



pre-injury planning

post-injury response

transitional work

managed care

North Dakota Workforce Safety & Insurance

PARTNERS

IN LOSS CONTROL

fraudulent claims

workers' comp law

decision review

online forms

WSI

North Dakota Workforce
Safety & Insurance

Section One – Loss Control OverviewPg.4

- Goal
- Benefits
- Measuring your programs' success

Section Two – The Loss Control Team Pg.5-10

- The Injured Worker's role
- The Employer's role
- The Designated Medical Provider's role
- Return-to-Work service's role
- The Claims Adjuster's role
- The Safety Consultant's role

Section Three – Pre-Injury Planning: Develop and Implement the Elements of a Safety Management Program Pg.11-12

- You Control Your Losses
- Safety Management Program Elements
- Develop and Implement Loss Control Procedures
- Educate Your Workers
- Pre-Injury Planning Checklist

Section Four – Post Injury Response: Applying your Loss Control Procedures Pg.13-17

- Step 1 – Assist your injured worker in obtaining prompt medical care
- Step 2 – Report the injury to WSI within 24 hours
- Step 3 – Conduct an accident investigation immediately and take the necessary corrective action to prevent the injury from happening again
- Step 4 - Stay in contact with the injured worker, injured worker's supervisor, and medical provider. It is important to help the injured worker continue to feel that he or she is an important asset to your company.
- Step 5 - If the doctor restricts your injured worker's work, provide transitional (modified or alternate) work.
- Step 6 - Complete Post-Injury Planning Checklist

Section Five – Developing a Transitional Work Plan for the Injured Worker Pg.18-22

- A Return-to-Work Guideline for employers
- Develop a Transitional Work Plan
- Educate all parties on the Transitional Work Plan
- Preferred Worker Program
- Manage the claim using the Transitional Work Plan
- Physical Requirements Assessment
- Measuring an Injured Workers Recovery
- Physical Demands – Strength Rating



Section Six – Managed Care Pg.23-24

- The role of Managed Care
- The components of the Managed Care process

Section Seven – Questionable/Fraudulent Claims Pg.25

- Questionable Claims Indicators
- Preventing Questionable Claims
- Our Special Investigations Unit

Section Eight – Common Elements of Workers Compensation Law Pg.26

Section Nine – The Decision Review Office Pg.27

- The mission of the Decision Review Office
- The purpose of the Decision Review Office
- How the program works

Section Ten – Forms and Templates Pg.29-40

- Capability Assessment
- First Report of Injury
- Designated Medical Provider Selection Form
- Transitional Job Offer Form
- Letter to Designated Medical Provider
- Designated Medical Provider Agreement
- Pre-Injury Planning Checklist
- Post-Injury Planning Checklist
- Physical Requirements Assessment



Overview

For many business owners in North Dakota, workers' compensation issues are often ignored and left uncontrolled. By ignoring this business expense, you may be causing a negative financial impact for your company. Controlling your workers' compensation costs is not difficult, it just takes commitment from top management on down. To control your costs, it is important to have a clear understanding of what workers' compensation is and what role the employer plays in that process. It is for this reason Workforce Safety and Insurance has created a Loss Control Services division within the Employers Services Department. The purpose of Loss Control Services is to provide willing employers with education, training, and assistance in the development of the tools necessary to have an effective loss control system for work-related injuries.

Goal

We believe a claim is most successfully resolved when an injured worker returns to work. While the injured worker is able to enjoy esteem, fulfillment, and the financial reward of employment, the employer benefits from reduced workers' compensation costs and premiums.

Benefits

Employers and workers both benefit from a Loss Control Program. Some of the benefits include:

- Increased productivity
- Increased quality of work
- Reduced workers' compensation claims costs through properly responding to and managing workplace injuries
- Reduced risk of injury to workers and damage to equipment

- The injured worker has the opportunity to make more informed choices about treatment and transitional work opportunities
- Average length of disability is shortened and approaches zero
- Work replacement costs are reduced
- Litigation rate diminishes
- Workplace culture includes transitional work as part of the recovery process

Measuring Your Programs' Success

It is important to measure how well you have developed and implemented a Loss Control Program within your company. As an example, you can measure cost savings and timeliness of injury reporting and develop statistical benchmarks, performance goals, and self-audits. Most of the following measurement tools are appropriate for employers of all sizes:

Statistical benchmarks

(also know as measurements or evaluations).

