

# Texas Workers' Compensation

## Return to Work and MDGuidelines<sup>TM</sup> *(RTW and MDG)*

Presented by  
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# 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<sup>TM</sup>
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<sup>TM</sup>
3. Look up relevant disability duration table(s)



**E. Return to work** - Is the injured employee able to return to work in any capacity **and** what work can the injured employee perform? Provide the period to be assessed. If multiple periods, list all dates.

From 03/01/2023 to present  
(mm/dd/yyyy) (mm/dd/yyyy)

# 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)

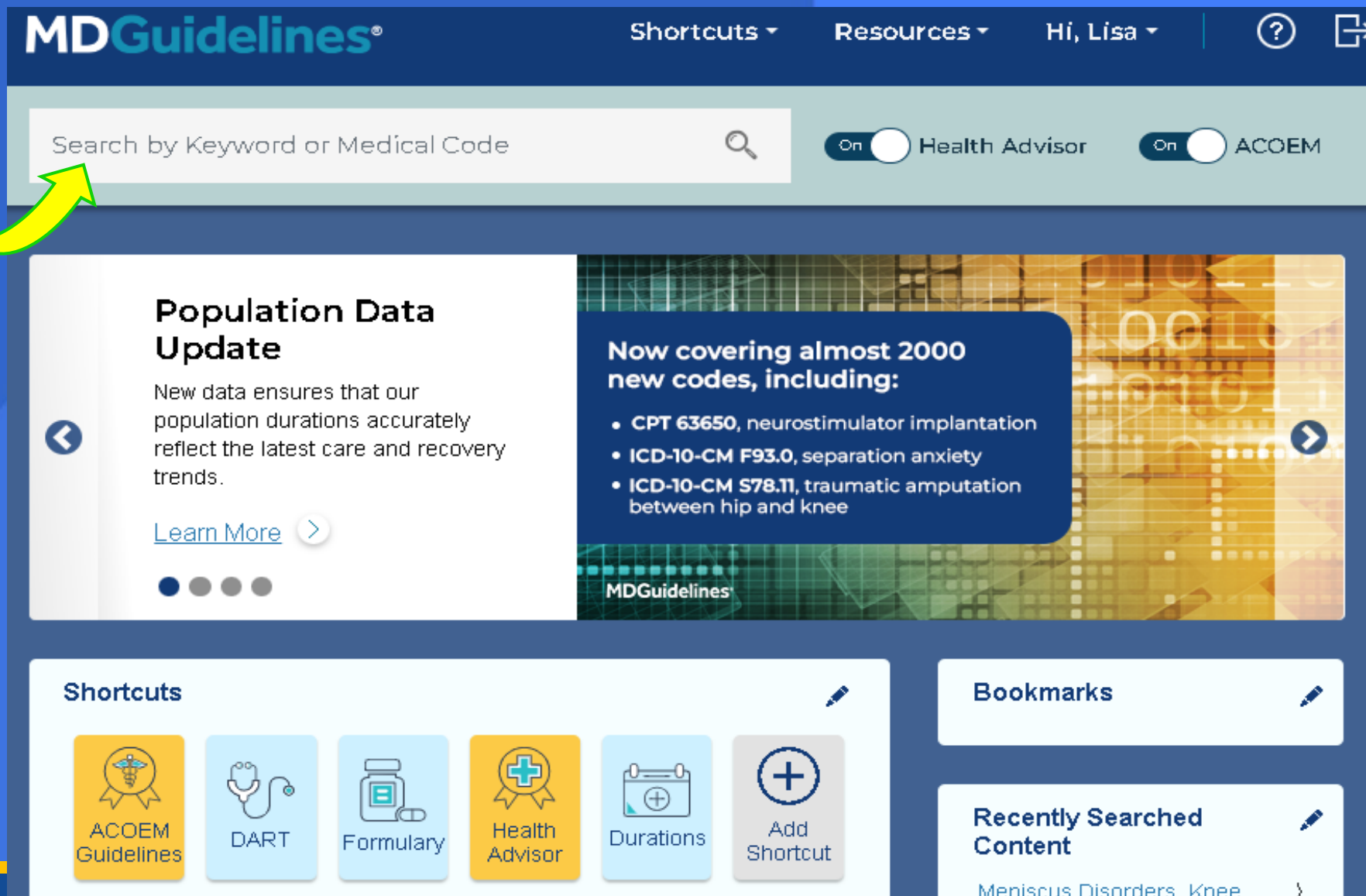


# MDGuidelines™ Home Page

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



# Search by Injury



**MDGuidelines®** Shortcuts ▾ Resources ▾ Hi, Lisa ▾ ? ↗

Search by Keyword or Medical Code 🔍

On ☐ Health Advisor On ☐ ACOEM

### Population Data Update

New data ensures that our population durations accurately reflect the latest care and recovery trends.

