

# Texas Workers' Compensation

## Return to Work and MDGuidelines™ *(RTW and MDG)*

Presented by  
Martin B. Jones, M.D

# Material Disclaimer

The material presented in this presentation is made available by the Texas Department of Insurance/Division of Workers' Compensation (TDI-DWC) for educational purposes only. The material is not intended to represent the sole approach, method, procedure or opinion appropriate for the medical situations discussed.



# Example Taken From DD Report Addressing RTW

*Is DD Answer Adequate?*

## Return to Work

IE's medical condition resulting from the work related injury prevented IE from returning to work 3/1/xx through 9/1/xx.

# CASE 1 - RTW and MDG

## History of Injury

- 35-year-old meter reader stepped in hole twisting right knee on 3/1/xx
- Seen by treating PCP and subsequently had MRI scan showing bucket handle tear of medial meniscus
- Referred to orthopedic surgeon and chose to pursue conservative treatment

# CASE 1 - RTW and MDG

## Treatment History

- 6 PT visits, but continued to experience knee pain, “locking” and “giving way”
- Underwent arthroscopic medial meniscectomy 6/1/xx
- Released to RTW on 6/8/xx in a sedentary capacity, but employer unable to accommodate restrictions



# CASE 1 - RTW and MDG

DD Exam - 24 Weeks Post Injury (9/1/xx)

- Injured employee reports continuing ongoing pain rated as “3-4/10”
- Reports right knee pain ascending/descending stairs, but can perform
- Completed 10 post-op PT visits with two remaining visits scheduled to complete 9/8/xx

# CASE 1 - RTW and MDG

DD Exam - 24 Weeks Post Injury (9/1/xx)  
(Cont'd)

- PT notes show progress, using stationary bike, elliptical trainer, lateral lunges, front lunges, Bosu ball squats, leg press, lateral step ups, terminal knee extension, hamstring curls and 4 way hip resistance with TheraBands

# CASE 1 - RTW and MDG

## DD Exam - 24 Weeks Post Injury (9/1/xx) (Cont'd)

- No visible knee or lower extremity swelling
- Symmetric thigh and calf circumference
- Well healed arthroscopic portal scars
- 5/5 lower extremity strength bilaterally
- Knee ROM
  - 130° flexion
  - 0° extension
- Negative McMurray





# CASE 1 - RTW and MDG

## Steps

1. Review DWC Form-032 and make note of important information
2. Go online to MDGuidelines™
3. Look up relevant injury information and disability duration table(s)

# CASE 1 - RTW and MDG

## Steps (cont'd)

4. Consider job duties/title, if needed
  - Not provided by employer/injured employee
  - Addressing full duty work (Box C on DWC Form-073)
5. Answer question from DWC Form-032 in narrative report for relevant date range
6. Complete DWC Form-073(s)



# CASE 1 - RTW and MDG

## Steps

1. Review DWC Form-032 and make note of important information
2. Go online to MDGuidelines™
3. Look up relevant disability duration table(s)



wages equivalent to the pre-injury wage	ending date.
<input type="checkbox"/> <b>E. Return to Work</b>	Provide the period to be assessed. If multiple periods, list all dates. From <u>03/01/2023</u> to <u>present</u> <small>(mm/dd/yyyy)</small> <small>(mm/dd/yyyy)</small>
<input type="checkbox"/> <b>F. Return to Work (Supplemental</b>	Provide the period to be assessed. If multiple periods, list all dates.

# DWC Form-032

## VI. QUESTIONS FOR THE DESIGNATED DOCTOR

**Designated Doctor:** Address issues that are identified in Section V of the form and consider the questions below. If Box **A** or **B** is checked, you must file DWC Form-069. If Box **E** or **F** is checked, you must file DWC Form-073. If Box **C**, **D**, or **G** is checked, you must file DWC Form-068.

If Box **A** is checked, has MMI been reached; if so, on what date (may not be greater than the statutory MMI date shown above)?

If Box **B** is checked, on the MMI date, what is the IR?

If Box **C** is checked, was the accident or incident giving rise to the compensable injury a substantial factor in bringing about the additional claimed injuries or conditions, and without it, the additional injuries or conditions would not have occurred? Include an explanation of the basis for your opinion.

If Box **D** is checked, is the employee's inability to obtain and retain employment at wages equivalent to the pre-injury wage a direct result of the compensable injury?

If Box **E** is checked, is the injured employee able to return to work in any capacity and what work activities can the injured employee perform?

If Box **F** is checked, has the injured employee's medical condition improved sufficiently to allow the employee to return to work in any capacity for the identified qualifying period(s)?

# Case 1 - RTW and MDG

Question for DD to consider in exam:

From 3/1/xx to present

Is IE able to return to work in any capacity and what work activities can be performed?





