Return to Work Program Guidelines

Prepared by the Division of Human Resources
Benefits Administration
July, 2011
# TABLE OF CONTENTS

I. TITLE ................................................................................................................. 3  
II. AUTHORITY ........................................................................................................ 3  
III. STATEMENT OF POLICY .................................................................................. 3  
IV. PURPOSE AND SCOPE ..................................................................................... 3  
V. DEFINITIONS ....................................................................................................... 3  
VI. ROLES AND RESPONSIBILITIES ...................................................................... 7  
   a. INJURED WORKER ........................................................................................... 7  
   b. UNIVERSITY (SUPERVISOR) WORKERS’ COMPENSATION RESPONSIBILITIES .......................................................................................... 8  
   c. MEDICAL CASE MANAGEMENT PROVIDER ................................................. 9  
   d. DIVISION OF RISK MANAGEMENT .................................................................. 9  
VII. PROCEDURES .................................................................................................... 10  
   a. AWARENESS AND ACCOUNTABILITY ......................................................... 10  
   b. LOSS CONTROL COMMITTEE ......................................................................... 10  
   c. ALTERNATE DUTY OR MODIFIED DUTY TASKS ......................................... 11  
   d. COMMUNICATIONS, MONITORING, AND COORDINATION ....................... 11  
   e. EMPLOYEE NOTIFICATION LETTER ............................................................ 11  
   f. EXIT PROCESS ............................................................................................... 12  
   g. RECORDKEEPING .......................................................................................... 12  
VIII. ATTACHMENTS .................................................................................................. Appendix A  

---

Page 2 | Page
I. TITLE
Return-to-Work Program Policies and Procedures

II. AUTHORITY
The following statutes and rules apply in the execution of this return-to-work policy.

Section 440.15 (4) Florida Statutes:  Click to view Section 440.15 (4)

Section 216.251 (b)2, Florida Statutes:  Click to view Section 216.251 (b) (2)

Section 60L-34.0061, Florida Administrative Code (F.A.C):  Click to view Section 60L-34.0061

III. STATEMENT OF POLICY
The Return-To-Work Program promotes bringing injured employees back to work who are able to perform on a modified duty or alternate duty basis within the limitations established by the authorized treating physician, and serves to bring the employee back to work as quickly as medically possible.

IV. PURPOSE AND SCOPE
To establish procedures which facilitate the re-integration of eligible injured employees into the workplace by providing accommodations within the limitation(s) as determined by the authorized treating physician.

V. DEFINITIONS
Accident:  An unexpected or unusual event or result that happens suddenly.  It does not include a mental or nervous injury due to stress, fright, or excitement.  The term accident also does not include a disease, which results from fear or dislike of an individual because of the individual’s race, color, religion, sex, national origin, age, or handicap.
**Adjuster:** Florida State Adjuster of the Division of Risk Management within the Florida Department of Financial Service. The adjuster has the overall responsibility for the handling of workers’ compensation claims files including coordinating lost-time benefits and coordination of medical benefits.

**Alternate Duty:** Temporary duties established *away* from employee’s regular work area/responsibilities and within the “functional limitations and restrictions” stated on the DWC-25, which is updated after each medical appointment.

**Authorized Treating Physician:** A physician authorized by the Nurse Case manager (OptaComp or CorVel) to provide medically necessary treatment(s) to the injured employee who sustained a job-related injury.

**Days:** Calendar days

**Division:** The Division of Human Resources, Department of Benefits Administration.

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

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

**Functional Limitations and Restrictions:** Identification of the employee’s ability or lack of ability to perform stated activities and the degree to which these activities may be performed. Functional limitations and restrictions are identified on the DWC-25 provided to the employee by the authorized treating physician after each doctor’s appointment.

**Injured worker/employee:** All University employees, including temporary employees, student working as College Work Studies, Graduate Assistants and Teaching Assistants are covered under workers’ compensation provided the injury or illness is occupationally
Injured worker/employee continued) related and took place within the course and scope of employment or service to the University.

**Injury:** Personal injury or death by accident arising out of and in the course of employment.

**Injury Report:** Online form to report a work related injury to the FIU Workers’ Compensation Assistant.

**Maximum Medical Improvement (MMI):** The medical condition at which the injured worker is no longer in the process of recovery and will not medically improve any further. In other words, an injured worker is medically as well as they are going to be.

**Medical Case Manager Provider:** A vendor (CorVel and OptaComp) contracted by the Division of Risk Management to provide medical case management services for the workers’ compensation program.

**Medical documentation:** The DWC-25 is a written report from the authorized treating physician providing information on management/medical treatment, referrals, functional limitations and restrictions, maximum medical improvement/permanent impairment rating and follow up appointments.