[Learn More](#) ➤

● ● ● ●

### Now covering almost 2000 new codes, including:

- CPT 63650, neurostimulator implantation
- ICD-10-CM F93.0, separation anxiety
- ICD-10-CM S78.11, traumatic amputation between hip and knee

MDGuidelines

#### Shortcuts

ACOEM Guidelines

DART

Formulary

Health Advisor

Durations

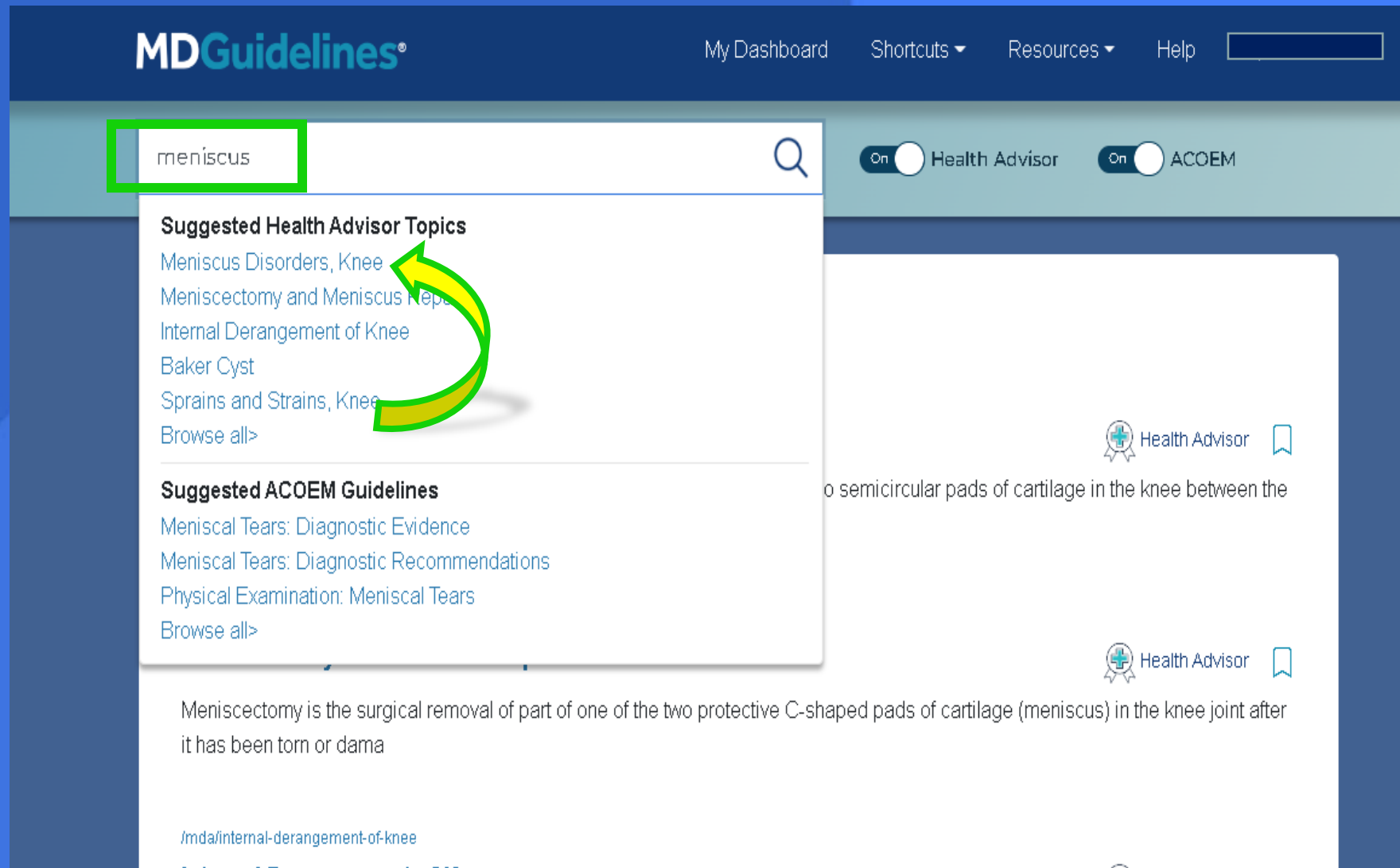
Add Shortcut

#### Bookmarks

#### Recently Searched Content

Meniscus Disorders, Knee

# Search by Injury



The screenshot shows the MDGuidelines website interface. 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 bar, a search bar contains the text 'meniscus'. A dropdown menu is visible below the search bar, listing 'Suggested Health Advisor Topics' and 'Suggested ACOEM Guidelines'. A green box highlights the search input, and a green arrow points to the suggested topics. The suggested topics include 'Meniscus Disorders, Knee', 'Meniscectomy and Meniscus Repair', 'Internal Derangement of Knee', 'Baker Cyst', 'Sprains and Strains, Knee', and 'Browse all>'. The suggested ACOEM guidelines include 'Meniscal Tears: Diagnostic Evidence', 'Meniscal Tears: Diagnostic Recommendations', 'Physical Examination: Meniscal Tears', and 'Browse all>'. The main content area shows a snippet of text about meniscus, mentioning 'semicircular pads of cartilage in the knee between the'. Below the snippet, there are two 'Health Advisor' icons with a cross and a book icon, and a URL '/mda/internal-derangement-of-knee'.