# CASE 1 - RTW and MDG

## Steps:

1. Review DWC Form-032 and note of important information
2. Go online to MDGuidelines™, and
3. Look up relevant disability duration table(s)

# RTW AND MDG CASE 1

- DOI 3/1/xx
- Initial conservative treatment – PT, NSAIDs
- Continued right knee pain, swelling and locking
- Arthroscopic medial meniscectomy 6/1/xx (12 weeks post injury)
- 2 Disability Duration tables
  - Medical Treatment (pre-op)
  - Surgical Treatment (post-op)





# MDGuidelines™ Home Page

<http://www.mdguidelines.com/>

# Search by Injury

The screenshot shows the MDGuidelines website interface. At the top, there is a navigation bar with 'MDGuidelines' logo, 'My Dashboard', 'Shortcuts', 'Resources', and 'Help'. A search bar contains the text 'meniscus'. To the right of the search bar are two toggle switches: 'Health Advisor' (On) and 'ACOEM' (On). Below the search bar, a 'Duration Analyzer' widget is displayed, featuring a bar chart titled 'OVERALL BENCHMARK'. The chart compares 'physiological benchmark' (28 days), 'your organization' (59 days), and 'population benchmark' (40 days). Below the chart are three dots and a play button icon. To the right of the chart is a 'See More' link with a right arrow. Below the 'Duration Analyzer' widget are three sections: 'Shortcuts' with icons for ACOEM Guidelines, DART, Formulary, Health Advisor, Duration Views, and Add Shortcut; 'Resources' with buttons for CDC Guidelines, Duration Analyzer, ICD Mapping, Job Title Explorer, Library, and State Guidelines; 'Bookmarks' with a 'Manage Bookmarks' link; and 'Recent Searches' with a list of 'Meniscectomy and Meniscus Repair' and 'Carpal Tunnel Syndrome', and a 'Clear Searches' link. A large yellow arrow points from the search bar to the 'Duration Analyzer' widget.

# Search by Injury

The screenshot shows the MDGuidelines website interface. At the top, there is a navigation bar with 'MDGuidelines' logo, 'My Dashboard', 'Shortcuts', 'Resources', and 'Help'. A search bar contains the text 'meniscus'. Below the search bar, there are two toggle switches: 'Health Advisor' and 'ACOEM', both set to 'On'. A dropdown menu is open, showing 'Suggested Health Advisor Topics' and 'Suggested ACOEM Guidelines'. A green arrow points from the 'Suggested Health Advisor Topics' section to the 'Health Advisor' toggle. The main content area displays search results for 'meniscus', including a snippet about 'to semicircular pads of cartilage in the knee between the' and a 'Health Advisor' icon. Below this, there is a paragraph starting with 'Meniscectomy is the surgical removal of part of one of the two protective C-shaped pads of cartilage (meniscus) in the knee joint after it has been torn or dama' and a URL '/mda/internal-derangement-of-knee'.

# Search by Injury

Search by Keyword or Medical Code (ICD or CPT)...



On

Health Advisor

On

ACOEM

Dashboard > Health Advisor > Meniscus Disorders, Knee

Expand All

## Meniscus Disorders, Knee



Table of Contents

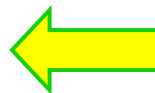
Duration Views

Medical Codes

### Length of Disability

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

- + Medical treatment, meniscus disorder.
- + Surgical treatment, arthroscopic meniscectomy.
- + Surgical treatment, meniscus repair.



### Factors Influencing Duration

Length of disability is influenced by the severity of symptoms, anatomic region of meniscal tear, presence of underlying joint disease (e.g., osteoarthritis, [rheumatoid arthritis](#)), and type of surgery. Meniscal repairs and meniscal transplants require a period of immobilization and reduced weight bearing for healing before rehabilitation can begin, and thus the disability duration will be longer for these procedures. Sustaining multiple injuries to the knee lengthens disability. Individuals who sit

# Search by Injury

Search by Keyword or Medical Code (ICD or CPT)...



On

Health Advisor

On

ACOEM

Dashboard > Health Advisor > Meniscus Disorders, Knee

Expand All

## Meniscus Disorders, Knee



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Duration Views

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# Search by Injury

Dashboard > Health Advisor > Meniscus Disorders, Knee

Expand All

## Meniscus Disorders, Knee



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Medical Codes

### Length of Disability

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

- [Medical treatment, meniscus disorder.](#)



Duration in Days

Job Class	Minimum	Optimum	Maximum
Sedentary	7	7	14
Light	7	14	21
Medium	14	28	42
Heavy	28	35	91
Very Heavy	28	42	91


+ [Surgical treatment, arthroscopic meniscectomy.](#)

+ [Surgical treatment, meniscus repair.](#)


### Factors Influencing Duration

Length of disability is influenced by the severity of symptoms, anatomic region of meniscal tear, presence of underlying joint disease (e.g., osteoarthritis, [rheumatoid arthritis](#)), and type of surgery. Meniscal repairs and meniscal transplants require a

# Search by Injury

- [Medical treatment, meniscus disorder.](#) 

Duration in Days

Job Class 	Minimum	Optimum	Maximum
Sedentary	7	7	14
Light	7	14	21
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+ [Surgical treatment, arthroscopic meniscectomy.](#)

+ [Surgical treatment, meniscus repair.](#)

# Search by Injury

## Meniscus Disorders, Knee



### Length of Disability

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.