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

**Modified Duty:** Duties established with the employee’s regular position and within the functional limitations and restrictions as reflected on the DWC-25. Modified duty is evaluated with each subsequent visit to an authorized treating physician when functional restrictions and limitations are updated.
**Nurse Case Manager:** A nurse employed by the medical case manager provider who manages the medical treatment of the injured worker.

**Permanent Impairment Rating:** Any abnormality with results from the injury and exits after the date of maximum medical improvement. The permanent impairment is determined by the physician using a uniform permanent impairment rating schedule at the time the injured worker reaches maximum medical improvement.

**Return-to-Work Employee Notification:** An acknowledgement between the employee, supervisor and Workers’ Compensation Assistant that provides the specific standard alternate/modified duty task with the limitations and restrictions established on the DWC-25 Form by the authorized treating physician.

**Temporary Partial Disability (TPD):** Loss wages are paid to the injured worker when an injured worker has restriction and the department is unable to accommodate the restrictions identified by the authorized physician.

**Temporary Total Disability (TTD):** Loss wages are paid when the disability prevents an employee from working in any capacity during temporary period of time.

**Triage Nurse:** A nurse employed by the Medical Case Management Provider (CorVel and OptaComp) who performs the initial employee assessment following a reported injury who arranges the initial medical treatment.

**Waiting Period:** The first seven (7) calendar days of an employee’s disability. Permanent employees are allowed to use the first 40 hours of administration leave (ADP Code 25) during this period. Temporary employees are not compensated for this period unless they are medically disabled for more than 21 days, at which time the state’s Division of Risk Management will pay the employee retroactively.
Workers’ Compensation Benefits: Is a State of Florida mandated insurance program that provides medical treatment and wage loss benefits for employees injured as a result of a work-related activity.

Workers’ Compensation Assistant: Is the FIU employee who manages the workers’ compensation program and is a liaison between the Nurse Case Manager, State Adjuster, injured worker’s supervisor and FIU Division of Human Resources.

Work Restrictions: See Functional Limitations and Restrictions.

VI. ROLES AND RESPONSIBILITIES
This section explains the major participants involved in an effective return-to-work program.

A. Injured Worker
1. Notification of the Employee Return-To-Work Program Letter must be printed and signed by injured worker and supervisor. A signed copy must be provided to Workers’ Compensation Assistant. If the employee has questions regarding any of the provisions in the Letter, he or she must clarify immediately with the supervisor.
2. Injured worker is responsible for attending all appointments with the authorized treating physician.
3. Injured worker is responsible to provide a copy of the medical report DWC-25 to the Workers’ Compensation Assistant after each medical appointment, except when the authorized treating physician provides a medical diagnosis that prevents the employee from returning to work and that the physician has properly documented on the DWC-25.
4. Injured worker must perform assigned duties (modified or alternate duty) satisfactorily and, if the injured worker has difficulty performing the duties, injured worker must report to the supervisor immediately.
B. University (Supervisor) Workers’ Compensation Responsibilities

1. Workers’ Compensation Assistant and the injured worker’s supervisor will work together to determine if alternate/modified duty work based on the functional limitations and restrictions provided by the authorized treating physician as detailed in the DWC-25 or other official medical document can be accommodated.

2. Supervisor ensures attendance and leave is recorded on the employee’s timesheet as required by 60L-34, F.A.C., where appropriate.

3. Workers’ Compensation Assistant emails the “Workers’ Compensation Return-To-Work Notification Letter” to the injured worker’s supervisor, providing the injured worker’s restrictions are identified by the treating physician on the DWC-25.

4. The supervisor is responsible to respond within 24 hours of receipt advising if the department can or cannot accommodate restrictions. Payroll, Benefits and Employee & Labor Relations Departments are copied in the email for their information regarding benefits and days away from work.

5. Workers’ Compensation Assistant will notify the injured worker by phone that the department is able to accommodate restrictions.

6. Workers’ Compensation Assistant is the liaison between the Nurse Case Manager, State Adjuster and Florida International University to ensure updates on injured worker status, to clarify medical treatment, and any issue concerning the injured worker’s indemnity benefits.

7. Workers’ Compensation Assistant will notify the State Adjuster and Nurse Case Manager when the injured worker is unable to work or when the injured worker has returned to work.

8. Workers’ Compensation Assistant monitors the progress of workers’ compensation claims; return to work status, work restriction accommodations, payroll, accident investigation reports and safety training requests on a daily basis.

9. Workers’ Compensation is responsible to facilitate four (4) trainings per year to supervisors regarding the Workers’ Compensation Program and Return to Work Program.