MDGuidelines®

My Dashboard Shortcuts Resources Help

meniscus

**Suggested Health Advisor Topics**

- Meniscus Disorders, Knee
- Meniscectomy and Meniscus Repair
- Internal Derangement of Knee
- Baker Cyst
- Sprains and Strains, Knee
- Browse all>

**Suggested ACOEM Guidelines**

- Meniscal Tears: Diagnostic Evidence
- Meniscal Tears: Diagnostic Recommendations
- Physical Examination: Meniscal Tears
- Browse all>

Health Advisor

semicircular pads of cartilage in the knee between the

Health Advisor

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 damaged.

/mda/internal-derangement-of-knee

# Search by Injury

Search by Keyword or Medical Code



On Health Advisor

On ACOEM

[Dashboard](#) > [Health Advisor](#) > Meniscus Disorders, Knee

Expand All

## Meniscus Disorders, Knee



Overview

Knee meniscus disorders involve the medial or lateral meniscus, two semicircular pieces of cartilage (between the joint surface of the femur and the tibial condyles) of the upper leg bone (femur) and the lower leg bone (tibia). Menisci serve as shock absorbers and provide an increased surface area that carries 40% to 60% of the load transmitted through the knee joint. The most common meniscus disorder is a tear. The medial meniscus is more frequently injured than the lateral meniscus, because it is more firmly attached to the surrounding ligaments.

Meniscal tears are classified according to their location. The major classes of tears include vertical, horizontal, or beaked, or flap tear, displaced (bucket handle), or complex (involving multiple tears). The most common.

Knee injury is the second most common work-related accident, and more than 3 million Americans experience knee injuries each year (Levy). In the US, the incidence of meniscal tear occurs in 61 of out every 100,000 people, accounting for 850,000 surgeries each year (Baker). Many meniscal tears are asymptomatic and are found incidentally on MRI (Maack).