- + Medical treatment, meniscus disorder.
- + Surgical treatment, arthroscopic meniscectomy.
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### Factors Influencing Duration

Length of disability is influenced by the severity of symptoms, anatomic region of meniscal tear, presence of underlying joint disease (e.g., osteoarthritis, [rheumatoid arthritis](#)), and type of surgery. Meniscal repairs and meniscal transplants require a period of immobilization and reduced weight bearing for healing before rehabilitation can begin, and thus the disability duration will be longer for these procedures. Sustaining multiple injuries to the knee lengthens disability. Individuals who sit



# Search by Injury

- [Surgical treatment, arthroscopic meniscectomy.](#)



Duration in Days

Job Class	Minimum	Optimum	Maximum
Sedentary	3	14	28
Light	7	14	35
Medium	14	21	56
Heavy	21	42	84
Very Heavy	28	60	112

+ [Surgical treatment, meniscus repair.](#)

## Factors Influencing Duration

Length of disability is influenced by the severity of symptoms, anatomic region of meniscal tear, presence of underlying joint disease (e.g., osteoarthritis, [rheumatoid arthritis](#)), and type of surgery. Meniscal repairs and meniscal transplants require a period of immobilization and reduced weight bearing for healing before rehabilitation can begin, and thus the disability duration will be longer for these procedures. Sustaining multiple injuries to the knee lengthens disability. Individuals who sit while they work may return sooner than those who stand. Nonsurgical treatment of meniscal tears usually interferes with heavy and very heavy work.

[Diagnosis >](#)

[Treatment >](#)

[Prognosis >](#)

Medical Codes




# Search by Injury

- [Surgical treatment, arthroscopic meniscectomy.](#)



Duration in Days

Job Class 	Minimum	Optimum	Maximum
Sedentary	3	14	28
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Medium	14	21	56
Heavy	21	42	84
Very Heavy	28	60	112



# What if there was a meniscus repair?

# Search by Injury

## Meniscus Disorders, Knee



### Length of Disability

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

+ Medical treatment, meniscus disorder.

+ Surgical treatment, arthroscopic meniscectomy.


+ Surgical treatment, meniscus repair.

# Disability Duration Table

[Surgical treatment, meniscus repair.](#)



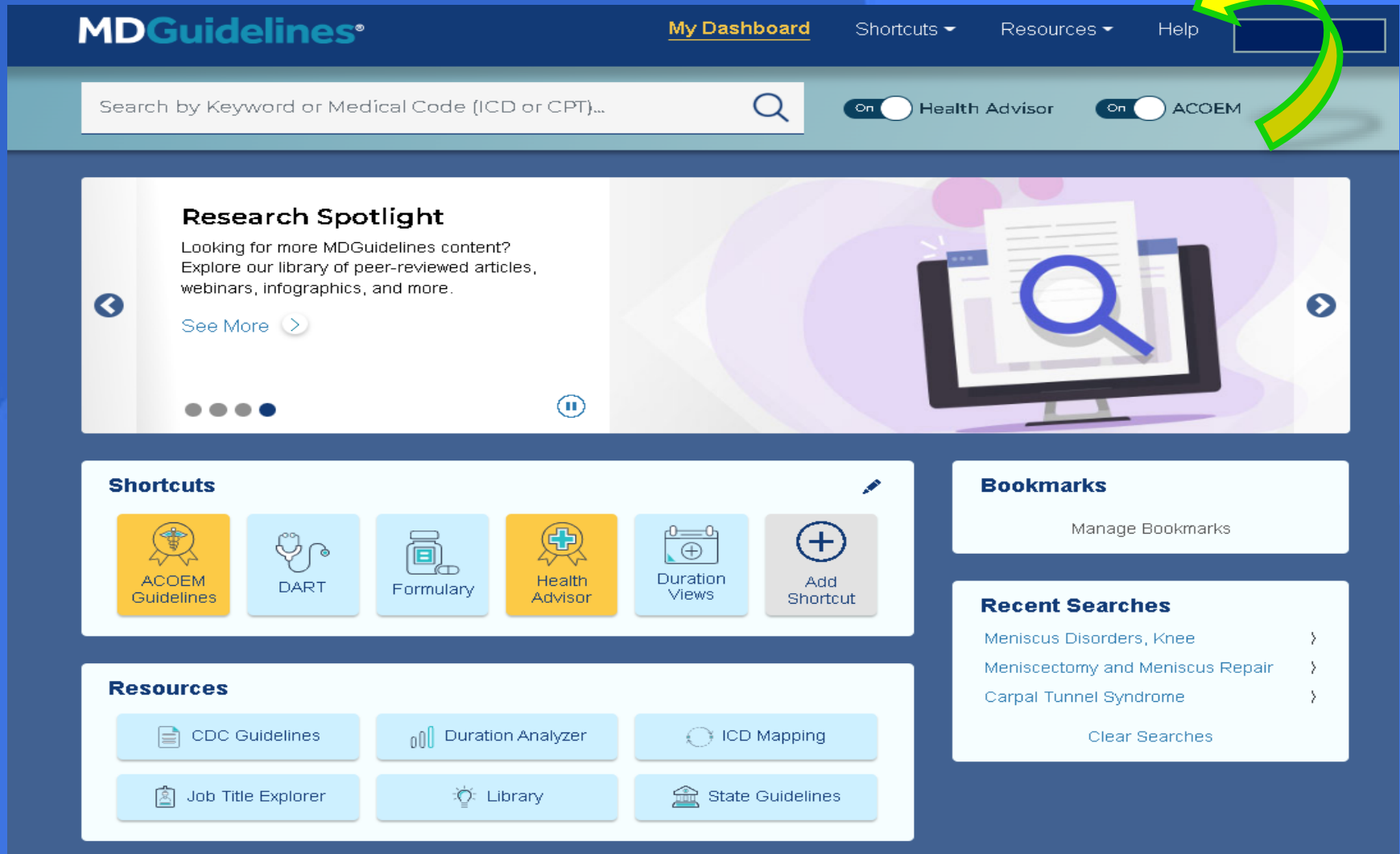
Duration in Days

Job Class 	Minimum	Optimum	Maximum
Sedentary	3	14	21
Light	28	42	56
Medium	42	56	70
Heavy	70	84	112
Very Heavy	84	91	140

