

WORKERS' COMPENSATION RETURN TO WORK



POLICY & PROCEDURES

TABLE OF CONTENTS

I.	TITLE.....	3
II.	AUTHORITY.....	3
III.	STATEMENT OF POLICY.....	4
IV.	PURPOSE AND SCOPE.....	4
V.	DEFINITIONS.....	4
VI.	OVERVIEW	
	ELIGIBILITY	
	HOW TO REPORT A WORK RELATED INJURY OR ILLNESS.....	9
VII.	ROLES AND RESPONSIBILITIES.....	10
	A. EMPLOYEE.....	10
	B. SUPERVISOR.....	10
	C. WORKERS COMPENSATION ADMINISTRATOR.....	11
	D. MEDICAL CASE MANAGEMENT PROVIDER.....	11
	E. DIVISION OF RISK MANAGEMENT.....	11
VIII.	RETURN TO WORK AFTER A WORK-RELATED ILLNESS OR INJURY.....	12
IX.	RETURN TO FULL DUTY WITHOUT RESTRICTIONS.....	12
X.	RETURN TO DUTY WITH RESTRICTIONS.....	12
XI.	INABILITY TO PROVIDE LIGHT DUTY WORK.....	13
XII.	ALTERNATE DUTY OR MODIFIED DUTY TASKS.....	13
XIII.	INABILITY TO RETURN TO FULL DUTY AFTER 12 WEEKS.....	14
XIV.	REACHING MAXIMUM MEDICAL IMPROVEMENT (MMI).....	14
XV.	COMMUNICATIONS, MONITORING, AND COORDINATION.....	15
XVI.	EMPLOYEE NOTIFICATION LETTER.....	16
XVII.	EXIT PROCESS.....	16
XVIII.	RECORDKEEPING.....	17
XVIII.	TRAINING.....	17
	FORMS	

I. TITLE

Return-to-Work Program Policies and Procedures

II. AUTHORITY

These are actual statutes and rules that apply to all agencies.

Section 440.15 (4) Florida Statutes (F.S.)

[Click to view Section 440.15 \(4\)](#)

Department of Financial Services Page 3 of 28 Division of Risk Management Model Return-to-Work Program Guidelines

CHAPTER 2011-59, LAWS OF FLORIDA

(Excerpt on Return-to-Work Provisions)

284.42 Reports on state insurance program.—

(1)(a) The Department of Financial Services, with the Department of Management Services, shall make an analysis of the state insurance program each year and submit the results on or before January 1 in a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually, which shall include:

1.(b) Beginning January 1, 2013, the Division of Risk Management shall include in its annual report an analysis of agency return-to-work efforts, including, but not limited to, agency return-to-work program performance metrics and a status report on participating return-to-work programs. The report shall specify benchmarks, including, but not limited to, the average lost-time claims per year, per agency; the total number of lost claims; and from year to year.

Section 7. Subsections (3) and (4) are added to section 284.50, Florida Statutes, to read:

284.50 Loss prevention program; safety coordinators; Interagency Advisory Council on Loss Prevention; employee recognition program.— (3) The Department of Financial Services and all agencies that are provided workers' compensation insurance coverage by the State Risk Management Trust Fund and employ more than 3,000 full-time employees shall establish and maintain return-to-work programs for employees who are receiving workers' compensation benefits. The programs shall have the primary goal of enabling injured workers to remain at work or return to work to perform job duties within the physical or mental functional limitations and restrictions established by the workers' treating physicians. If no limitation or restriction is established in writing by a worker's treating physician, the worker shall be deemed to be able to fully perform the same work duties he or she performed before the injury.

III. POLICY

It is the policy of management to provide a return-to-work program for employees who sustain a workplace injury. This return-to-work program will provide modified duty and alternate duty assignments that accommodate the functional restrictions and limitations as determined by the authorized treating physician, and will bring the employee back to work as quickly as medically possible.

USF provides a safe and healthy work environment. When a work-related illness or injury occurs, USF will provide immediate medical attention and manage cases to minimize workers' compensation costs. USF is committed to returning employees to work, either modified/alternate or regular duty, as appropriate, following a work-related illness or injury after the physician releases them to return to work. When an employee has a work-related injury or illness, the supervisor will take appropriate action to ensure that the employee promptly receives necessary medical attention and the required documents are processed to provide the employee with appropriate benefits.

An employee who becomes ill or injured as the result of a job-related incident is authorized to obtain medical attention from USF's authorized physicians, walk-in clinics, or hospitals. The supervisor is responsible for immediately reporting work-related illnesses or injuries to AmeriSys & Human Resources and taking corrective action to prevent the same or a similar injury from occurring. Supervisors are also responsible for completing the Supervisor's Accident Investigation Report form. Failure to timely report a work-related illness or injury may result in the employee's department being fined up to \$500.00

When an employee is out of work due to a work-related illness or injury, and the absence meets the criteria, the absence counts toward the employee's Family and Medical Leave Act entitlement (FMLA).

IV. PURPOSE AND SCOPE

The purpose of this policy is to promote successful employee re-integration into the work environment as quickly as medically possible.

This policy applies to volunteers and OPS employees, as well as, employees in authorized positions. Illnesses and injuries to non-employees are not addressed by this policy or the following procedures. However, they are addressed in the USF Policies and Procedures Manual Policy 06-011, Accident/Injury Loss Control Prevention, and Policy 05-013, Risk Management and Insurance Programs

V. DEFINITIONS

The terms provided below are common to return-to-work programs and workers' compensation.

Accident: An unexpected or unusual event or result that happens suddenly. It does not include mental or nervous injury due to stress, fright, or excitement.