[Related Terms](#) >

[Causation and Known Risk Factors](#) >

[Diagnosis](#) >

[Treatment](#) >

[Prognosis](#) >

[Differential Diagnosis](#) >

[Rehabilitation](#) >

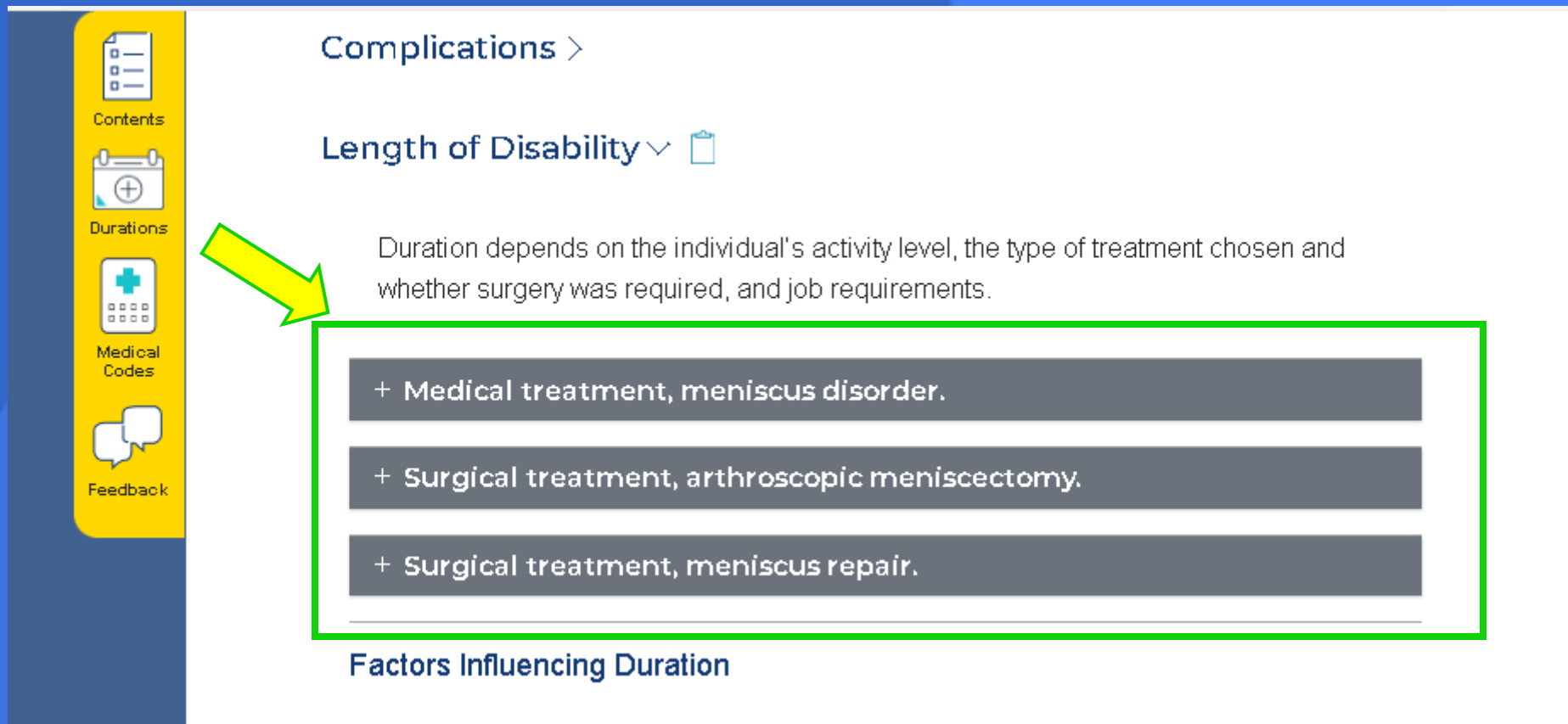
[Comorbid Conditions](#) >

[Complications](#) >

[Length of Disability](#) >



# Search by Injury



Contents

Durations

Medical Codes

Feedback

Complications >


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

# Search by Injury


  
Contents

  
Durations

  
Medical Codes

  
Feedback

Complications >

Length of Disability ▾ 

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Factors Influencing Duration

# Search by Injury



Contents



Durations



Medical  
Codes



Feedback

## 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. 

### Activity Level

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	7	7	14	28	28
Expected	7	14	28	35	42
Evaluate	14	21	42	91	91

+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.

# Search by Injury



Contents



Durations



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Feedback

## Complications >

### 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

# Search by Injury

– Surgical treatment, arthroscopic meniscectomy.



## Activity Level ⓘ

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	3	7	14	21	28
Expected	14	14	21	42	60
Evaluate	28	35	56	84	112



Contents



Durations



Medical  
Codes



Feedback





**What if there was a  
meniscus repair?**

# Search by Injury



Contents



Durations



Medical  
Codes



Feedback

## Complications >

### 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

# Disability Duration Table

– Surgical treatment, meniscus repair.



## Activity Level

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	3	28	42	70	84
Expected	14	42	56	84	91
Evaluate	21	56	70	112	140

Factors Influencing Duration



# How to Interpret Disability Duration Table

The screenshot shows the MDGuidelines website interface. At the top, the MDGuidelines logo is on the left, and navigation links for Shortcuts, Resources, and a user profile (Hi, Lisa) are on the right. Below the navigation bar is a search bar with the placeholder text "Search by Keyword or Medical Code" and a magnifying glass icon. To the right of the search bar are two toggle switches: "On Health Advisor" and "On ACOEM".

The main content area features a "Population Data Update" section on the left, which includes a left arrow, the title "Population Data Update", a paragraph of text, and a "Learn More" link with a right arrow. To the right of this section is a large banner with a grid pattern and binary code. The banner contains the text "Now covering almost 2000 new codes, including:" followed by a list of three items: "CPT 63650, neurostimulator implantation", "ICD-10-CM F93.0, separation anxiety", and "ICD-10-CM S78.11, traumatic amputation between hip and knee". A right arrow is located on the right side of the banner.

Below the main content area is a "Shortcuts" section with a title and a pencil icon. It contains six icons: ACOEM Guidelines, DART, Formulary, Health Advisor, Durations, and Add Shortcut. A green arrow points from the "Durations" icon to the "Durations" section in the "Recently Searched Content" section on the right. The "Recently Searched Content" section has a title and a pencil icon, and it lists "Meniscus Disorders, Knee" with a right arrow.

# Click the question mark for help

My Dashboard / Durations

## Durations

Enter Keyword or ICD code or CPT Procedure Code



Enter a medical code or keyword to:



View durations and  
return to activity  
estimates

Benchmark using  
population-level  
statistics

Predict recovery  
duration using  
case-specific  
variables

# Duration category definitions



Contents



Feedback

## Durations

### Questions

- [How do I interpret the duration dashboard and speedometer?](#)
- [How are activity levels defined?](#)
- [How do I calculate an Analytic Prediction?](#)
- [How do I use the Timeline feature?](#)
- [Where can I access durations in table format?](#)

### Answers

- **How do I interpret the duration dashboard and speedometer?**

From left to right on the speedometer, the duration values (return-to-activity estimates) are:

**Real World Average** (population median) – the statistical average of real-world cases, calculated using 20+ million claims of varying complexity and care management, and across all activity levels and industries.

**Early return** (physiological minimum) – the minimum recovery time most individuals require to return to activity or work at the same performance level as prior to injury, illness, or surgery.

**Expected return** (physiological optimum) – the point in time when most individuals are likely to be able to return to activity, assuming optimal management and no significant complications/comorbidities.

**Evaluate return** (physiological maximum) – the point in time when additional case information should be requested to determine if/when the individual may be able to return to activity.

# Return to Work Expectations

**Early return** (physiological minimum) – the minimum recovery time most individuals require to return to activity or work at the same performance level as prior to injury, illness, or surgery.

**Expected return** (physiological optimum) – the point in time when most individuals are likely to be able to return to activity, assuming optimal management and no significant complications/comorbidities.

**Evaluate return** (physiological maximum) – the point in time when additional case information should be requested to determine if/when the individual may be able to return to activity.



# Return to Work Expectations

## Early, Expected, and Evaluate

- 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





# Early return

**Early return** (physiological minimum) – the minimum recovery time most individuals require to return to activity or work at the same performance level as prior to injury, illness, or surgery.