# How to Interpret Disability Duration Table

The screenshot displays the MDGuidelines website dashboard. At the top, the MDGuidelines logo is on the left, and navigation links for 'My Dashboard', 'Shortcuts', 'Resources', and 'Help' are on the right. Below the navigation is a search bar with the placeholder text 'Search by Keyword or Medical Code (ICD or CPT)...'. To the right of the search bar are two toggle switches: 'Health Advisor' (turned on) and 'ACOEM' (turned on). The main content area features a 'Research Spotlight' section with a call to action to explore peer-reviewed content. Below this are three main sections: 'Shortcuts' with icons for ACOEM Guidelines, DART, Formulary, Health Advisor, Duration Views, and an 'Add Shortcut' button; 'Resources' with buttons for CDC Guidelines, Duration Analyzer, ICD Mapping, Job Title Explorer, Library, and State Guidelines; and 'Bookmarks' with a 'Manage Bookmarks' link. A 'Recent Searches' section lists 'Meniscus Disorders, Knee', 'Meniscectomy and Meniscus Repair', and 'Carpal Tunnel Syndrome', with a 'Clear Searches' link at the bottom.

# Select Help



The screenshot shows the MDGuidelines website dashboard. At the top left is the MDGuidelines logo. To its right are navigation links: [My Dashboard](#), [Shortcuts](#), [Resources](#), and [Help](#). A green arrow points to the Help link. Below the navigation is a search bar with the placeholder text "Search by Keyword or Medical Code (ICD or CPT)..." and a search icon. To the right of the search bar are two toggle switches: "Health Advisor" (turned on) and "ACOEM" (turned on). The main content area features a "Research Spotlight" section with a carousel of images and text: "Looking for more MDGuidelines content? Explore our library of peer-reviewed articles, webinars, infographics, and more." Below this is a "Shortcuts" section with icons for ACOEM Guidelines, DART, Formulary, Health Advisor, Duration Views, and an "Add Shortcut" button. To the right is a "Bookmarks" section with a "Manage Bookmarks" link. Below that is a "Recent Searches" section listing "Meniscus Disorders, Knee", "Meniscectomy and Meniscus Repair", and "Carpal Tunnel Syndrome", with a "Clear Searches" link. At the bottom left is a "Resources" section with buttons for "CDC Guidelines", "Duration Analyzer", "ICD Mapping", "Job Title Explorer", "Library", and "State Guidelines".

# Select “Duration Views”

Dashboard > Help

## Help Directory

### Help Contents

#### Getting Started

MDGuidelines Health Advisor

Duration Views

ACOEM Clinical Practice Guidelines

DART

Formulary

Duration Analyzer

Medical Cost Tool

Job Title Explorer

Crosswalks

### Getting Started

#### About MDGuidelines

MDGuidelines is a clinical decision support solution that features the world's most trusted illness and injury duration tables and gold standard practice guidelines from the American College of Occupational and Environmental Medicine (ACOEM).

See our 1-page summary of why evidence-based medicine works [here](#).

Check out our infographic about why getting the right treatment at the right time matters [here](#).

#### How do I use the website?

The search bar at the top of the page allows you to quickly enter a code or keyword to find information about a health topic. We have a variety of specialty tools to help you dig into the data or specific content you need to help people recover quickly and safely.

Check out our YouTube Channel to see demo videos about using our tools [here](#).



# Return to Work Expectations

## Recovery Estimates

- **Minimum** – The minimum recovery time most individuals require to return to work at the same performance level as prior to injury or illness.
- **Optimum** – The point in time when most individuals are likely to be able to return to work, assuming their cases are optimally managed by their provider, and that the individuals do not experience significant complications and/or comorbid medical conditions.
- **Maximum** – The recommended point in time at which (or before) additional case information should be requested from the treating physician to determine when (and if) the disabled individual may be able to return to work.

Some physiological duration tables contain the term "indefinite". This word implies the potential for an indefinite disability. In these cases, it is possible that a return to work or activity may not be compatible at the same activity level.



# Return to Work Expectations

## Minimum, Optimum, and Maximum

- Recovery times according to U.S Department of Labor (DOL) job classifications
- The values do not represent the absolute minimum or maximum length of disability at which an individual must or should return to work
- They represent points in time at which, if full recovery has not occurred, additional evaluation should take place
- Allow for individual differences in recovery time.
- **Factors to consider:**

\*Co-morbidities

\*Non-Injury Related Factors



# Minimum

- **Minimum** – The minimum recovery time most individuals require to return to work at the same performance level as prior to injury or illness.



# Optimum

- **Optimum** – The point in time when most individuals are likely to be able to return to work, assuming their cases are optimally managed by their provider, and that the individuals do not experience significant complications and/or comorbid medical conditions.

# Maximum

- **Maximum** – The recommended point in time at which (or before) additional case information should be requested from the treating physician to determine when (and if) the disabled individual may be able to return to work.