Adjuster: Division employee with overall responsibility for the handling of workers' compensation claims files including coordinating lost-time benefits when an injured person is unable to work and an employer resource for questions and issue resolution.

Alternate Duty: Temporary duties established away from employee's regular work area/responsibilities

and within the “functional limitations and restrictions” stated on the DWC-25. Alternate duty is evaluated with each subsequent physician visit when functional restrictions are updated.

Annual Evaluation Report: Annual agency assessment of its return-to-work program based upon Division measures.

Approving Authority: An agency official, such as a Division Director, Bureau Chief, Select Exempt Service (SES) Manager, Senior Management Service (SMS) Manager, or comparable level manager.

Authorized Treating Physician: A physician who is authorized by a nurse case manager or adjuster to provide medically necessary treatment to an employee who sustains a job-related injury.

Days: Calendar days.

Division: The Division of Risk Management within the Department of Financial Services.

Employee: A university employee who is covered under the Division’s workers’ compensation program.

Essential Functions: The basic job duties that an employee must be able to perform with or without reasonable accommodation.

First Report of Injury or Illness (DWC-1): The Division of Workers’ Compensation Form used to report a worker related injury or death.

Functional Limitations and Restrictions: Identification of the employee’s ability or lack of ability to perform stated activities and the degree to which these activities may be performed. Functional limitations and restrictions as documented on the DWC-25 are identified by the authorized treating physician based upon objective relevant medical findings. According to agency or university direction, consideration shall be given to upgrading or removing the functional limitations or restrictions with each employee exam, based upon the presence or absence of objective relevant medical findings.

Injured Worker or Employee: A university employee is one who sustains a job-related injury or illness and who has the responsibility of meeting all scheduled medical appointments and returning to work following each appointment, except when the authorized treating physician provides a medical diagnosis that prevents the employee from returning to work and is documented on the DWC-25.

Injury: Personal injury or death by accident arising out of and in the course of employment and any diseases or infections naturally or unavoidably resulting from such injury.

Loss Control Committee: A committee of agency employees that regularly reviews and acts on all lost time claims, including reviews of Division lost time data, monitors and tracks initial compensability decisions made by the Division, and monitors all medical and indemnity payments issued. At a minimum, this committee should consist of the workers’ compensation coordinator, the safety coordinator, and other key parties as designated by the agency. If these functions are being handled by the Safety Committee, the agency need not have two committees.

Maximum Medical Improvement (MMI): The medical condition at which further recovery from, or lasting improvement to, an injury or disease can no longer reasonably be anticipated, based upon reasonable medical probability.

Medical Case Management Provider: A vendor contracted by the Division to provide medical case management services for the workers’ compensation program.

Medical Documentation: DWC-25 forms, treatment notes, work status slips or discharge notes provided by the authorized treating physician.

Medical Emergency: Conditions which are severe enough that the lack of immediate medical attention would result in: patient's life or health being in serious jeopardy; vital bodily functions being seriously impaired; and/or serious and permanent dysfunction of a bodily organ or part.

Modified Duty: Temporary duties established within the employee's regular position and within the functional limitations and restrictions as reflected on the DWC-25. Modified Duty is evaluated with each subsequent visit to an authorized treating physician when functional restrictions and limitations are updated.

Nurse Case Manager: A nurse employed by the Medical Case Management Provider that is responsible for coordinating medical treatment, obtaining the completed DWC-25 after each medical appointment, verifying the form is properly completed, and forwarding the form to a Division adjuster and the designated agency representative.

Permanent Impairment Rating: Any anatomic or functional abnormality or loss which results from the injury, determined as a percentage of the body as a whole, that exists after the date of maximum medical improvement.

Personnel Liaisons: Unit or facility contact person for human resource issues.

Return-to-Work Employee Notification Letter: An acknowledgement between the employee, applicable supervisor and agency workers' compensation administrator that: provides for the specific standard alternate/modified duty tasks within the limitations and restrictions established on the DWC-25 Form; provides time frames for execution and completion of the program; delineates the roles of all persons involved with the program; makes clear to the employee that he or she must actively participate in the program, perform all duties assigned, keep all clinician appointments as scheduled and that failure to comply may result in termination of the program and appropriate agency action.

Safety Committee: A group of employees at the university, thereof that meets on a regular basis to review employee accident and claim information, to discuss safety-related issues, and to consider corrective actions. At a minimum, safety committees should include the agency safety coordinator or designee, the agency workers' compensation administrator or designee, and agency legal counsel or designee. These individuals should be represented by their counterparts at the program unit or local level.

Temporary Partial Disability: A partial disability that is temporary in duration and allows the employee to work in a limited capacity during the recovery period.

Temporary Total Disability: A disability that prevents an employee from working in any capacity during a temporary period of time.

Treating Physician (Also Authorized Treating Physician): Medical provider is responsible for completion of the DWC-25 Form, at each appointment, with a degree of reasonable medical certainty and based on objective relevant medical findings, and discussing same with injured employee.

Triage Nurse: A nurse employed by the Medical Case Management Provider who performs the initial employee assessment following a reported injury, determines the most appropriate medical care, and arranges the initial medical treatment. This is not the nurse case manager and does not manage cases on an on-going basis.

Waiting Period: The first seven calendar days of an employee's disability, Employees are allowed to charge 40 hours of Administrative Leave (code 0065) during this period. OPS employees are not compensated for this period unless they are medically disabled for more than 21 days, at which time the Division will pay the employee retroactively.

Workers' Compensation Benefits: Insurance benefits that replace part of an employee's wages if the employee is unable to work due to a work-related injury or illness. Benefits include all medical expenses from injuries, illness or accidents considered work-related and compensable.