10. Workers’ Compensation Assistant is responsible to facilitate information on the Workers’ Compensation Program and Return-To-Work Program at the New
Employee Experience (NEE). NEE is designed to provide the necessary tools and resources for employees to be successful by understanding FIU's vision, values, and mission, as well as the benefit and opportunities associated with employment at the university including the worker’s compensation provisions, university policies and regulations.

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

D. Division of Risk Management
1. An Adjuster is responsible for the overall handling of workers’ compensation claims reported by employees. An adjuster determines compensability and coordinates lost-time benefits when the injured person is unable to work. An adjuster is an employer resource for questions and issue resolution.
2. Governmental Analyst I conducts agency reviews and evaluations of the return-to-work program. These reviews and evaluations will be conducted as part of the Annual Safety Program Evaluation process as required in Section 69H-2.007, F.A.C.
3. State Loss Prevention Program is the administrative unit within the Bureau of Loss Prevention in the Division of Risk Management that manages the review and
evaluation process for agency return-to-work programs. This office will develop a set of data metrics and provide them to all agencies so that data collection will be consistent.

VII. PROCEDURES

A. Documenting and Promulgating Program Policies and Procedures
1. Injury Notification Procedure sent to injured worker as acknowledgment of the injury.
2. The Return-to-Work Program Policies and Procedures will be uploaded into the Division of Human Resources Website under Benefits Administration
3. Workers’ Compensation Program brochure will be distributed at the New Employee Experience and trainings.

B. Awareness and Accountability
1. Upon return to work, injured worker will be required to complete a Safety Training related to his accident.
2. All supervisory staff will receive training on return-to-work program policies and procedures.
3. Return-to-work program policies and procedures will be incorporated into required personnel training, such as New Experience Orientation and quarterly meeting facilitated by the Workers’ Compensation Assistant.
4. Return-to-work program policies and procedures will be incorporated into the Division of Human Resources Website under Benefits Administration.
5. Return-to-Work program safety articles and newsletter will be featured to University Departments.

C. Loss Control Committee – Alexander Fals, FIU Insurance Manager
1. Review weekly indemnity reports from Division of Risk Management to determine the number of employees out on workers’ compensation what the cost of their medical claim is.
2. Review individual claims cases to determine if employee can be returned to work.
3. Review data to see trends and where agency resources need to be focused.

D. Alternate Duty or Modified Duty Tasks
1. The Workers’ Compensation Assistant will work together with the injured worker’s supervisor to develop an alternate or modified duty tasks based on the DWC-25 functional limitations and restrictions identified by the authorized treating physician. This is determined on a case by case basis.
2. A copy of the alternate/modified duties will be provided to Employee & Labor Relations.
3. Send a copy of the proposed modified-duty job description to the authorized treating physician, requesting approval of the job description, if necessary.

E. Communications, Monitoring, and Coordination
1. Workers’ Compensation Assistant is responsible to maintain communication with the supervisor and injured worker to determine if the injured worker is able to return to work.
2. Workers’ Compensation Assistant maintains written communications with Payroll, Benefits and Employee & Labor Relations pertaining to when an injured worker is out of work or has returned to work.
3. Worker’s Compensation Assistant maintains written updates to supervisor, case manager and adjusters regarding work status and medical treatment.
4. Workers’ Compensation Assistant is responsible to notify case manager if the authorized treating physician doesn’t provide clear functional limitations and restrictions.

F. Employee Notification Letter
1. The Employee Return-to-Work Program Notification Letter will be completed by the Workers’ Compensation Assistant to determine the functional restrictions and limitations from the DWC-25.
2. The Employee Return-to-Work Program Notification Letter will specify the alternate duty or modified duty identified by the supervisor.
3. A written Employee Return-to-Work Program Notification Letter will be provided to the injured worker for acknowledgement and signature.

4. A copy of the signed Employee Return-to-Work Program Notification Letter will be provided to the Workers’ Compensation Assistant.

G. Exit Process
1. The Maximum Medical Improvement Notification will be completed by the Workers’ Compensation Assistant and will be sent to the injured worker’s supervisor, Payroll, Benefits and ELR advising that employee reached the maximum medical improvement. In this notification the following information will be provided: Date of MMI, restrictions, and the Permanent Impairment Rating.

2. If injured worker has no restrictions, the Workers’ Compensation Assistant will communicate the expected return to work date with the injured worker.

3. If the injured worker has restrictions and the department is unable to accommodate the restrictions, the Workers’ Compensation Assistant will refer the case to Employee & Labor Relations for further action.

H. Recordkeeping
1. A workers’ Compensation file is created and maintained for each injured worker and kept at the workers’ compensation assistant’s office.

2. Files are kept in a cabinet in a locked room.

3. Workers’ Compensation Assistant maintains a list of employees on workers’ compensation to include employees on out of work status, modified duty, MMI, medical follow up date and training record.