

Prompt Return to Work Program



Genuine Dependability™

Introduction

At LUBA Workers' Comp, our intent in regard to Prompt Return to Work (PRTW) is to create a situation which benefits all parties involved. A PRTW Program is an effective tool in helping us create such a situation. This program is designed to help facilitate the return of an injured worker to the workplace. They may return to their current job or be placed in a modified or transitional job position. Our hope is that you will use this guide to assist you and your employees in understanding our Prompt Return to Work Program. We encourage you to contact us at (225) 389-5822 / (888) 884-5822, email us at lubacare@lubawc.com or visit our website www.lubawc.com

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Prompt Return to Work

Why use a Prompt Return to Work Program?

Benefits for the employer:

- Reduction of post injury costs such as:
 - Replacing the injured worker
 - Hiring a temporary employee
 - Training new staff
 - Reduction in productivity
- Retains your experienced employee
- Enhances your benefit package
- Reduces the cost related to disability

Benefits for the employee:

- Increase in self worth
- Continued employment
- Solidifies loyalty from the employer

“The American Association of Orthopedic Surgeons (AAOS) supports safe Prompt Return to Work programs that help injured workers improve their performance, regain functionality, and enhance their quality of life. The AAOS believes that safe Prompt Return to Work programs are in the best interest of the patients. Studies have demonstrated that prolonged time away from work makes recovery and return to work progressively less likely. Return to work in light duty, part-time, or modified duty programs is important in preventing the deconditioning and psychological behavior patterns that inhibit successful return to work and in improving quality of life for the injured worker.”*

This program should be **immediately** established in your work place. Everyday that goes by without a PRTW program places you at risk for having an injured worker who doesn't return to work. You should take this time to review the following pages carefully and develop your own Prompt Return to Work Program.

The American College of Occupational and Environmental Medicine (ACOEM) recognizes that:

- a fundamental purpose of medical care is to restore health, to optimize functional capability, and to minimize the destructive impact of injury or illness on the patient's life;
- prolonged absence from one's normal roles, including absence from the workplace, is detrimental to a person's mental, physical, and social well being;
- a return to all possible functional activities relevant to the patient's life as soon as possible after an injury or illness has many beneficial effects;
- physicians positively affect the likelihood and rapidity of healing by setting clear expectations for recovery with patients.

Elements of a Successful Prompt Return to Work Program

- Commitment to the program by all levels of management
- Consistent application of the program
- Emphasis on safety and prevention
- Prompt medical care following an injury
- Continuous communication with injured worker while on and off work
- Monitoring an injured worker's progress and work assignments following return to work throughout the injured workers recovery
- Involvement of employees in the development and implementation of the program as well as in determining of their own return to work activities following an injury
- Continually educating and disseminating information about the return to work program beginning before injuries occur
- Review accident and injury history
- Development of job descriptions that clearly explain essential job functions and tasks required
- Information to help doctors understand the employee's pre-injury job, the return to work program, and available alternative assignments
- Designated person to coordinate the Prompt Return to Work program, monitor assignments, be responsible for workers' compensation reporting required record keeping and communication s with the treating doctor and injured worker
- Compliance with all state and federal Workers' Comp law that might apply (Consult your corporate attorney on any issues or concerns)
- Periodically evaluate the program to ensure that your employees are getting timely appointments, acceptable levels of communication are occurring, and that your adjuster has been available when you needed them

How a Prompt Return to Work Program (PRTW) is Established

1) Contact your LUBA Workers' Comp Claims Department/Adjuster – they will send out a Vocational Rehabilitation Professional to accomplish items 2a, 2b, and 2c.

2) To set up the program yourself, inform your LUBA Workers' Comp Claims Adjuster and accomplish the following;

- **Assess your historical losses:**
 - Review a 1 – 2 year history of your company's on-the-job injuries
 - Identify the types of injuries that occur most often
 - Watch closely for particular jobs or job functions that may contribute to the bulk of your work-related injuries
 - LUBA's Loss Control Department can provide some assistance if needed
- **Confer with all levels or aspects of your company:**
 - Supervisors, managers, foremen, and support staff members or entry level employees
 - Obtain their input on possible temporary jobs
 - Insure that all levels understand the necessity of this program
- **Determine and establish Alternate Job Duties (see page 15)**

3) Your company will need to:

- **Establish a relationship with your LUBA Claims Adjuster and LUBA Care**
 - Contact your adjuster for any PRTW questions you may have
 - Contact the LUBA Care department for any questions regarding the LUBA Care list of physicians
 - Our contact number is 1-(225)-389-5822 or 1-(888)-884-LUBA
- **Select a provider(s) from the LUBA Care list to be the primary provider for your employees**
- **Implement:**
 - This occurs after all aspects of the program have been accomplished
 - Have a staff meeting to educate all personnel on this program