Workers' Compensation Administrator (Coordinator): A University representative who coordinates workers' compensation claims and, based on the information from the DWC-25, makes a determination if the employee is able to return to their regular job, a modified job, an alternate job, or is unable to work. The workers' compensation coordinator (WCC) also notifies the employee's supervisor, the nurse case manager and a Division adjuster when the employee is unable to work.

Work Restrictions: The authorized physician's description of the work an employee can and cannot do based on the DWC-25 functional limitations and restrictions. Work restrictions help protect employees from further or new injury.

VI. OVERVIEW

- The workers' compensation program is intended to provide medical treatment, disability leave, and supplemental wages, as necessary, to eligible employees in the event that they experience a work-related injury or illness. This program is administered by the Florida Department of Labor & Employment Security, Division of Workers' Compensation, with the Division of Risk Management acting as the carrier. At USF, the program is overseen by the workers' compensation administrator in Human Resources.
- To reduce workers' compensation claims and costs, procedures regarding safety awareness have been created for supervisors and employees at USF. Refer to Performance Standards for All USF Employees Related to Workplace Safety.
- Employees and supervisors of employees who are required to possess a commercial driver's license (CDL) as part of their official job duties should be familiar with the Post-Accident section of the Drug Testing for Employees Required to Maintain a CDL procedure in case the employee is involved in an accident while performing work-related duties.

ELIGIBILITY

- All permanent and temporary University employees who are paid salary or wages by the University, regardless of the source of funds, including Faculty, Administration and Staff employees, Graduate Assistants, Student Assistants, and OPS employees, are covered by the Florida Workers' Compensation Law. Under certain circumstances, volunteers hired in accordance with a formal Volunteer Employment Program are also covered by workers' compensation. Questions regarding eligibility when the employment status of the person making the claim is not clear should be directed to the workers' compensation administrator in Human Resources .

The Jones Act provides special liability insurance for seamen on board vessels. Illness or injuries to employees covered by the Jones Act, such as some of those assigned to the Florida Institute of Oceanography, are not compensable under the Florida Workers' Compensation Law.

How to Report a Work-Related Injury or Illness

All work-related injuries or illnesses are to be reported by the supervisor or department designee by telephone to:

AmeriSys

1-800-455-2079 (toll free)

The injured or ill employee should be present for the call so the employee's injuries or illness may be triaged and the appropriate medical care provided.

In case of emergency, call 911 for immediate medical care for the injured or ill employee. Then, the supervisor or department designee must call AmeriSys at 1-800-455-2079.

Employee's Responsibility

1. When an incident occurs, the employee must report all injuries or illnesses to his/her supervisor or department designee immediately (**no exceptions**).

Supervisor's (or Department Designee's) Responsibility – What to Do

1. Call AmeriSys at 1-800-455-2079 to report the injury or illness. Except in cases of emergency, the injured or ill employee must be present with the supervisor when the injury or illness is reported.
2. Complete the Accident Investigation Report for Supervisors (on the Workers' Compensation webpage or the HR Forms list).
3. Have the completed Accident Investigation Report for Supervisors and the following information ready when you call AmeriSys to report an injury:
 - Injured/ill employee's home address and home telephone number.
 - Injured/ill employee's date of birth and social security number.
 - Injured/ill employee's date of employment and salary.
4. Once AmeriSys has taken the required information from you over the telephone, the intake specialist will assess the employee's medical needs and refer the injured/ill employee to a medical facility as appropriate.
5. Within 24 hours of the injury or illness occurring, send the completed Accident Investigation Report for Supervisors to Human Resources, SVC 2172, Attn: Meica Elridge by campus mail or fax (813) 974-7535.
6. An AmeriSys nurse case manager will obtain the results of the initial medical visit including diagnosis, treatment plan and any injury or illness-related restrictions. This information will be provided to the supervisor after the initial medical visit. Be prepared to speak with the nurse case manager regarding return to work restrictions.
7. Take prompt action to correct any safety hazards.

For questions regarding the workers' compensation reporting process, contact HR Workers' Compensation Administrator, Meica Elridge at (813) 974-5775 or melridge@admin.usf.edu.

VI. ROLES AND RESPONSIBILITIES

The major participants in an effective return-to-work program are the Employee, Supervisor, the Workers' Compensation Administrator, the Medical Case Management Provider, and the Division of Risk Management Adjuster. This section explains the roles and responsibilities of each.

A. Employee

- The Employee reports the injury to the Supervisor. The immediate Supervisor, other Supervisor, or, in case of an accident that occurs away from the regular work location, a site-based supervisor or lead employee will report the accident either to the Workers' Compensation Administrator or directly to the medical case management provider.
- Keeps in close contact with the Supervisor, updating him/her on work status determined by doctor.
- Gives all medical statements, ability to work slips, and doctor or physical therapy slips to the Supervisor. Without proper documentation, workers' compensation benefits may be denied.
- Contact the Workers' Compensation Administrator at USF Human Resources office for information or help at any time.
- The Employee is responsible for attending all appointments with the authorized treating physician, and for returning to the work site after each appointment, except when the authorized treating physician provides a medical diagnosis that prevents the employee from returning to work and that the physician has properly documented on the DWC-25.
- The Employee must read and sign the Employee Notification Letter. If the Employee has questions regarding any of the provisions in the Letter, he or she must clarify immediately with the Supervisor.
- The Employee must perform assigned duties satisfactorily and, if the Employee has difficulty performing duties, he or she must report same to the Supervisor immediately.