Some physiological duration tables contain the term "indefinite". This word implies the potential for an indefinite disability. In these cases, it is possible that a return to work or activity may not be compatible at the same activity level.

# CASE 1 - RTW and MDG®

## Steps:

### 4. Consider job duties/title, if needed


- Not provided by employer/injured employee
- Addressing full duty work (Box C on DWC Form-073)

### 5. Answer question from DWC Form-032 in narrative report for relevant date range



### 6. Complete DWC Form-073(s)

# Job Class Definitions – Select “?”


## Meniscus Disorders, Knee

Length of Disability 

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

 [Medical treatment, meniscus disorder.](#) 

Duration in Days

Job Class 	Minimum	Optimum	Maximum
<b>Sedentary</b>	7	7	14
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<b>Very Heavy</b>	28	42	91

[+ Surgical treatment, arthroscopic meniscectomy.](#)

[+ Surgical treatment, meniscus repair.](#)

### Factors Influencing Duration

Length of disability is influenced by the severity of symptoms, anatomic region of meniscal tear, presence of underlying joint disease (e.g., osteoarthritis, [rheumatoid arthritis](#)), and type of surgery. Meniscal repairs and meniscal transplants require a period of immobilization and reduced weight bearing for healing before rehabilitation can begin, and thus the disability

# Job Class Definitions

## Job Class Definitions



### Sedentary Work

Exerting up to 10 pounds (4.5 kg) of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.



# Job Class Definitions

## Job Class Definitions



### Light Work

Exerting up to 20 pounds (9.1 kg) of force occasionally and/or up to 10 pounds (4.5 kg) of force frequently, and/or negligible amount of force constantly to move objects.

Physical demand requirements are in excess of those for Sedentary Work. Light Work usually requires walking or standing to a significant degree. However, if the use of the arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most the time, the job is rated Light Work.

# Job Class Definitions

## Job Class Definitions



### Medium Work

Exerting up to 50 (22.7 kg) pounds of force occasionally, and/or up to 25 pounds (11.3 kg) of force frequently, and/or up to 10 pounds (4.5 kg) of forces constantly to move objects.

### Heavy Work

Exerting up to 100 pounds (45.4 kg) of force occasionally, and/or up to 50 pounds (22.7 kg) of force frequently, and/or in excess of 20 pounds (9.1 kg) of force constantly to move objects.

# Job Class Definitions

## Very Heavy Work

Exerting in excess of 100 pounds (45.4 kg) of force occasionally, and/or in excess of 50 pounds (22.7 kg) of force frequently, and/or in excess of 20 pounds (9.1 kg) of force constantly to move objects.

Job Titles





# Other Factors

The Department of Labor job classifications focus on physical effort only. This may not be relevant to duration of some disabilities.



# Other Factors (Cont'd)

- In addition to pounds of force, other important factors contribute to the definition of an individual's job classification.
- These factors include posture, biomechanics (size, shape, and manageability of the object being moved), height from and to which the object is lifted, and frequency of exertion.
- Each of these factors (and any other job-specific requirements) should be considered when determining expected length of disability.

# Link to Job Titles – Select “?”

## Meniscus Disorders, Knee

### Length of Disability

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

[- Medical treatment, meniscus disorder.](#)

Duration in Days

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# Select Job Titles Link – This case

**Job Class Definitions** ✕

[Job Titles](#)

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**Medium Work**  
Exerting up to 50(22.7 kg) pounds of force occasionally, and / or up to 25 pounds(11.3 kg) of force frequently, and / or up to 10 pounds(4.5 kg) of forces constantly to move objects.