Listed below are items you can statistically track to monitor your program's performance:

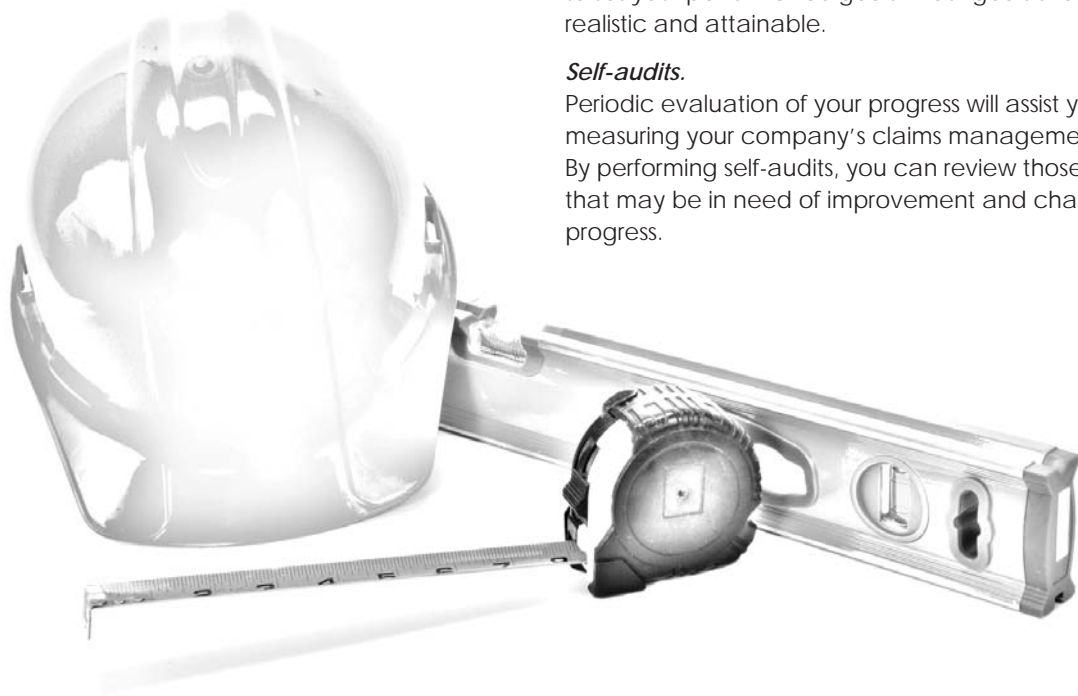
- Total number of injuries incurred per year
- Average lost days by injury per year
- Dollar costs per claim
- Average claim cost per worker per year
- Percentage of payroll spent on workers' compensation
- Lost time days per accident year
- Five highest cost injuries by diagnosis, total total expense, and medical and wage replacement costs

Performance goals.

You can use the benchmarks you have developed to set your performance goals. Your goals should be realistic and attainable.

Self-audits.

Periodic evaluation of your progress will assist you in measuring your company's claims management skills. By performing self-audits, you can review those areas that may be in need of improvement and chart your progress.



The Team

The Loss Control Team is made up of the injured worker, employer, designated medical provider, Return-to-Work services provider (which includes the on-site disability case manager, medical case manager, and vocational case manager), claims adjuster, and safety consultant. This team approach helps provide integrated medical and injury management services as soon as possible after a work-related injury occurs. The team's coordinated efforts help assure that injured workers receive appropriate medical care and that most injured workers can safely remain at work in a transitional job until they have recovered sufficiently to return to their regular jobs. While the team works together to ensure a successful outcome, each member has a crucial role in making the effort successful.