- Pass out the attached Information Sheet
- Notify employees of the effective date of your Return to Work Program
- **Communicate:**
 - Communication is paramount, without it your program has little chance to succeed
 - Communicate your concern for your injured employees condition and status
 - Be effective in your communication with the Voc Rehab Professional, Employees' Physician, Employee, and your employee's Adjuster
- **Maintain and adhere to your new PRTW Program**
- **Reference Elements of a Successful Prompt Return to Work Program? on page 6**

How Alternate Duty is Identified

The goal in identifying Alternate Duty is to provide work that is meaningful. It does not need to be at the performance level of a non-injured employee but it should be worthwhile and give your injured employee a sense of purpose. When the injured employee is working to receive a paycheck and the work is productive for the company, it increases their morale and their desire to get back to their normal job.

Middle managers are the essential components in designing alternate duty positions. Supervisors and management have to “buy in” to the program or their negative attitudes will undermine the success of the program.

The Process:

1) First Meeting:

- Our Vocational Rehabilitation Professional, an employee or you can direct this meeting. Representatives from your company such as a supervisor, foreman, or other type of employee should be present. The reason for this meeting is to identify at-risk jobs and to determine alternate duty positions for future injured workers.
- All participants in the meeting should suggest duties or functions that may be included in the new positions

2) Second Meeting:

- Have a group discussion regarding the alternate job descriptions to determine if the duties are appropriate for alternate duty
- Ensure that you have stored all your Permanent and Alternate Job Descriptions and you have contact information for your LUBA Workers' Comp Claims Adjuster
- Categorize your Alternate Duty positions by possible limitations, for instance, have one job for those with arm or leg injuries and another for back injuries

3) After the Meeting:

- Copies of these jobs can be shared with employees and physicians and you need to send a copy of all Alternate Duty Positions to your claims adjuster
- Maintain a hard copy and electronic copy of all duty positions

Workers' Comp and Family Medical Leave Act and Americans with Disabilities Act

Family and Medical Leave Act (FMLA)

Synopsis of Law:

Covered employers must grant an eligible employee up to a total of 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons:

- 1) for the birth and care of the newborn child of the employee
- 2) for placement with the employee of a son or daughter for adoption or foster care
- 3) to care for an immediate family member (spouse, child, or parent) with a serious health condition
- 4) to take medical leave when the employee is unable to work because of a serious health condition

Visit <http://www.dol.gov/whd/fmla/> for more information or contact your corporate attorney.

Americans with Disabilities Act (ADA)

The ADA is a Federal civil rights law that prohibits discrimination against people with disabilities in everyday activities.

Visit <http://www.usdoj.gov/crt/ada/> for more information or contact your corporate attorney.

***The important thing to do with these Acts is to be familiar with their purposes to ensure you do not violate your employees' rights.**

What You Can Do to Help

Educate Your Employees

Before implementing your new Prompt Return to Work Program you should educate your employees on the following items:

- Benefits of an Prompt Return to Work Program (PRTW)
- The date this program will be implemented
- Your PRTW policy
- The LUBA Care list of providers which can be found on our website at www.lubawc.com – LUBA Care.
- The LUBA Care contact number: (225) 389-5822 or (888) 884-5822
- Forms that will be used (employees and physicians)
- Importance of employee cooperation
- Importance of communicating with everyone involved in the process
- Your company's commitment to the PRTW program

This educational process should take place at least once a year for all employees and upon orientation of any new company personnel.

Tips for Supervising **“Employees with Restrictions”**

- Discuss the injured workers limitations and how they pertain to certain job duties
- Let the employee know it is their responsibility to inform their supervisor if any of the tasks are causing discomfort to their injury
- Outline the tasks the employee can perform
- Obtain the physicians written authorization for the employee to perform tasks
- Set work hours that are best for the employee and the department, and inform employee and have them sign their Alternate Job Position description
- Discuss all aspects of their job
- If placing employee in a new area, introduce them to their new coworker
- Check with employee frequently to ensure there are no issues or concerns
- Keep a log of employee's progress
- Continually support and praise the good work of your employee
- Always consult your corporate attorney on any labor law issues or concerns

Employee Information Sheet

What is Prompt Return to Work?

Prompt Return to Work (PRTW) is a team approach to getting an injured worker back to work as soon as medically possible. The team consists of the worker, employer or supervisor, vocational rehabilitation personnel, LUBA's claims adjuster, and the treating physician.