# Expected return

**Expected return** (physiological optimum) – the point in time when most individuals are likely to be able to return to activity, assuming optimal management and no significant complications/comorbidities.



# Evaluate Return

**Evaluate return** (physiological maximum) – the point in time when additional case information should be requested to determine if/when the individual may be able to return to activity.



# 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)**

# Activity Level Definitions

Contents



Durations



Medical Codes



Feedback

## 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. 

Activity Level 

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	7	7	14	28	28
Expected	7	14	28	35	42
Evaluate	14	21	42	91	91

+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.

# Activity Levels (Job Class Definitions)

## Activity Level Definitions



[Job Title Explorer](#)

### **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.

# Activity levels

## Activity Level 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.

# Activity Levels

## Activity Level 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.



# Activity Levels

## Activity Level 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.



# Other Factors

The MDG Activity levels are from the Department of Labor job classifications that 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 activity level.
- 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.

# Select Job Titles Link – This case

## Activity Level Definitions

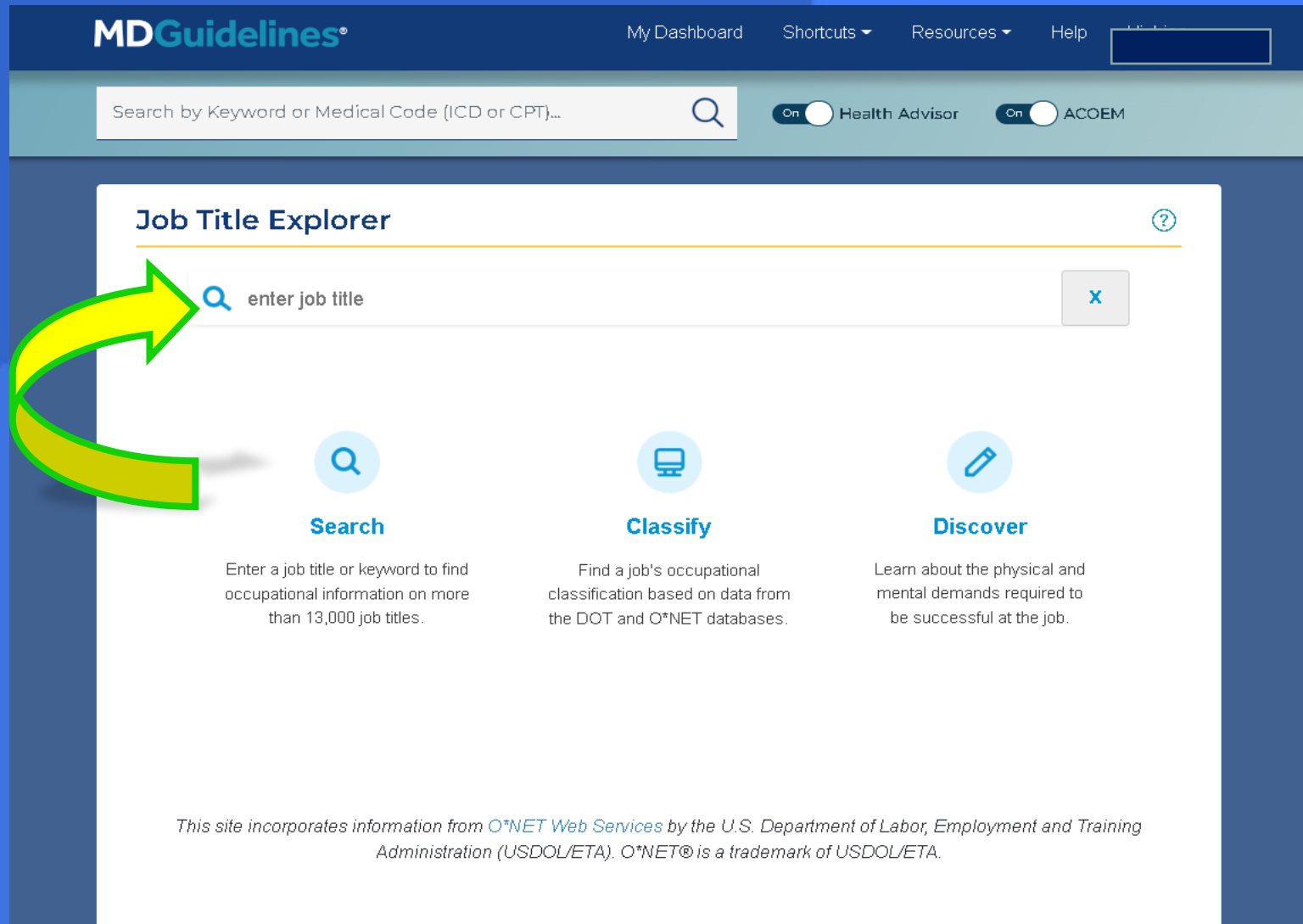


[Job Title Explorer](#)

### **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.

# Enter Job Title



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

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

On ☐ Health Advisor On ☐ ACOEM

### Job Title Explorer

enter job title

**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 Activity Level 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.