B. The Supervisor

- The Supervisor completes the Accident Investigation Report Form.
- Supervisor must call AmeriSys to report injury and notify Workers' Compensation Administrator in Human Resources that an injury has occurred.
- Oversees recovery of the injured employee and approves use of leave, based upon workers' compensation Physicians' orders.
- Provides a modified duty or alternate duty program, if required, to help the injured employee return to work safely and comfortably, as authorized by the workers' compensation Physician.
- Communicates with the Workers' Compensation Administrator in Human Resources in order to help the injured employee receive benefits or participate in a modified or alternate duty program in a timely manner.
- Permanent Supervisor ensures attendance and leave is recorded on the employee's timesheet as required by 60L-34, F.A.C.
- Coordinates salary benefits with assistance of the Workers' Compensation Administrator at USF.

- Temporary Supervisor ensures work duties meet restrictions and limitations. The temporary Supervisor shall, according to university direction, also report any concerns regarding the Employee to the Workers' Compensation Administrator in Human Resources and complete a performance evaluation for the Employee at ninety (90) day intervals.
- Supervisor helps Workers' Compensation Administrator and Human Resources Employee Relations Coordinator to develop standard tasks and job descriptions based on the DWC-25 (Section IV) functional limitations and restrictions for all alternate or modified duty tasks job on a case by case basis and forwards to the Workers' Compensation Administrator.
- Notify the Employee that the period of time the injured employee is out of work after three consecutive calendar days due to a work-related injury may be counted toward the employee's entitlement under the Family and Medical Leave Act (FMLA).

C. Workers' Compensation Administrator

- Communicates with the Division of Risk Management Adjuster and notifies Division Adjuster when the Employee is unable to work.
- Communicates with Medical Case Management (Nurse Case Manager) for updated information regarding the injured employee's prognosis and recovery.
- Works with Supervisors (permanent & temporary) to be certain all procedures are being followed and all paperwork is completed.
- Communicates with Employees to answer any questions and concerns, to help promote the Employee returning to work as quickly as possible.
- Workers' Compensation Administrator uses information on the DWC-25 to determine if the Employee is able to return to the regular job, a modified job, an alternate duty job, or is unable to work.

D. Medical Case Management Provider

- The Triage Nurse receives the initial injury call, assesses the injury from information provided, arranges initial medical referral, and thereafter turns the claim over to the assigned Nurse Case Manager.
- The Nurse Case Manager at AmeriSys obtains the completed DWC-25 after each authorized medical appointment, verifies the DWC-25 is properly completed, and forwards the DWC-25 to the Division and the Workers' Compensation Administrator.
- The Nurse Case Manager arranges and authorizes appointments to meet the treatment plan outlined by the authorized treating physician, including but not limited to, referrals to specialists, testing and therapies, and ensuring functional limitations and restrictions listed on the DWC-25 are clear and measurable.
- The authorized treating physician completes the DWC-25 after each medical appointment with a degree of reasonable medical certainty based on objective relevant medical findings, and discusses the medical findings with the Employee.

E. Division of Risk Management

- An Adjuster is responsible for the overall handling of workers' compensation claims reported by employees.

- An Adjuster determines compensability and coordinates lost-time benefits when the injured person is unable to work.
- An Adjuster is an employer resource for questions and issue resolution.
- Governmental Analyst I conducts agency reviews and evaluations of the return to work program. The reviews and evaluations will be conducted as part of the Annual Safety Program Evaluation process as required in Section 69H-2.007,F.A.C.

VIII. RETURN TO WORK AFTER A WORK-RELATED ILLNESS OR INJURY

The workers' compensation program strives to provide prompt treatment and adequate recovery periods for employees following a work-related injury or illness, and prompt return to work to perform duties that will not exacerbate the injury when the Employee is released by the Physician. An employee may be returned to work with limitations (i.e., it is not required that the Employee be able to perform 100% of his/her former duties). These objectives support USF's policy of ensuring a safe working environment for employees and minimizing workers' compensation costs.

IX. RETURN TO FULL DUTY WITHOUT RESTRICTIONS

When an employee is released by an authorized workers' compensation physician to return to his/her regular duties:

- The Employee provides the Supervisor with a written release statement that indicates that the Employee may return to full duty;
- The Supervisor immediately returns the Employee to work; the Supervisor notifies the Workers' Compensation Administrator in the Human Resources Office in order to ensure that all use of disability leave is properly recorded and/or to suspend the salary wage loss benefits that may have been received by the Employee from the Division of Risk Management; and
- Any temporary employee hired to perform the Employee's job while he/she was on leave is terminated, appointed OPS, or moved/returned to another position, as appropriate.

X. RETURN TO DUTY WITH RESTRICTIONS

When an employee is released by the attending physician to return to work with restrictions on a temporary basis:

- The Supervisor reviews the position description to determine the essential functions of the position that must be performed;
- The Supervisor, in consultation with a Workers' Compensation Administrator in the Human Resources Office may submit a request to the treating physician to review the essential functions in order to determine which functions can be performed by the Employee;
- The Supervisor identifies work that the Employee can perform based on the restrictions established by the Physician;
- The Supervisor contacts the Workers' Compensation Administrator in the Division of Human Resources to ensure that all use of disability leave is properly recorded and/or to suspend the salary wage loss benefits that may have been received by the Employee from the Division of Risk Management; and
- Any temporary employee hired to perform the Employee's job while he/she was on leave is terminated, appointed OPS, or moved/returned to another position, as appropriate. If the

Employee refuses to work with restrictions, the Employee may take time off, if eligible, within the criteria established by the Family and Medical Leave Act (FMLA).