Primary Goals

- Retain a position with the company
- Maintain 90% or greater percentage of your current pay
- Safe and timely return to your pre-injury position
- Provide expedient, professional, beneficial and medical care

Key Components of the Program

- Commitment to the program by all levels management
- Prompt medical care following injury
- Continuous communication between employees, physicians, Vocational Rehab Professionals, adjusters and employers throughout the recovery process
- Periodic evaluation of the program by management and input from all levels on how to improve the process

What are the benefits?

- Limits YOUR loss of income
- YOU still feel like a part of the team
- Shows your employers loyalty to YOU
- Shows your company's desire to do what is best for YOU

Extra information:

- *The American Association of Orthopedic Surgeons and the American College of Occupational and Environmental Medicine both support safe Prompt Return to Work programs.*
- *Injured employees receiving lost time benefits for 6 months or longer have a 50% chance of not returning to their job.*

Form Utilization

Form Utilization

Physician Evaluation Form

This form will be filled out initially by the vocational rehabilitation (rehab) personnel and the initial treating physician. You will be required to provide the employer and employee information to the vocational rehab personnel. This form will be given to the injured worker(s) who will hand-carry it to their provider. The provider will fill out the form and fax it back to the vocational rehab office. The vocational rehab office will ensure that you, the employer, and the assigned adjuster receive a copy.

Job Analysis Form

This form should be completed annually for each job position in your company. Maintain a copy of the Job Analysis form in your company files, so that it is always available upon request. The *Job Analysis* form will be completed by a management level company employee. The assigned vocational rehab office will call you and ask for this form. Please provide them any and all documentation you have concerning the injured claimants job description.

Physicians Review of Transitional Duty Form

This form is used to ensure that the treating physician has seen the Alternate Duty job description and agrees or disagrees that the injured worker can perform the assigned tasks. The physician will fill this out and route a copy to the vocational rehab office who will forward the form to the employer and the assigned adjuster.

Transitional Job Offer Form

Once the physician has completed the *Physicians Review of Alternate Duty* form, you, the employer, can complete the *Alternate Duty Job Offer* form to officially offer the new job to your injured worker. Whether accepted or denied, a copy of this needs to be sent to the assigned voc rehab office and adjuster.

Physician 'Return to Work' Evaluation Form

Employer/Injured Employee Information

Employer: _____ Contact Person: _____
Employers phone # (____) _____ - _____ Insurance Carrier: LUBA Workers' Comp
Name of Injured Employee: _____ Employee SSAN: _____ - _____ - _____
Employee phone # (____) _____ - _____ Date of Injury: _____
Occupation: _____ Type of Injury: _____

Physicians Evaluation (to be completed by physician only)

Diagnosis: _____

Treatment Plan: _____

Patient is able to perform the following level of work

The US Dept. of Labor classifies five degrees of work in terms of lifting requirements.
Check the exact degree of work this patient is capable of performing.

- _____ **Sedentary Work** (lift 10 lbs max; occasionally lifting and/or carrying small articles, occasional walking and standing)
_____ **Light Work** (lift 20 lbs max with frequent lifting and/or carrying objects weighing up to 10 lbs and involves sitting most of the time with a degree of pushing/pulling of arm and/or leg controls.)
_____ **Medium Work** (lift 50 lbs max with frequent lifting and/or carrying of objects no more than 25 lbs)
_____ **Heavy Work** (lift 100 lbs max with frequent lifting and/or carrying of objects no more than 50 lbs)
_____ **Very Heavy Work** (lift objects > than 100 lbs with frequent lifting and/or carrying objects weighing 50 lbs or more.)

In an eight hour day, patient is able to perform at the following level:

Standing.....	<input type="checkbox"/> No Activity	<input checked="" type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Walking	<input type="checkbox"/> No Activity	<input type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Sitting	<input type="checkbox"/> No Activity	<input checked="" type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Driving.....	<input type="checkbox"/> No Activity	<input type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Bending	<input type="checkbox"/> No Activity	<input type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Squatting.....	<input type="checkbox"/> No Activity	<input type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Climbing.....	<input type="checkbox"/> No Activity	<input checked="" type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Pushing/Pulling	<input type="checkbox"/> No Activity	<input type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Grasping	<input checked="" type="checkbox"/> No Activity	<input type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs
Manipulating	<input type="checkbox"/> No Activity	<input type="checkbox"/> 1 - 4 hrs	<input type="checkbox"/> 4 - 6 hrs	<input type="checkbox"/> 6 - 8 hrs	<input type="checkbox"/> 8 - 12 hrs

R / L hand / arm / foot / leg ☐ has no use ☐ has limited use as identified above ☐ cannot perform repetitive motion