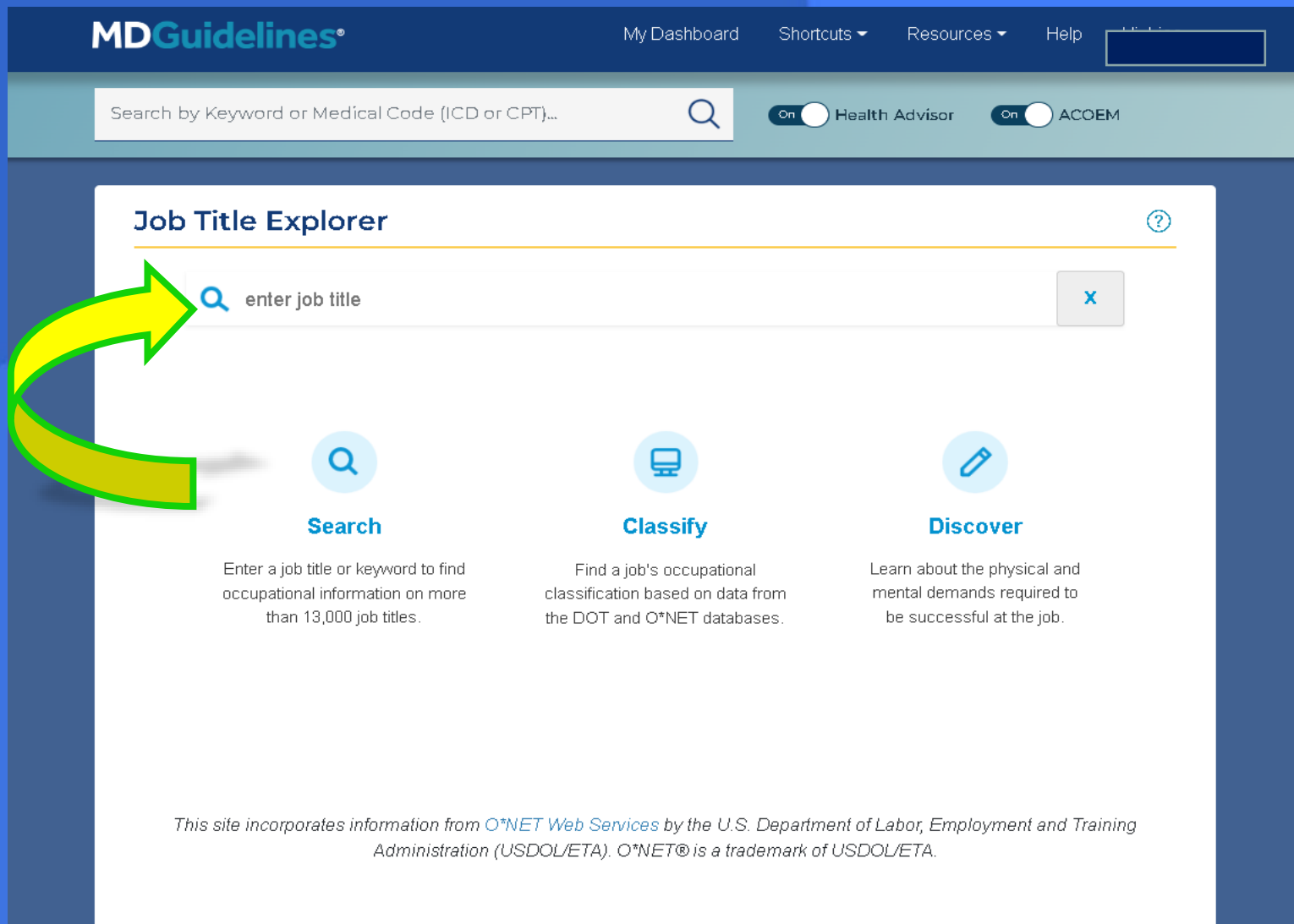
**Heavy Work**  
Exerting up to 100 pounds(45.4 kg) of force occasionally, and / or up to 50 pounds(22.7 kg) of force frequently, and / or in excess of 20 pounds(9.1 kg) of force constantly to move objects.

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Exerting in excess of 100 pounds(45.4 kg) of force occasionally, and / or in excess of 50 pounds(22.7 kg) of force frequently, and / or in excess of 20 pounds(9.1 kg) of force constantly to move objects.

[Job Titles](#)




# Enter Job Title




**MDGuidelines®** My Dashboard Shortcuts ▾ Resources ▾ Help

Search by Keyword or Medical Code (ICD or CPT)...   Health Advisor  ACOEM


## Job Title Explorer ?

  
**Search**

Enter a job title or keyword to find occupational information on more than 13,000 job titles.

  
**Classify**

Find a job's occupational classification based on data from the DOT and O\*NET databases.

  
**Discover**

Learn about the physical and mental demands required to be successful at the job.

*This site incorporates information from [O\\*NET Web Services](#) by the U.S. Department of Labor, Employment and Training Administration (USDOL/ETA). O\*NET® is a trademark of USDOL/ETA.*



# Job Title

**Job Title Explorer** ?

meter reader X

Meter Readers, Utilities

Office and Administrative Support Workers, All Other

Inspectors, Testers, Sorters, Samplers, and Weighers

First-Line Supervisors of Office and Administrative Support Workers

Production Workers, All Other

Media and Communication Equipment Workers, All Other

**Search**

Enter a job title or keyword to find occupational information on more than 13,000 job titles.

**Classify**

Find a job's occupational classification based on data from the DOT and O\*NET databases.

**Discover**

Learn about the physical and mental demands required to be successful at the job.

# Job Title Displays Job Class

## Job Title Explorer



🔍 Meter Readers, Utilities

X

### Meter Readers, Utilities

Job Class:

**Light**

O\*NET Job Code:

**43-5041.00**

#### Job Description

Read meter and record consumption of electricity, gas, water, or steam.

#### Job Class Details

**Light Work** Exerting up to 20 pounds (9.1 kg) of force occasionally and/or up to 10 pounds (4.5 kg) of force frequently, and/or negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Light Work usually requires walking or standing to a significant degree. However, if the use of the arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most the time, the job is rated Light Work.





# Job Titles

Attempt to verify job tasks with physical demand category

- Used in determining “full duty” capability
- Correlate functional abilities in medical records
- Verify with IE, records from employer, etc.
- May or may not fit Job Classification Physical Demand Classification
- Explain!

# CASE 1 - RTW and MDG®

## Steps:

4. Consider job duties/title, if needed
  - Not provided by employer/injured employee
  - Addressing full duty work (Box C on DWC Form-073)
5. Answer question from DWC Form-032 in narrative report for relevant date range
6. Complete DWC Form-073(s)

# Case 1 - RTW and MDG

Question for DD to consider in exam:

From 3/1/xx to present

Is IE able to return to work in any capacity and what work activities can be performed?