The Injured Worker's Role

- Report on-the-job injuries immediately so the employer can investigate the cause of the injury and take corrective action to prevent others from sustaining the same injury.
- Seek prompt medical care after sustaining a work-related injury. Thereafter, attend all medical appointments and cooperate with medical care.
- Provide all information requested by WSI in a timely fashion and cooperate with the investigation of the claim.
- Provide the employer with a copy of the Doctor's Report of Injury Capability Assessment (C3) form after the initial medical treatment and after each follow-up medical appointment (the doctor completes this form during the appointment).
- Stay in contact with the claims adjuster at WSI and employer and provide periodic updates on his or her medical condition.
- Ask the doctor if you can return to work, even if there are some restrictions on work duties. Follow restrictions, both on and off the job.
- Accept transitional (modified / alternate) work offered by the employer as part of the treatment plan.
- WSI may reimburse you for travel expenses to attend doctors appointments that are deemed as reasonable and medically necessary. There are various rules that must be met to qualify for travel reimbursement. Contact WSI for more information.
- Notify WSI immediately when you return to any type of work.
- Cooperate with the claims adjuster and the Return-to-Work services provider in re-evaluating the ability to meet modified duty requirements.

The Employer's Role

- Develop and implement the elements of a Safety Management Program (page 11) and train and educate your workers on these elements. If selecting a designated medical provider, see page 6.
- After a work-related injury or illness occurs, apply your loss control procedures (page 13).
- Take charge of the claims management process and hold other team members accountable.
- Maintain positive ongoing communication with your injured worker letting the injured worker know that they are an important asset to your company.
- Monitor the medical management of the claim – maintain communication with the medical provider.
- Require that the injured worker provide you with a Doctor's Report of Injury Capability Assessment (C3) form after the initial medical treatment and after each follow-up medical appointment. This form will list any physical abilities and restrictions (the doctor completes this form during the appointment).
- Develop a written transitional work plan (page 18) that allows injured workers to safely return to the job, in some capacity, as soon as possible. Please be aware that a transitional work plan cannot always be implemented immediately following a work-related injury.
- Cooperate with the claims adjuster and the Return-to-Work services provider in re-evaluating the ability to meet modified duty requirements as they change during the injured worker's recovery.

The Designated Medical Provider's Role

All employers in North Dakota have the option of selecting a Designated Medical Provider (DMP) or group of physicians to provide medical treatment to workers who sustain work-related injuries. The role of the designated medical provider is to:

- Provide prompt and appropriate care to a worker injured on the job.
- Evaluate the injury and develop an appropriate treatment plan that includes using the job as part of the recovery process.
- Provide prompt and complete reports (within 24 hours of the appointment). NOTE: At each appointment, the provider will complete a Doctor's Report of Injury Capability Assessment (C3) form.

- Establish functional abilities and focus on the injured worker's abilities rather than disabilities.
- Share the employer's goal of keeping the injured worker at work, while making sure their abilities match their job functions.
- Understand the employer's business operations and worker's job functions.
- Understand the utilization review process.
- Keep in touch with the injured worker, employer, and Workforce Safety and Insurance.

How to find a DMP

The specialties most commonly used to treat injured workers are:

- Family practice
- Internal medicine
- Neurosurgery or neurology
- Occupational medicine
- Physical medicine
- Chiropractic
- Orthopedic

Interviewing Candidates

Your Designated Medical Provider is an important member of the loss control team. Take advantage of their expertise and availability. Once you have identified potential candidates, ask them the following questions so you can sense which candidate is more familiar with WSI and your business. During the course of your discussion, other issues may be raised as a result of responses received. Do not be intimidated. Ask them any follow-up question you feel is necessary.

What are your credentials?

Board certified is the most important credential. The board certificate most appropriate for providers dealing with work-related illnesses and injuries includes internal medicine, orthopedics, family practice, occupational medicine, physical medicine, chiropractic, and orthopedic.

How many years of experience have you had in work-related medicine?

If experience is two years or less, be sure mentoring is available and ask how they will work with their mentors.