The above restrictions are: _____ Permanent _____ Temporary until _____

Return to Work

Can resume **modified** work duties on: _____ Can resume **full (regular)** work duties on: _____

Other restrictions or comments: _____

Medical Facility: _____ Phone number: (____) _____

Physicians name: _____ Physicians signature: _____ Date: _____

Patient's follow up appointment with Dr. _____ on _____ at _____

Job Analysis

Employee: _____ Job Title: _____ DOT No: _____

Employer: _____

Date of hire: _____ Date of Job Analysis: _____ Job analysis done by: _____

Methodology Used: ☐ Observation/Interview ☐ Other – Explanation: _____

POSITION SUMMARY

1. Description of job:

2. Essential Tasks:

3. Types of machines and equipment used:

4. Jobs can be modified: Temporarily ☐yes ☐no Permanently ☐yes ☐no

If yes, please specify how:

EDUCATION AND TRAINING REQUIREMENTS:

ENVIRONMENTAL CONDITIONS: Primarily: ☐ Indoor work ☐ Outdoor work

Check all the listed items the employee is exposed to:

☐ Confined spaces
☐ Electrical shock
☐ Explosives
☐ Extreme cold
☐ Extreme heat
☐ Fumes/noxious odors/
dusts/mists/gases

☐ High elevations
☐ Humid
☐ Moving parts
☐ Noise
☐ Poor ventilation
☐ Radiant energy

☐ Slippery surfaces
☐ Toxic chemicals
☐ Uneven surfaces
☐ Vibration
☐ Weather
☐ Wet

Length of work day: _____ No. of Days/Week: _____

Breaks: _____ Duration of each: _____ Meal Break Duration: _____

Work Schedule: _____

PHYSICAL DEMANDS:

N/P = Not Present.....0% of the time
R = Rarely.....< 10% of the time
O = Occasional (< 1/3 of work hours.....10 – 33% of the time
F = Frequent (1/3 to 2/3 of work hours33 – 66% of the time
C = Constant (> 2/3 of work hours).....66% or more of the time

Check the appropriate identifier and provide a description/narrative if necessary:

	N/P	R	O	F	C	Description/Narrative
Balancing						
Carrying*						
Climbing						
Crawling						
Crouching						
Driving						
Fingering						
Handling*						
Hearing						
Kneeling						
Lifting*						
Overhead Work						
Pulling*						
Pushing*						
Reaching						
Sitting						
Standing						
Stooping						
Talking						
Twisting						
Vision						
Walking						
Other						

*Please designate heaviest weight by frequency in the description column.

Employer: Date job is available: _____ Wage: _____ (Per hour/week/year)

Comments: _____

Employer Signature: _____ Date: _____

Physician: I approve the attached job description ... ☐ yes ☐ no

If no, reasons for disapproval/recommended modifications: _____

Physician Signature _____

Date: _____

Physician Name (print) _____

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PHYSICIAN'S REVIEW OF ALTERNATE DUTY

RE: Claimant: _____

Employer: _____

Claim #: _____

Date of Injury: _____

I have reviewed the description of the alternate duty position for _____,
(claimant's name)

dated _____. My recommendation on _____'s ability to
(date) (claimant's name)

return to work in this duty position is:

☐ Worker is able to perform the alternate duty as described.

☐ Worker is able to perform the alternate duty with the following changes:

☐ Worker is unable to perform the alternate duty at this time. Estimated time for
release to this duty is _____.
(Date)

Physician Signature

Date

Physicians Name

Phone Number

Physicians Review of Alternate Duty Form

ALTERNATE DUTY JOB OFFER SHEET

Employee Name: _____

Date: _____

Claim Number: _____

Date of Injury: _____

Employee Address (if mailed)

Dear Employee:

Your physician, Dr. _____, has released you for modified work with the following restrictions _____, or see the attached medical form. We have located an alternate duty position for you that your doctor feels you will be able to perform. Since the position is transitional, the availability of the position will be periodically reevaluated. The alternate duty job position is _____.

We ask that you report for work on: _____
(Date)

Please report to: _____ at _____
(Reporting official) (Time)

If you receive this letter after the report to work date specified herein, you will have 24 hours to contact: _____. Failure to report to work could affect your entitlement to temporary disability benefits.

We look forward to seeing you and wish you a speedy recovery.

Sincerely,

Employer Name, Title

Date

To be completed upon return to work

Hours per day/week: _____ Days per week: _____

Duration of job (if known): _____ Supervisor: _____

You will be receiving \$ _____ per (hour/week/month). If this is less than your regular earnings, you may be entitled to wage loss benefits from your workers' compensation carrier.

I have read and understand the above information.

Employee Signature/Date

Employer Signature/Date



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