XI. INABILITY TO PROVIDE MODIFIED/ALTERNATE DUTY

If the employing department is unable to temporarily modify the job functions to provide modified/alternate duty assignment for the Employee, contact the Workers' Compensation Administrator in the Division of Human Resources for assistance.

- The Workers' Compensation Administrator and Employee Relations Coordinator may provide assistance and/or suggestions to the employing department for accommodating the restrictions required by the Physician.
- If appropriate duties cannot be found within the Employee's department, the Supervisor should work with his/her supervisor to find temporary alternate work for the Employee within the division/college.
- The Employee's original department is required to continue paying the Employee at the Employee's regular rate of pay when the Employee is temporarily returned to work in another unit as an accommodation to the modified/alternate duty restrictions.
- As the Employee's condition improves and restrictions are reduced, the job duties are re-evaluated. The Employee may be returned to perform his/her regular job duties, as appropriate.

XII. ALTERNATE DUTY OR MODIFIED DUTY TASKS

Alternate and modified duty tasks will be developed on a case by case basis based on the DWC25, Section IV, functional limitations and restrictions, along with appropriate supervision for each eligible injured employee. The University has formed a committee that will provide and maintain a list of duties for employees that are eligible to participate in alternate or modified duty program. Each department will accommodate their own injured employees if limitations and restrictions allow. If the Department is unable to accommodate, the Workers' Compensation Administrator will be contacted regarding placement in the alternate duty program.

- The Workers' Compensation Administrator, Human Resources Employee Relations Coordinator, and Supervisors will work together to develop standard tasks and job descriptions based on the DWC-25 (Section IV) functional limitations and restrictions for those employees eligible for alternate/modified duty on a case by case basis.
- Documentation of standard alternate duty/modified duty tasks and job descriptions will be maintained in Human Resources with the Workers' Compensation Administrator.
- The Workers' Compensation Administrator will reach out to the Employee immediately following notice from supervisor that employee is eligible for return to work program and to promote the Employee returning to work as quickly as possible.
- Once status has been determined, the Workers' Compensation Administrator, Employee and Supervisor(s) will meet to coordinate alternate or modified duty assignment. A temporary supervisor and temporary assignment of job duties will be given in writing. Expectations will be discussed with Employee and duration of assignment is determined by the Employee's limitations and restrictions changing or the Employee reached maximum medical improvement (MMI).

XIII. INABILITY TO RETURN TO FULL DUTY AFTER 12 WEEKS

If after 12 weeks, and at least every 12 weeks thereafter, the Employee is still unable to return to full duty, a review of the case is to be made by the Employee's Supervisor in order to assess the Employee's improvement rate. The review provides a smoother transition period and ensures that the Supervisor is prepared for:

- the Employee's return to full duty,
- the Employee's request for an accommodation to perform essential duties of the position,
- the Employee's resignation or disability retirement, or
- the termination of the Employee for inability to perform the essential functions of the position with or without reasonable accommodation.

XIV. REACHING MAXIMUM MEDICAL IMPROVEMENT (MMI)

If the Physician determines that the Employee has reached MMI with no restrictions, return the Employee to full duty in accordance with Return To Full Duty Without Restrictions.

If the Physician determines that the Employee has reached MMI and that permanent restrictions must continue, action is required by the Employee's supervisor:

- The Supervisor/department head may consult with the coordinators in Employee Relations, Division of Human Resources, regarding accommodations.
- The Supervisor writes to the Employee that he/she has been notified that the Employee has reached MMI, and requests feedback from the Employee regarding his/her ability to perform the essential functions of the job with or without an accommodation.
- If the Employee responds that he/she can perform the essential functions of the position without a reasonable accommodation, the Employee is returned to regular work.
- If the Employee responds that he/she is unable to perform the essential duties of the position without a reasonable accommodation, it is the Employee's responsibility to identify and request the reasonable accommodation through the Supervisor.
- (1) If the Employee requests a reasonable accommodation, the Supervisor contacts an Employee Relations Coordinator in the Division of Human Resources for assistance.
- (2) If the Employee does not request a reasonable accommodation, the Supervisor contacts Employee Relations in Human Resources for assistance.
- If the Supervisor and department head cannot reasonably accommodate the Employee's disabilities, the Supervisor/department head should contact Employee Relations in Human Resources for assistance.
- If Employee Relations in Human Resources, in consultation with the Director of Human Resources, determines that reasonable accommodations cannot be made, the Employee will be advised that he/she will be demoted or terminated for inability to perform assigned duties, may resign or, if eligible, may apply for retirement, as appropriate.
- If the disability is not covered under the ADA, and the Employee claims he/she cannot fully perform the job duties, the Supervisor contacts Employee Relations in Human Resources, regarding moving the Employee from the position.