How willing are you to communicate with other members of the claims management team about work-related injury or illness?

Providers should be willing to give you detailed information, (i.e., diagnosis, prognosis, and treatment plan) during the initial visit and after each follow-up visit in a timely manner.

What quality assurance activities exist within the clinic?

Inquire whether the clinic has protocols for the management of low back pain, arm pain, or other common injuries. It is hard to ensure quality if a

provider recommends one type of treatment for a given injury one day and a different type for the same injury the next day. Inquire whether the clinic will allow an external audit. Any reluctance should raise a red flag.

Are you willing to work with chiropractors?

The answer should be yes. Injured workers should have access to these providers.

What is the provider's philosophy with on-the-job recovery?

Research indicates the cornerstone of disability prevention is allowing workers to recover on the job. On-the-job recovery may require a change in job tasks (transitional work) or work schedule. The expectation is to return to work in their pre-injury job with or without permanent restrictions.

Is the provider willing to come to your place of business to better understand your operations?

Does the provider instill a positive attitude of cooperation and progression toward recovery?

Does the provider know and understand Occupational Disability and Treatment Guidelines (ODG)?

WSI chose WorkLoss Data Institute's Official Disability Guidelines – Treatment in Workers Comp (ODG) <http://www.odg-disability.com> as a resource to manage the treatment and disability duration for workers compensation claims. ODG will enable WSI to use the latest available medical evidence in making treatment decisions to improve outcomes for workers injured on the job.

How does the provider measure functional capabilities

Things to keep in mind when selecting a DMP

- The provider should be reputable.
- The provider should agree to see injured workers promptly.
- The provider should be open to working with WSI's utilization review process.
- The provider's attitude toward treating injured workers should be the same as if they are treating someone covered by group health or indemnity insurance.
- The utilization of resources should be conservative or alternative treatment methods exhausted before performing surgeries.
- The provider should have a good bedside manner.
- The provider's philosophy should be for the injured worker to remain on the job if possible, rather than stating the injured worker is disabled.
- The provider should speak to you at a level you can understand.

- The provider's reports should be in legible handwriting or typed so you can read their reports.
- The provider's action and posture should be reflective of their verbal message.
- The provider should refer responsibility to specialists, as needed.

Role of the Employer

- Inform the provider in writing that he or she has been chosen as the DMP for your company.
- If the provider accepts your offer to become your DMP, a formal agreement is recommended.
- Inform your employees. Display the DMP selection in a place where employees can easily see it. Annual training on the DMP selection process must have employee attendance documented.
- Inform your employees of their option to add additional medical providers to your selection of designated medical providers.
- Employees are required to complete the DMP selection form and submit to WSI annually.

Worker Information

If your employer has chosen a Designated Medical Provider they must inform you!

- Your employer will provide you information on your DMP. You must sign this form and return it to your employer.
- Your employer must display the selection of the DMP and where the DMP is located in a place where all workers can easily see it.
- You may elect to opt out of the DMP your employer has selected and choose a different medical provider prior to an injury occurring. If WSI disagrees with your choice of a DMP, the law provides a process for WSI to ultimately decide.

What if you decide to seek treatment from a provider other than the DMP and it is not for emergency treatment?

- Injured workers are required to see the company's Designated Medical Provider **UNLESS** they have previously informed their employer of a different provider **BEFORE** an injury occurred.
- If you do not see your Designated Medical Provider, or the one chosen before being injured, it may result in nonpayment of benefits.
- If you received initial treatment from your company's designated provider and wish to change doctors, you must wait 30 days before you can change providers. After 30 days you can request, in writing to WSI, a change in providers or request a referral from the treating physician.

- The DMP law does not apply to emergency care or care the injured worker did not know was related to their injury.