## ***CASE 1 - RTW and MDG***

- Answer Question
  - Address date ranges if given or present capacity if no dates given
  - **Explain your answer clearly *including reasons for deviation from Division's RTW guidelines***



# CASE 1 - RTW and MDG

- DOI 3/1/xx
- Initial conservative treatment – PT, NSAIDs
- Continued right knee pain, swelling and locking
- Arthroscopic medial meniscectomy 6/1/xx (12 weeks post injury)
- 2 Disability Duration tables
  - Medical Treatment (pre-op)
  - Surgical Treatment (post-op)

# Disability Duration Meniscus Medical Treatment

Medical treatment, meniscus disorder.

JOB CLASS ⓘ	MINIMUM	OPTIMUM	MAXIMUM
Sedentary	7	7	14
Light	7	14	21
Medium	14	28	42
Heavy	28	35	91
Very Heavy	28	42	91



# Disability Duration Post Arthroscopic Meniscectomy

- Surgical treatment, arthroscopic meniscectomy.

JOB CLASS 	MINIMUM	OPTIMUM	MAXIMUM
Sedentary	3	14	28
Light	7	14	35
Medium	14	21	56
Heavy	21	42	84
Very Heavy	28	60	112

# Meniscus - Medical Treatment

- DOI: 3/1/xx
- Date range from DWC 32: 3/1/xx to present
- **Medical treatment 3/1/2018-5/31/xx**
- Arthroscopic meniscectomy 6/1/xx
- DD Exam 9/1/xx
- Maximum time unable to work at
  - Sedentary: 14 days (3/15/xx)
  - Light\*: 21 days (3/22/xx)
  - Medium: 42 days (4/12/xx)
  - Heavy: 91 days (5/31/xx)

# Post Arthroscopic Meniscectomy

- DOI: 3/1/xx
- Date range from DWC 32: 3/1/xx to present
- Medical treatment 3/1/2018-5/31/xx
- **Arthroscopic meniscectomy 6/1/xx**
- DD Exam 9/1/xx
- Maximum time unable to work at
  - Sedentary: 28 days (6/29/xx)
  - Light\*: 35 days (7/6/xx)
  - Medium: 56 days (7/27/xx)
  - Heavy: 84 days (8/24/xx)
  - Very Heavy: 112 days (9/21/xx)

# Narrative Report

- DOI: 3/1/xx
- Date range from DWC 32: 3/1/xx to present
- **Medical treatment 3/1/xx-5/31/xx**
- Consider Disability Duration Maximum time unable to work at
  - Sedentary: 14 days (3/15/xx)
  - Light\*: 21 days (3/22/xx)
  - Medium: 42 days (4/12/xx)
  - Heavy: 91 days (5/31/xx)
- No work 3/1/xx – 3/15/xx (14 days)
- Sedentary work 3/16/xx - 5/31/xx Medical records show inability to walk without limp, ascend/descend stairs and perform walking or standing greater than 30 minute intervals – unable to function at Light PDC as a meter reader
  - "...usually requires walking or standing to a significant degree."

# Narrative Report

- DOI: 3/1/xx
- Date range from DWC 32: 3/1/xx to present
- **Arthroscopic meniscectomy 6/1/xx**
- Consider Disability Duration Maximum time unable to work at:
  - Sedentary: 28 days (6/29/xx)
  - Light\*: 35 days (7/6/xx)
  - Medium: 56 days (7/27/xx)
  - Heavy: 84 days (8/24/xx)
  - Very Heavy: 112 days (9/21/xx)

# Narrative Report

- **Arthroscopic Meniscectomy 6/1/xx**
  - No work 6/1/xx - 6/8/xx (3 days – minimum for sedentary vs. maximum 28 days)
    - Medical records do not show any complication or condition preventing sedentary work after 7 days no work
    - Orthopedic surgeon released IE to RTW with restrictions (sedentary work) 7 days post-op
  - Sedentary work 6/9/xx – 7/6/xx
    - Functional status, PT activities, etc. documented in medical records consistent with sedentary capacity
  - Light work effective 7/7/xx – present (9/1/xx)
    - Functional status, PT activities, etc. documented in medical records consistent with light capacity
    - Able to perform prolonged standing >1 hour intervals
    - Able to perform full duty as meter reader
- DD Exam 9/1/xx

# CASE 1 - RTW and MDG®

## Steps:

4. Consider job duties/title, if needed
  - Not provided by employer/injured employee
  - Addressing full duty work (Box C on DWC Form-073)
5. Answer question from DWC Form-032 in narrative report for relevant date range
6. Complete DWC Form-073(s)

**PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)**

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of \_\_\_\_\_ (date) **without restrictions**.
- (b) will allow the employee to return to work as of \_\_\_\_\_ (date) **with the restrictions** identified in PART III, which are expected to last through \_\_\_\_\_ (date).
- (c) has prevented and still prevents the employee from returning to work as of **3/1/xx** (date) and is expected to continue through **3/15/xx** (date).

The following describes how this injury prevents the employee from returning to work:

**Per MD Guidelines for MeniscalTear.**

**PART III: ACTIVITY RESTRICTIONS\* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)**

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____	
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day		<input type="checkbox"/> No skin contact with: _____	
<input type="checkbox"/> Right Hand/Wrist	<input type="checkbox"/> Right Leg	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> Dressing changes necessary at work	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	Other: _____		<input type="checkbox"/> No running	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle			<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle			<input type="checkbox"/> Advised to take over-the-counter meds	
Other: _____				<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
16. OTHER RESTRICTIONS (if any):					

\* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.



**PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)**

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of \_\_\_\_\_ (date) **without restrictions.**
- (b) will allow the employee to return to work as of **3/16/xx** (date) **with the restrictions** identified in PART III, which are expected to last through **5/31/xx** (date).
- (c) has prevented and still prevents the employee from returning to work as of \_\_\_\_\_ (date) and is expected to continue through \_\_\_\_\_ (date).

The following describes how this injury prevents the employee from returning to work:

**PART III: ACTIVITY RESTRICTIONS\* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)**

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____	
Standing <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Twisting <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day		<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Right Hand/Wrist	<input checked="" type="checkbox"/> Right Leg	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> Advised to take over-the-counter meds	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	Other: _____		<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle				
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle				
16. OTHER RESTRICTIONS (if any):					
No walking or standing for greater than 30 minute intervals					

\* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

**PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)**

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of \_\_\_\_\_ (date) **without restrictions**.
- (b) will allow the employee to return to work as of \_\_\_\_\_ (date) **with the restrictions** identified in PART III, which are expected to last through \_\_\_\_\_ (date).
- (c) has prevented and still prevents the employee from returning to work as of **6/1/xx** (date) and is expected to continue through **6/7/xx** (date).

The following describes how this injury prevents the employee from returning to work:

**Consistent with MD Guidelines, IE had arthroscopic meniscectomy 6/1/2018, was unable to work and did not meet criteria for sedentary work.**

**PART III: ACTIVITY RESTRICTIONS\* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)**

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____	
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	Other: _____		<input type="checkbox"/> No skin contact with: _____	
<input type="checkbox"/> Right Hand/Wrist	<input type="checkbox"/> Right Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day		<input type="checkbox"/> Dressing changes necessary at work	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> No running	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle	Other: _____		<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle			<input type="checkbox"/> Advised to take over-the-counter meds	
Other: _____				<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
16. OTHER RESTRICTIONS (if any):					

\* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

**PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)**

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of \_\_\_\_\_ (date) **without restrictions.**
- (b) will allow the employee to return to work as of **6/8/xx** (date) **with the restrictions** identified in PART III, which are expected to last through **7/6/xx** (date).
- (c) has prevented and still prevents the employee from returning to work as of \_\_\_\_\_ (date) and is expected to continue through \_\_\_\_\_ (date).

The following describes how this injury prevents the employee from returning to work:

**PART III: ACTIVITY RESTRICTIONS\* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)**

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____	
Standing <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day		<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Right Hand/Wrist	<input checked="" type="checkbox"/> Right Leg	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> Advised to take over-the-counter meds	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	Other: _____		<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle	16. OTHER RESTRICTIONS (if any): <b>No walking or standing for greater than 30 minute intervals</b>			
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle				

\* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

**PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)**

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of 7/7/xx (date) without restrictions.
- (b) will allow the employee to return to work as of \_\_\_\_\_ (date) with the restrictions identified in PART III, which are expected to last through \_\_\_\_\_ (date).
- (c) has prevented and still prevents the employee from returning to work as of \_\_\_\_\_ (date) and is expected to continue through \_\_\_\_\_ (date).

The following describes how this injury prevents the employee from returning to work:

**PART III: ACTIVITY RESTRICTIONS\* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)**

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____	
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day		<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Right Hand/Wrist	<input type="checkbox"/> Right Leg	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> Advised to take over-the-counter meds	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	Other: _____		<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle				
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle				
Other: _____					
16. OTHER RESTRICTIONS (if any):					
_____					

\* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.



# Case 1 - RTW and MDG

## Is an FCE needed?

- Clear rationale for what additional required information it will provide?
- Current capacity only. How does it answer for prior capability?
- If utilized, incorporate results into report and explain how it influences decision/answer to the question posed



# Return to Work - SIBS

*(Supplemental Income Benefits)*

# Box F - *Return to Work for Supplemental Income Benefits (SIBs)*

Question for DD to consider in exam:

Has medical condition improved sufficiently to allow IE to return to work in *any* capacity for identified qualifying periods?





# Return to Work – SIBs

- Similar process as before
- *Requestor* provides beginning and ending dates for each qualifying period of SIBs in question in Box 42 F of the DWC-032
- DD must address the entire identified time frame
- Make sure you have medical records (if any exist) for relevant qualifying period





# Return to Work – SIBs

If the injury causes a **total inability** for the IE to work in **ANY** capacity, *specifically explain in your narrative report how the injury causes a total inability to work.*



# Return to Work – What’s New?

## Who can sign a DWC – 73?

Treating MD

Physician Assistant - Modified 2017

Advanced Practice Nurse – Effective 09/01/19

# Questions?





# Thank You!



# Certification of Successful Completion

Certification or recertification as a designated doctor requires a certificate of successful completion of all required DWC training, including recorded presentations and live webinars

# Certification of Successful Completion

1. A designated doctor must submit the DWC attestation to validate viewing the recorded presentations.
2. Live webinar participation is confirmed by registration and attendance during the live event
3. A certificate of successful completion is emailed to the designated doctor after completing the entire course
4. The certificate of successful completion must be submitted with the completed **certification application or recertification application**

Find the DWC attestation of completion

at: <https://www.tdi.texas.gov/wc/dd/documents/ddattestation.pdf>

View all required and optional training

at: <https://www.tdi.texas.gov/wc/dd/training.html>