XV. COMMUNICATIONS, MONITORING, AND COORDINATION

1. Communications with and monitoring of the Employee is required to ensure the Employee returns to work as quickly as possible, and successfully participates in alternate duty or modified duty work assignments.
2. Coordination is necessary with the Nurse Case Manager to ensure frequent updates on the Employee status, to clarify any medical information provided, and to resolve any concerns about medical services provided to the Employee.
3. Tracking logs will be reviewed and concerns will be discussed with the Supervisors only where employee is assigned to work.
4. Follow-up verbal or written updates will be provided to the Supervisor and Employee Relations Coordinator as part of the weekly log reporting process.
5. The Employee will be requested to receive a follow-up examination as needed if, through monitoring, the Employee appears to be unable to perform assigned duties or the Employee's condition notably worsens.
6. The Workers' Compensation Administrator will notify a Division Adjuster that the Employee is returning to work. This notification will be done the same day the Employee signs the Return-to-Work Employee Notification Letter, and will include the Employee's start date and agreed upon completion date in the return-to-work program.
7. The Workers' Compensation Administrator will maintain close contact with the Nurse Case Manager to determine the earliest opportunity to bring the Employee back to work.
8. Supervisory contact lists will be maintained for the Medical Case Management Provider and the Division. If difficulty is encountered contacting or receiving follow through from the Nurse Case Manager, and delays result in scheduling appointments and/or clearance for surgery, the Workers' Compensation Administrator will contact a Division Adjuster. The Division will either work-out program issues with the Nurse Case Manager or contact a manager with the Medical Case Management Provider to resolve the problem. The Workers' Compensation Administrator will provide details of the concern or complaint to a Division Adjuster.
9. The Workers' Compensation Administrator will coordinate with the Medical Case Management Provider to ensure that the DWC-25 is completed accurately, and that the authorized treating physician provides the functional limitations and restrictions with sufficient detail. University personnel will not contact physicians directly regarding problems with the DWC-25. If the Nurse Case Manager is not adequately resolving problems with the authorized treating physician, the University will contact the Division Adjuster.

XVI. EMPLOYEE NOTIFICATION LETTER

The Employee Return-to-Work Program Notification Letter is required to specify the Employee's obligations to participate in the return-to-work program. The Employee should sign the Notification Letter, and the Workers' Compensation Administrator and/or Supervisor will advise the Employee of actual alternate duty or modified duty work in the Notification Letter.

1. A written Employee Return-to-Work Program Notification Letter will require the Employee's signature.
2. Prior to having the Employee sign an Employee Return-to-Work Program Notification Letter, the Workers' Compensation Administrator and the Employee Relations Coordinator will determine from the DWC-25 functional restrictions and limitations whether the Employee's condition is temporary and not permanent; and that enough information is provided to determine the Employee can perform work that is beneficial to the University and contributes to the universities operational needs.
3. The Employee Return-to-Work Program Notification Letter will specify that the alternate duty job will be determined by the Workers' Compensation Administrator and the Supervisor to comply with the functional limitations and restrictions on the current DWC-25.
4. If shift work is applicable, a Supervisor and Workers' Compensation Administrator will consider the times of day or night that would best accommodate the Employee's medical functional restrictions and limitations.
5. If an alternate duty assignment involves a single task or a combination of tasks that do not fill the specified work day, a provision will be in the Employee Return-to-Work Program Notification Letter for the temporary Supervisor to add tasks as needed that accommodate the injured employee, or identify and assign another alternate duty job.
6. An Alternate Duty Cover Letter will be attached to the Employee Return-to-Work Program Notification Letter that specifies the date and time of the assignment, the location and Supervisor (if different from immediate supervisor) of assignment, the work schedule for the assignment, and some reference to effective period of the assignment, i.e., the Employee can assume work duties of the permanent position or the Employee reaches maximum medical improvement.

XVII. EXIT PROCESS

A return-to-work program exit process is required for the Employee to return to regular duty or to end modified duty tasks.

1. Program exit event will be documented. The Employee will exit the program when the Employee is placed at maximum medical improvement by the authorized treating Physician or the current functional limitation and restrictions no longer prevent the Employee from performing his or her normal job.
2. The Supervisor and/or Workers' Compensation Administrator will meet with the Employee to notify Employee of program ending and to review employee progress. This meeting will cover the Employee options for continued employment or transition to permanent disability status.

XVIII. RECORDKEEPING

Recordkeeping is required for the return-to-work program. All documentation, including any confidential information will be kept by the University and maintained to conform to existing Universities procedures and practices for handling records consistent with state laws relating to records.

1. A file will be created and maintained for each employee in the return-to-work program. The Workers' Compensation Administrator will create a return-to-work section within the existing file.
2. Any confidential information will be securely maintained in a locked cabinet or in a locked room.
3. Weekly tracking logs will be maintained of all employees in the return-to-work program and will be maintained in Human Resources with the Workers' Compensation Administrator.
4. A listing will be maintained of employees on workers' compensation to include employees on out of work status, on temporary total disability status, on temporary partial disability status, or employees on full duty who have not reached MMI.
5. A listing will be maintained of employees currently on alternate or modified duty and will indicate their next follow-up medical examination date.

XIX. TRAINING

Workers' Compensation Training is available for Supervisors, Employees and New Hires. Training may be provided to a Department/Division, to a group, on an individual basis in person or over the phone. Refresher training is also available. Each time policy and procedures are amended training will be provided. Training is scheduled by contacting the Workers' Compensation Administrator in Human Resources.

- All **New Employees** receive information regarding the University Workers' Compensation Program during the "**Welcome to USF**" (New Employee Orientation).
- **Workers' Compensation for Supervisors:** a 2 hour workshop for Supervisors only. The workshop will inform and provide guidelines for Supervisors when an employee is injured on the job. Topics of discussion covered in this training are: The Role of the Supervisor and their responsibilities, What to do, Who to call, Benefits that are provided to an injured worker when using workers' compensation, Return to Work Program, timesheets and documentation of Disability Leave.
- **Workers' Compensation for Employees:** a 1 hour workshop for Employees. This workshop will provide basic knowledge to all non-supervisory employees. (Faculty, Admin, Staff, Temp, FWSP & Volunteers) Topics of discussion cover in this training are: The Role of the Employee and their responsibilities, What to do, Who to call when they are injured on the job, Benefits an injured worker is entitled to receive, Return to Work Program, timesheets and documentation of Disability Leave.