Worker does not want to seek treatment from Employers' DMP

- Injured workers are required to see your company's Designated Medical Provider **UNLESS** they have previously informed you of a different provider **BEFORE** an injury occurred.
- If you disagree with the worker's additional selection, the law provides a process for WSI to ultimately decide. You may file an objection to the worker's choice of provider within five days.
- If the injured worker does not see your Designated Medical Provider, or the one they chose before being injured, it may result in nonpayment of benefits.
- If an injured worker saw your company's DMP, they must receive care from that provider for 30 days before they can change providers. After 30 days, the injured worker must request, in writing to WSI, a change in providers or request a referral from the treating physician.
- This does not apply to emergency care or care the injured worker did not know was related to their injury.

Employer Information

- Your DMP should understand your business, which will help them with return-to-work issues.
- Your DMP should understand your desire for the injured worker to receive the best treatment available.
- Your worker should experience a safer and earlier return-to-work.
- You and your DMP should share in the commitment to the safety, health, and well-being of the worker.

Return-to-Work Services' Role

Workforce Safety & Insurance (WSI) takes a proactive team approach to managing work-related injuries. Our team approach is designed to provide medical and vocational services as soon as possible after a work-related injury occurs. This helps ensure that injured workers receive appropriate medical care while a plan is developed to return them to substantial gainful employment as soon as possible after an injury occurs. The emphasis is placed on returning the injured worker to employment with the pre-injury employer.

Depending upon the needs of the injured worker, there are three programs available to assist an injured worker.

On-Site Medical Case Manager

WSI teamed up with North Dakota's larger medical facilities and have registered nurses in place to assist injured workers who seek medical attention at their facilities and designated satellite clinics. An on-site medical case manager will become involved when review of the initial medical documentation indicates a wage loss claim may occur (a wage loss claim is time lost from work for five or more consecutive calendar days).

Their role is to:

- Assess, plan, coordinate and implement the options and services recommended for supporting the injured worker in the recovery process.
- Communicate current medical status and coordinate transitional return-to-work duties with injured worker, employer, provider and claims adjuster.
- Attend medical appointments as deemed necessary.

Medical Case Manager

WSI also employs registered nurses as medical case managers. Medical case managers are assigned to claims that involve potentially catastrophic or medically complex injuries.

Their role is to:

- Assess, plan, coordinate and implement the options and services recommended for supporting the injured worker in the recovery process.
- Communicate current medical status and coordinate transitional return-to-work duties with the injured worker, employer, provider and claims adjuster.
- Provide medical research and direction to claims adjusters and WSI staff.
- Attend medical appointments as deemed necessary.
- Coordinate Medical Case Management services for workers located out of the state of North Dakota.

Vocational Rehabilitation

Case Managers

If early intervention is not successful in returning the injured worker to work with the pre-injury employer, vocational service will be assigned. WSI's vocational case managers utilize an injured worker's functional capabilities, education, employment history, work experience, and transferable skills to develop a return-to-work plan.

Their role is to:

- Assist in facilitating transitional work.

- Conduct vocational testing.
- Perform job analysis and ergonomic assessments.
- Identify transfer skills.
- Conduct labor market research.
- Provide work search skills training.
- School monitoring assistance.
- Obtain and communicate physical abilities.
- Communicate current medical and vocational information with the injured worker, employer, provider and claims adjuster.
- Academic and skill upgrading.

Preferred Worker Program

The Preferred Worker program is designed to encourage the re-employment of North Dakota's injured workers, it also offers cost-saving incentives to employers participating in the program.

Program benefits include:

- EMPLOYER
 - Wage Reimbursement*
 - Worksite Modification Reimbursement
 - Premium Exemption*
 - Claim Cost Exemption*
 - On-Site Job Analysis and Ergonomic Assessments
 - Reimbursement for Lodging, Meals, and Travel Expenses Relating to On-the-Job Training
- INJURED WORKER
 - Work Search Allowance
 - Certification, Licensure or Related Testing Costs
 - Moving Expenses
 - Tools and Equipment

* This benefit is not available to the employer of injury.