Activity Level ⓘ

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	7	7	14	28	28
Expected	7	14	28	35	42
Evaluate	14	21	42	91	91


+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.

# Disability Duration Post Arthroscopic Meniscectomy

– Surgical treatment, arthroscopic meniscectomy.



Activity Level 					
Return to Activity Estimates (In Days)					
	Sedentary	Light	Medium	Heavy	Very Heavy
Early	3	7	14	21	28
Expected	14	14	21	42	60
Evaluate	28	35	56	84	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
- Evaluate category 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
- Evaluate duration category 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 Evaluate category 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 Evaluate category of 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 – Early for sedentary vs. Evaluate 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"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <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"/> <input type="checkbox"/>		Climbing stairs/ladder <input 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 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 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):		Other: _____		<input type="checkbox"/> No skin contact with: _____	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	18. LIFT/CARRY RESTRICTIONS (if any):		<input type="checkbox"/> Dressing changes necessary at work	
<input type="checkbox"/> Right Hand/Wrist	<input type="checkbox"/> Right Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs.		<input type="checkbox"/> No running	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	for more than _____ hours per day		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle	Other: _____		<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):**

Max Hours per day: 0 2 4 6 8

Other

Standing ☐ ☒ ☐ ☐ ☐Sitting ☐ ☐ ☐ ☐ ☐Kneeling/Squatting ☒ ☐ ☐ ☐ ☐Bending/Stooping ☐ ☐ ☐ ☐ ☐Pushing/Pulling ☐ ☐ ☐ ☐ ☐Twisting ☒ ☐ ☐ ☐ ☐Other: ☐ ☐ ☐ ☐ ☐**15. RESTRICTIONS SPECIFIC TO (if applicable):**☐ Left Hand/Wrist☐ Left Leg☐ Right Hand/Wrist☒ Right Leg☐ Left Arm☐ Back☐ Right Arm☐ Left Foot/Ankle☐ Neck☐ Right Foot/Ankle

Other: \_\_\_\_\_

**16. OTHER RESTRICTIONS (if any):**No walking or standing for greater than 30 minute intervals**17. MOTION RESTRICTIONS (if any):**

Max Hours per day: 0 2 4 6 8

Other

Walking ☐ ☒ ☐ ☐ ☐Climbing stairs/ladder ☒ ☐ ☐ ☐ ☐Grasping/Squeezing ☐ ☐ ☐ ☐ ☐Wrist flexion/extension ☐ ☐ ☐ ☐ ☐Reaching ☐ ☐ ☐ ☐ ☐Overhead Reaching ☐ ☐ ☐ ☐ ☐Keyboarding ☐ ☐ ☐ ☐ ☐

Other: \_\_\_\_\_

**18. LIFT/CARRY RESTRICTIONS (if any):**☐ May not lift/carry objects more than \_\_\_\_\_ lbs.  
for more than \_\_\_\_\_ hours per day☐ May not perform any lifting/carrying

Other: \_\_\_\_\_

**19. MISC. RESTRICTIONS (if any):**☐ Max hours per day of work: \_\_\_\_\_☐ Sit/Stretch breaks of \_\_\_\_\_ per \_\_\_\_\_☐ Must wear splint/cast at work☐ Must use crutches at all times☐ No driving/operating heavy equipment☐ Can only drive automatic transmission☐ No work / \_\_\_\_\_ hours/day work:  
☐ in extreme hot/cold environments  
☐ at heights or on scaffolding☐ Must keep \_\_\_\_\_ ☐ elevated ☐ clean & dry☐ No skin contact with: \_\_\_\_\_☐ Dressing changes necessary at work☐ No running**20. MEDICATION RESTRICTIONS (if any):**☐ Must take prescription medication(s)☐ Advised to take over-the-counter meds☐ Medication may make drowsy (possible  
safety/driving issues)

\* 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):**

Max Hours per day: 0 2 4 6 8 Other

Standing ☐☐☐☐☐☐Sitting ☐☐☐☐☐☐Kneeling/Squatting ☐☐☐☐☐☐Bending/Stooping ☐☐☐☐☐☐Pushing/Pulling ☐☐☐☐☐☐Twisting ☐☐☐☐☐☐Other: ☐☐☐☐☐☐**15. RESTRICTIONS SPECIFIC TO (if applicable):**

- |   |   |
|---|---|
| <input type="checkbox"/> Left Hand/Wrist  | <input type="checkbox"/> Left Leg         |
| <input type="checkbox"/> Right Hand/Wrist | <input type="checkbox"/> Right Leg        |
| <input type="checkbox"/> Left Arm         | <input type="checkbox"/> Back             |
| <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):**

\_\_\_\_\_

**17. MOTION RESTRICTIONS (if any):**

Max Hours per day: 0 2 4 6 8 Other

Walking ☐☐☐☐☐☐Climbing stairs/ladder ☐☐☐☐☐☐Grasping/Squeezing ☐☐☐☐☐☐Wrist flexion/extension ☐☐☐☐☐☐Reaching ☐☐☐☐☐☐Overhead Reaching ☐☐☐☐☐☐Keyboarding ☐☐☐☐☐☐