FORMS

Attachment 1: Accident Investigation Report

Attachment 2: DWC-25 Form

Attachment 3: Sample RTW Notification Letter

TO BE COMPLETED BY THE SUPERVISOR AND FORWARDED TO THE WORKERS' COMPENSATION INSURANCE SPECIALIST IN HUMAN RESOURCES, SVC 2172 WITHIN 24 HOURS OF THE INCIDENT.

Name of Injured: _____ GEMS Employee ID #: _____
 Job Title: _____ Department: _____
 Length of experience on job: ____ (yrs) ____ (mos) Campus address: _____ Work Phone #: _____
 Sex: Male Female Date of Birth: _____

Date of Accident: _____ Time of Accident: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Accident Location: _____	Is it a laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Injury Type: <input type="checkbox"/> First Aid (no medical treatment) <input type="checkbox"/> Medical (Medical treatment required)	
If applicable, where was medical treatment sought? _____	
Describe the accident and how it occurred:	
Describe the injury and part of body affected (sprain, cut, burn, right, left, arm/foot, etc.):	
Cause of the accident:	

Was Personal Protective Equipment required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was it provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was PPE being used? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" explain: _____	
Was it being used as trained by supervisor or designated trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" explain: _____	
Was safety training provided to the injured employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date training was completed: _____	
If "No," explain: _____	

List Witness(es): _____

Interim corrective actions taken to prevent recurrence:

Report Date: _____ Prepared by: _____ Title: _____

Supervisor Name (Print): _____ Telephone #: _____

Supervisor Signature: _____ Date: _____

**INJURIES OCCURRING AS A RESULT OF IMPROPER USE OF PERSONAL PROTECTIVE EQUIPMENT OR LACK OF TRAINING CAN
RESULT IN A 25% REDUCTION IN YOUR WORKERS' COMPENSATION BENEFITS.**

To be completed by Environmental Health and Safety:

Status and follow-up action taken by Safety Coordinator:

Permanent corrective action recommended to prevent recurrence:

Safety Coordinator Signature : _____ Date: _____

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 1

BEFORE COMPLETING THIS FORM, PLEASE CAREFULLY REVIEW THE INSTRUCTIONS BEGINNING ON PAGE 3

NOTE: Health care providers shall legibly and accurately complete all sections of this form, limiting their responses to their area of expertise.

1. Insurer Name:	2. Visit/Review Date:	FOR INSURER USE ONLY
3. Injured Employee (Patient) Name:	4. Date of Birth:	5. Social Security #:
6. Date of Accident:	7. Employer Name	8. Initial visit with this physician? <input type="checkbox"/> a) NO <input type="checkbox"/> b) YES

SECTION I CLINICAL ASSESSMENT / DETERMINATIONS

9. No change in Items 9 - 13d since last reported visit. If checked, GO TO SECTION II.

10. Injury/ Illness for which treatment is sought is:

- a) NOT WORK RELATED b) WORK RELATED c) UNDETERMINED as of this date

11. Has the patient been determined to have Objective Relevant Medical Findings? Pain or abnormal anatomical findings, in the absence of objective relevant medical findings, shall not be an indicator of injury and/or illness and are not compensable.

- a) NO b) YES c) UNDETERMINED as of this date

If YES or UNDETERMINED, explain: _____

12. Diagnosis(es): _____

13. Major Contributing Cause: When there is more than one contributing cause, the reported work-related injury must contribute more than 50% to the present condition and be based on the findings in Item 11.

a) Is there a pre-existing condition contributing to the current medical disorder?

- a₁) NO a₂) YES a₃) UNDETERMINED as of this date

b) Do the objective relevant medical findings identified in Item 11 represent an exacerbation (temporary worsening) or aggravation (progression) of a pre-existing condition?

- b₁) NO b₂) exacerbation b₃) aggravation b₄) UNDETERMINED as of this date

c) Are there other relevant co-morbidities that will need to be considered in evaluating or managing this patient?

- c₁) NO c₂) YES

d) Given your responses to the Items above, is the injury/illness in question the major contributing cause for:

- d₁) NO d₂) YES the reported medical condition?
 d₃) NO d₄) YES the treatment recommended (management/treatment plan)?
 d₅) NO d₆) YES the functional limitations and restrictions determined?

SECTION II PATIENT CLASSIFICATION LEVEL

14. LEVEL I - Key issue: specific, well-defined medical condition, with clear correlation between objective relevant physical findings and patients' subjective complaints. Treatment correlates to the specific findings.

15. LEVEL II - Key issue: regional or generalized deconditioning (i.e. deficits in strength, flexibility, endurance, and motor control. Treatment: physical reconditioning and functional restoration.

16. LEVEL III Key issue: poor correlation between patient's complaints and objective, relevant physical findings, indicating both somatic and non-somatic clinical factors. Treatment: interdisciplinary rehabilitation and management.