Claims Adjuster's Role

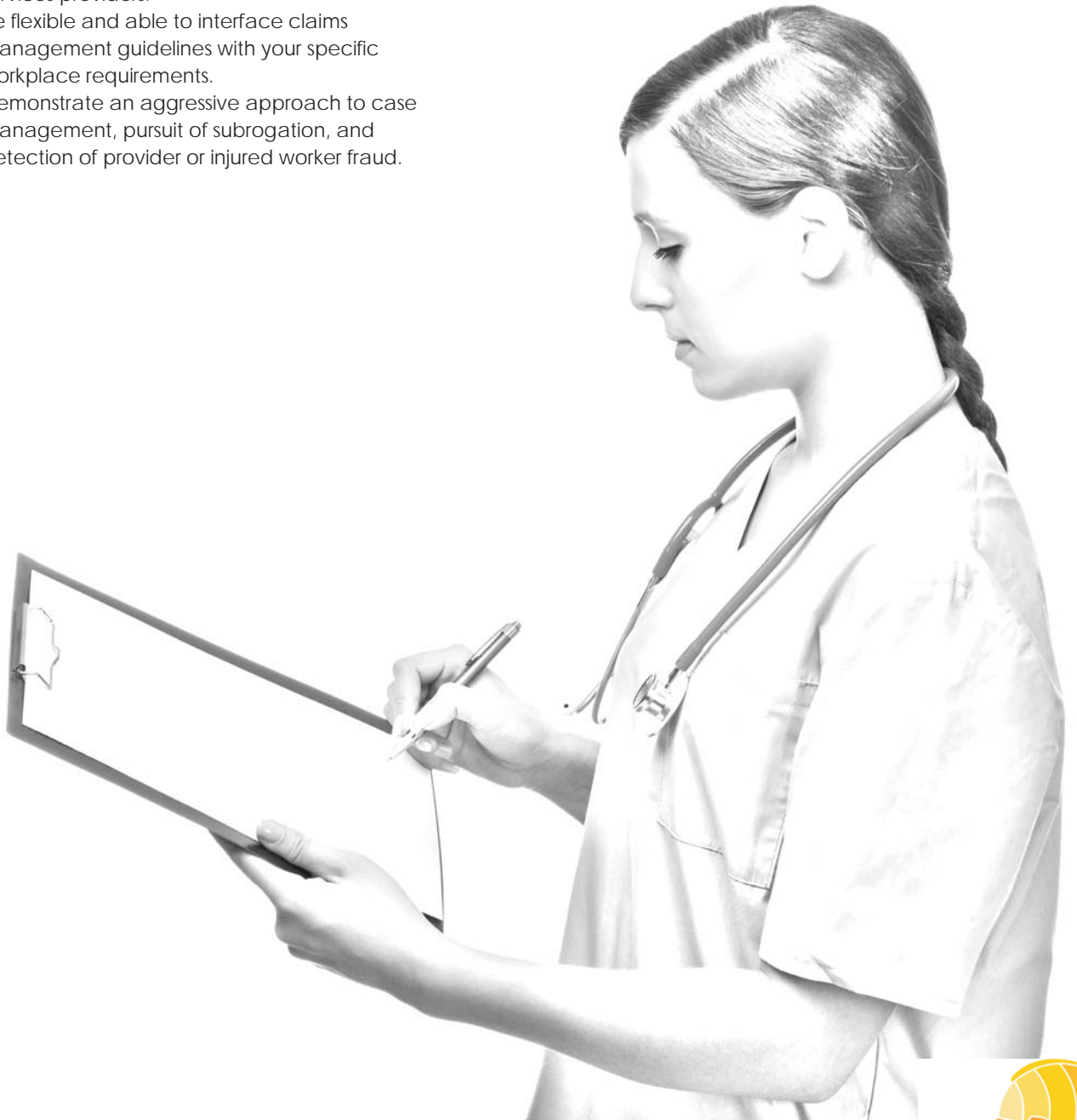
The claims adjuster is an important member of the Loss Control Team. He or she has many opportunities to influence an employer's development of loss control procedures and assist in the injured worker's receipt of medical care. Many times, the claims adjuster is the first point of contact in the establishment of a claim. The role of the adjuster is to:

- Investigate and determine compensability on all claims.
- Determine wage replacement benefits and issue checks.
- Inform the injured worker of his or her rights.
- Participate in medical treatment coordination.
- Work with the Return-to-Work services provider to manage decisions that affect the disability and treatment plan.
- Manage the claim.
- Monitor legal decisions regarding compliance.
- Assist in coordinating transitional work.
- Initiate the early intervention program process.
- Identify opportunities for subrogation.