Other: \_\_\_\_\_

**18. LIFT/CARRY RESTRICTIONS (if any):**

- ☐ May not lift/carry objects more than \_\_\_\_\_ lbs. for more than \_\_\_\_\_ hours per day
- ☐ May not perform any lifting/carrying

Other: \_\_\_\_\_

**19. MISC. RESTRICTIONS (if any):**☐ Max hours per day of work: \_\_\_\_\_☐ Sit/Stretch breaks of \_\_\_\_\_ per \_\_\_\_\_☐ Must wear splint/cast at work☐ Must use crutches at all times☐ No driving/operating heavy equipment☐ Can only drive automatic transmission☐ No work / \_\_\_\_\_ hours/day work:  
☐ in extreme hot/cold environments  
☐ at heights or on scaffolding☐ Must keep \_\_\_\_\_ ☐ elevated ☐ clean & dry☐ No skin contact with: \_\_\_\_\_☐ Dressing changes necessary at work☐ No running**20. MEDICATION RESTRICTIONS (if any):**

- ☐ Must take prescription medication(s)
- ☐ Advised to take over-the-counter meds
- ☐ Medication may make drowsy (possible safety/driving issues)

\* 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):

Max Hours per day: 0 2 4 6 8

Other

Standing ☐☐☒☐☐Sitting ☐☐☐☐☐Kneeling/Squatting ☒☐☐☐☐Bending/Stooping ☐☐☐☐☐Pushing/Pulling ☐☐☐☐☐Twisting ☐☐☐☐☐Other: ☐☐☐☐☐**15. RESTRICTIONS SPECIFIC TO** (if applicable):☐ Left Hand/Wrist☐ Left Leg☐ Right Hand/Wrist☒ Right Leg☐ Left Arm☐ Back☐ Right Arm☐ Left Foot/Ankle☐ Neck☐ Right Foot/Ankle

Other: \_\_\_\_\_

**16. OTHER RESTRICTIONS** (if any):No walking or standing for greater than 30 minute intervals**17. MOTION RESTRICTIONS** (if any):

Max Hours per day: 0 2 4 6 8

Other

Walking ☐☐☒☐☐Climbing stairs/ladder ☒☐☐☐☐Grasping/Squeezing ☐☐☐☐☐Wrist flexion/extension ☐☐☐☐☐Reaching ☐☐☐☐☐Overhead Reaching ☐☐☐☐☐Keyboarding ☐☐☐☐☐

Other: \_\_\_\_\_

**18. LIFT/CARRY RESTRICTIONS** (if any):☐ May not lift/carry objects more than \_\_\_\_\_ lbs.  
for more than \_\_\_\_\_ hours per day☐ May not perform any lifting/carrying

Other: \_\_\_\_\_

**19. MISC. RESTRICTIONS** (if any):☐ Max hours per day of work: \_\_\_\_\_☐ Sit/Stretch breaks of \_\_\_\_\_ per \_\_\_\_\_☐ Must wear splint/cast at work☐ Must use crutches at all times☐ No driving/operating heavy equipment☐ Can only drive automatic transmission☐ No work / \_\_\_\_\_ hours/day work:☐ in extreme hot/cold environments☐ at heights or on scaffolding☐ Must keep \_\_\_\_\_ ☐ elevated ☐ clean & dry☐ No skin contact with: \_\_\_\_\_☐ Dressing changes necessary at work☐ No running**20. MEDICATION RESTRICTIONS** (if any):☐ Must take prescription medication(s)☐ Advised to take over-the-counter meds☐ Medication may make drowsy (possible  
safety/driving issues)

\* 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):**

Max Hours per day: 0 2 4 6 8

Other

Standing ☐☐☐☐☐☐Sitting ☐☐☐☐☐☐Kneeling/Squatting ☐☐☐☐☐☐Bending/Stooping ☐☐☐☐☐☐Pushing/Pulling ☐☐☐☐☐☐Twisting ☐☐☐☐☐☐Other: ☐☐☐☐☐☐**15. RESTRICTIONS SPECIFIC TO (if applicable):**☐ Left Hand/Wrist☐ Left Leg☐ Right Hand/Wrist☐ Right Leg☐ Left Arm☐ Back☐ Right Arm☐ Left Foot/Ankle☐ Neck☐ Right Foot/Ankle

Other: \_\_\_\_\_

**16. OTHER RESTRICTIONS (if any):****17. MOTION RESTRICTIONS (if any):**

Max Hours per day: 0 2 4 6 8

Other

Walking ☐☐☐☐☐☐Climbing stairs/ladder ☐☐☐☐☐☐Grasping/Squeezing ☐☐☐☐☐☐Wrist flexion/extension ☐☐☐☐☐☐Reaching ☐☐☐☐☐☐Overhead Reaching ☐☐☐☐☐☐Keyboarding ☐☐☐☐☐☐

Other: \_\_\_\_\_

**18. LIFT/CARRY RESTRICTIONS (if any):**☐ May not lift/carry objects more than \_\_\_\_\_ lbs.  
for more than \_\_\_\_\_ hours per day☐ May not perform any lifting/carrying