17. LEVEL UNDETERMINED AS OF THIS DATE.

SECTION III MANAGEMENT / TREATMENT PLAN

18. No clinical services indicated at this time. If checked, GO TO SECTION IV

19. No change in Items 20a - 20g since last report submitted. If checked, GO TO SECTION IV

20. The following proposed, subsequent clinical service(s) is/are deemed medically necessary.
***** THIS IS A PROVIDER'S WRITTEN REQUEST FOR INSURER AUTHORIZATION OF TREATMENT OR SERVICES. *****

a) Consultation with or referral to a specialist. Identify principal physician: _____ Id
 a₁) CONSULT ONLY a₂) REFERRAL & CO-MANAGE a₃) TRANSFER CARE

b) Diagnostic Testing: (Specify) _____

c) Physical Medicine. Check appropriate box and indicate specificity of services, frequency and duration below:
 c₁) Physical/Occupational therapy, Chiropractic, Osteopathic or comparable physical rehabilitation.
 c₂) Physical Reconditioning (Level II Patient Classification)
 c₃) Interdisciplinary Rehabilitation Program (Level III Patient Classification)
 Specific instruction(s): _____

d) Pharmaceutical(s) (specify): _____

e) DME or Medical Supplies: _____

f) Surgical Intervention - specify procedure(s): _____
 f₁) In-Office: _____
 f₂) Surgical Facility: _____
 f₃) Injectable(s) (e.g. pain management): _____

g) Attendant Care: _____

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 2

Patient Name: _____ Soc.Sec.#: _____ D/A: _____ Visit/Review Date: _____

SECTION IV FUNCTIONAL LIMITATIONS AND RESTRICTIONS

Assignment of limitations or restrictions must be based upon the injured employee's specific clinical dysfunction or status related to the work injury. However, the presence of objective relevant medical findings does not necessarily equate to an automatic limitation or restriction in function.

- 21 No functional limitations identified or restrictions prescribed as of the following date: _____.
- 22. The injured workers' functional limitations and restrictions, identified in detail below, are of such severity that he/she cannot perform activities, even at a sedentary level (e.g. hospitalization, cognitive impairment, infection, contagion), as of the following date: _____. Use additional sheet if needed.
- 23. The injured worker may return to activities so long as he/she adheres to the functional limitations and restrictions identified below. Identify ONLY those functional activities that have specific limitations and restrictions for this patient. Identify joint and/or body part _____. Use additional sheet if needed.

Functional Activity	Load	Frequency & Duration	ROM/ Position & Other Parameters
<input type="checkbox"/> Bend			
<input type="checkbox"/> Carry			
<input type="checkbox"/> Climb			
<input type="checkbox"/> Grasp			
<input type="checkbox"/> Kneel			
<input type="checkbox"/> Lift-floor > waist			
<input type="checkbox"/> Lift-waist>overhead			
<input type="checkbox"/> Pull			
<input type="checkbox"/> Push			
<input type="checkbox"/> Reach-overhead			
<input type="checkbox"/> Sit			
<input type="checkbox"/> Squat			
<input type="checkbox"/> Stand			
<input type="checkbox"/> Twist			
<input type="checkbox"/> Walk			
<input type="checkbox"/> -			
<input type="checkbox"/> Other			

COMMENTS:
Other choices; Skin Contact/ Exposure; Sensory; Hand Dexterity; Cognitive; Crawl; Vision; Drive/Operate Heavy Equipment; Environmental Conditions: heat, cold, working at heights, vibration; Auditory; Specific Job Task(s); etc.

NOTE: Any functional limitations or restrictions assigned above apply to both on and off the job activities, and are in effect until the next scheduled appointment unless otherwise noted or modified prior to the appointment date. Specify those functional limitations and restrictions, in Item 23, which are permanent if MMI / PIR have been assigned in Item 24.

SECTION V MAXIMUM MEDICAL IMPROVEMENT / PERMANENT IMPAIRMENT RATING

- 24. Patient has achieved maximum medical improvement?
 a) YES, Date: _____ b) NO c) Anticipated MMI date: _____
 d) Anticipated MMI date cannot be determined at this time. Future Medical Care Anticipated: e) Yes f) No
 Comments: _____

25. % Permanent Impairment Rating (body as a whole) _____ Body part/system: _____

26. Guide used for calculation of Permanent Impairment Rating (based on date of accident - see instructions):
 a) 1996 FL Uniform PIR Schedule b) Other, specify _____

27. Is a residual clinical dysfunction or residual functional loss anticipated for the work-related injury?
 a) YES b) NO c) Undetermined at this time.

SECTION VI FOLLOW-UP

28. Next Scheduled Appointment Date & Time: _____

SECTION VII ATTESTATION STATEMENT

"As the Physician, I hereby attest that all responses herein have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation this patient, and have been shared with the patient."
"I certify to any MMI / PIR information provided in this form."

Physician Group: _____ Date: _____
 Physician Signature: _____ Physician DOH License #: _____
 Physician Name: _____ (print name) Physician Specialty: _____

If any direct billable services for this visit were rendered by a provider other than a physician, please complete sections below:

"I hereby attest that all responses herein relating to services I rendered have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient."

Provider Signature: _____ Provider DOH License #: _____
 Provider Name: _____ (print name) Date: _____

USF WORKERS COMPENSATION RETURN TO WORK NOTIFICATION LETTER

Employee Name	Employee ID	Date
<p>As a result of a work related injury on _____, I have received medical certification from _____ (date) _____, for the stated medical problem(s) which has (health care provider name) _____, for the stated medical problem(s) which has resulted in the following recommended restrictions (As reflected in DWC-25 Form Section IV):</p>		
<p>The alternate/modified restrictions are valid until I can perform my regular work assignments or until the terms of this agreement expires. I understand my alternate/modified work assignments and alternative work performance standards are binding until I am relieved from my restrictions.</p>		
1. Work assignments under employees work restrictions:		
2. Follow up period:		
<p>Note Section V Maximum Medical Improvement / Permanent Impairment Rating. Period of time will depend on the Attending Physician's comments and, if applicable, date next scheduled appointment date (Section VI Follow-Up).</p>		
Employee Name: (Please print and sign)		Date
Supervisor and/or Workers Compensation Coordinator Name (Please print and sign)		Date
<p>Failure to comply with this Return to Work Notification Letter may result in disciplinary Action up to and including termination.</p>		