request, then BWC, the MCO or the SI Insured employer can address those issues and take appropriate action.

Question 2: *Provide your clinical and objective findings supporting your medical opinion outlined on this form. List barriers to return to work and reason for the injured worker's delay in recovery.*

Monitoring the claim for barriers to return to work and reasons for delays in recovery affords BWC, the MCOs or the SI employer the opportunity to look for ways to help remove barriers and/or shorten delays.

Example:

- Physician documents the following: "The IW continues to complain of constant knee pain. Recent MRI shows a meniscus tear which I have recommended be added to the claim. The IW will need surgery to repair the tear." Upon receipt of this information, the BWC claims specialist reviews the claim to determine the status of the recommended additional condition. If the recommendation has not yet been addressed, the claims specialist begins the additional allowance process and tries to bring the issue to resolution. BWC claims specialist also keeps the MCO updated on the additional allowance status so that the MCO can begin to work with the physician to secure the C-9, if one has not already been filed, for the surgery if the additional condition is allowed.

If medical evidence you have previously submitted contains the answer to the clinical findings question, it is acceptable to reference the information as long as you include the report type and the specific date of the report (e.g. office note dated 9/15/2015)

SECTION 6: MAXIMUM MEDICAL IMPROVEMENT (MMI)

MMI is a treatment plateau (static or well-stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability in spite of continuing medical or rehabilitative procedures. An IW may need supportive treatment to maintain this level of function after reaching MMI. Thus, periodic medical treatment may still be requested and provided.

If you feel the IW has reached MMI, you should check the "Yes" box and provide the effective MMI date.

If you feel the IW has not reached MMI, you should check the "No" box and provide the proposed treatment plan(s) and the estimated duration of treatment. If you state the IW is unable to perform any work, BWC, the MCO or the SI employer can begin to develop a case management/return to work plan based on the proposed treatment.

Legal and employment issues should not influence your medical opinion regarding the IW's status of MMI.

The following examples should help provide further clarification:

- The IW has been declared MMI by the Industrial Commission, but the physician feels the IW has not reached MMI. The physician should check the 'No' box and provide the proposed treatment plan(s) and the estimated duration of treatment.
- The IW is fired. The physician knows that the IW cannot return to the former position of employment. However, termination is a legal issue that falls under the

jurisdiction of the Industrial Commission. The termination should not impact the physician's medical opinion in any way.

SECTION 7: VOCATIONAL REHABILITATION

This section allows you to provide an opinion on the IW's need for vocational rehabilitation services. Vocational rehabilitation assists IWs with lost-time claims to safely return to work and/or maintain employment. These services are individually tailored to the needs of the IW and the work environment. Vocational rehabilitation outcomes are more likely to be successful when rehabilitation services are initiated early in the life cycle of a claim.

MCOs will work directly with the IW and the employer to find creative ways to allow the IW to return to work and/or remain at work.

The MCOs coordinate these interventions, which may include:

- Modifying the work tasks or providing assistive tools and equipment;
- Developing supervised programs, which allow the IW to gradually increase hours or workloads;
- Coordinating transitional work programs that provide progressive work-site therapy;
- Locating appropriate employment for the IW in a different type of work, if needed;
- Identifying when the IW needs specialized services or assistance in changing jobs (i.e. resume writing, interview skills, etc.).

You may help the MCO coordinate the vocational rehabilitation plan to provide the IW a safe transition back to employment.

SECTION 8: TREATING PHYSICIAN SIGNATURE

The following grid identifies provider types whose signature is acceptable on the MEDCO-14.

Provider Type	Report of Work Ability (Medco-14)
Physician of Record (POR) = Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Chiropractic (DC), Doctor of Dental Surgery (DDS), Doctor of Mechanotherapy (DMT), Doctor of Podiatric Medicine (DPM), Psychologist (Psy.D)	Yes (*Must be signed by the treating physician. See second bullet below for clarification)
Advanced Practicing Nurse (APN)	No
Physician Assistant (PA)	No
Licensed Independent Social Worker (LISW) and Licensed Professional Clinical Counselor (LPCC)	No
Licensed Social Worker (LSW) and Licensed Professional Clinical Counselor (LPC)	No
All other non-physician providers	No

- Your original or stamped signature on the MEDCO-14 is acceptable if you are one of the provider types listed above who can certify disability.
- *A MEDCO-14 signed by your authorized representative/designee is acceptable.
The designee will sign your name and include his/her own initials on the

form. However, while an advanced practice nurse (nurse practitioner or clinical nurse specialist - APN) and/or physician assistant (PA) can sign as your designee, they cannot certify disability.

- You do not have to be BWC-certified to complete and sign the MEDCO-14.

ADDITIONAL NOTES FOR DISCUSSION

MEDCO-14 SUBMISSION

All physicians actively treating the IW for his/her claim must complete a MEDCO-14 each time he/she sees the IW unless the IW has:

- Been awarded permanent and total disability,
- Returned to work without restrictions within seven days of the injury, or
- Returned to work and is being treated after the treating physician has released the IW full duty.

Note that the only time you are required to submit a MEDCO-14 for a medical only claim is when the restrictions go beyond seven days.

If an IW is being treated concurrently by two physicians, most often for psych and physical conditions, both treating physicians are required to complete and submit the MEDCO-14.

EQUIVALENT INFORMATION THAT CAN BE SUBMITTED IN LIEU OF THE MEDCO-14

You must ensure that each specific section and each relevant question of the MEDCO-14 is answered in order for the information to be considered "equivalent."

Example of equivalent information:

- The Clinical Findings section of the form references an office note dated 5/15/2015. The office note states, "Patient continues to have numbness and tingling in her hand and fingers. She has been experiencing problems gripping objects. The results of the recent NCV show the patient has severe carpal tunnel syndrome. Will submit a C-9 requesting carpal tunnel release." This statement directly answers the question asked in that section, specifically: "Provide the clinical and objective findings supporting your medical opinion. List any barriers to return to work and any reason for the IW's delay in recovery."

Example of information that is not equivalent:

- Attached document lists the work-related conditions being treated, the site/location, and the ICD code. However, the document does not specify each individual condition is preventing full duty release to the job the IW held on the date of injury. In order to be equivalent information, the supplemental document must contain the same information being requested on the MEDCO-14.