Other: \_\_\_\_\_

**19. MISC. RESTRICTIONS (if any):**☐ Max hours per day of work: \_\_\_\_\_☐ Sit/Stretch breaks of \_\_\_\_\_ per \_\_\_\_\_☐ Must wear splint/cast at work☐ Must use crutches at all times☐ No driving/operating heavy equipment☐ Can only drive automatic transmission☐ No work / \_\_\_\_\_ hours/day work:☐ in extreme hot/cold environments☐ at heights or on scaffolding☐ Must keep \_\_\_\_\_ ☐ elevated ☐ clean & dry☐ No skin contact with: \_\_\_\_\_☐ Dressing changes necessary at work☐ No running**20. MEDICATION RESTRICTIONS (if any):**☐ Must take prescription medication(s)☐ Advised to take over-the-counter meds☐ Medication may make drowsy (possible  
safety/driving issues)

\* 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

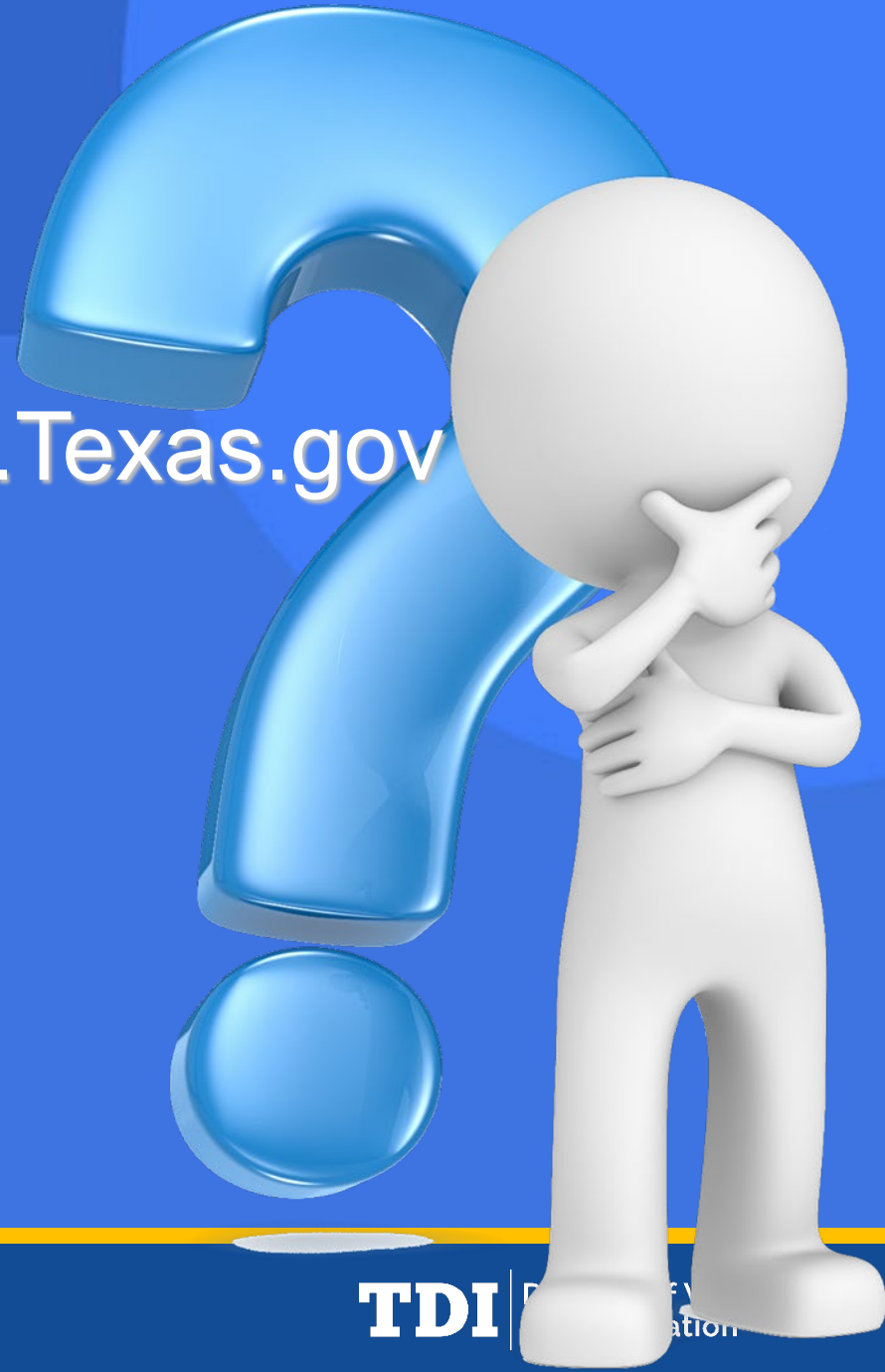
Advanced Practice Nurse – Effective 09/01/19



# Questions?

Email them to:

[desdoc.education@tdi.Texas.gov](mailto:desdoc.education@tdi.Texas.gov)







# 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>