Performance standards for claims adjusters

Claims adjusters are expected to meet certain standards of performance. Generally, you can expect your claims adjuster to possess the following qualifications:

- Understand the nature of your business, the job duties performed, and the common injuries that occur. Adjusters may make an on-site visit to your company to gather this information.
- Possess knowledge of and experience in working with workers' compensation rules, procedures, and legal issues.
- Possess an understanding and willingness to follow the principles of managed care and to work cooperatively with the Return-to-Work services providers.
- Be flexible and able to interface claims management guidelines with your specific workplace requirements.
- Demonstrate an aggressive approach to case management, pursuit of subrogation, and detection of provider or injured worker fraud.



Safety Consultant's Role

Our safety consultants and other staff members are available to assist you. They will help you provide the safest possible workplace for your workers. Along with helping you develop and implement elements for a Safety Management Program, they can also provide the following services:

- Courtesy walk-through inspections
- General safety consultations
- Accident investigations
- Technical assistance
- Training

For assistance, you can call one of the individuals listed below or the Loss Control Department or the Loss Control Education Department at (701) 328-3800, toll-free number at 1-800-777-5033. You can also e-mail us at wsisafety@nd.gov

Safety Consultants

Jim Ash – Jamestown

Safety Consultant Supervisor
Office: (701) 253-6240 Cellular: (701) 320-1246

Bonnie Dowhaniuk – Bismarck

Office: (701) 328-5917 Cellular: (701) 527-0021

Benjamin Sand - Bismarck

Office: (701) 328-6010 Cellular: (701) 214-3742

Harlan Olson – Williston

Office: (701) 774-7938 Cellular: (701) 770-6843

Gerald Raughton – Williston

Office: (701) 55-3433 Cellular: (701) 774-7937

Kent Mortenson – Dickinson

Office: (701) 227-3130 Cellular: (701) 260-4592

Jeff Mooridian – Jamestown

Office: (701) 253-6242 Cellular: (701) 269-3395

Doug McHenry – Minot

Office: (701) 857-7744 Cellular: (701) 720-1242

Davis Hoverson – Grand Forks

Safety Consultant Supervisor
Office: (701) 795-3926 Cellular: (701) 739-1249

Rick Else – Grand Forks

Office: (701) 795-3924 Cellular: (701) 213-7748

Tisha McParland - Fargo

Office: (701) 298-4984 Cellular: (701) 429-8939

Ashley Mund - Fargo

Office: (701) 298-4981 Cellular: (701) 799-3598

Aaron Lucht - Fargo

Office: (701) 298-4985 Cellular: (701) 799-2553

Diane Johnson – Fargo

Office: (701) 298-4982 Cellular: (701) 793-3162

David Kraft – Devils Lake

Office: (701) 662-9340 Cellular: (701) 230-0325

Loss Control\Education\Ergonomics - Bismarck

Nick Jolliffe

Loss Control Director
Office: (701) 328-3850 Cellular: (701) 425-8051

Randy Wegge

Ergonomic Coordinator
Office: (701) 328-6006

Nicole Gaab

Loss Control Specialist
Office: (701) 328-5944

Diane Laubner

Support Specialist
Office: (701) 328-3886

Jane Wick

Loss Control/Special Programs Supervisor
Office: (701) 328-7227

LaVal Eberhart

Education Coordinator
Office: (701) 328-3858

Elizabeth Johnson

Grant Program Specialist
Office: (701) 328-3868



You Can Control Your Losses

The preparation and planning that you do **prior** to an injury occurring are the keys to claims management success. There are two main components of successful loss control, and they both require planning. The **first** is to **develop and implement the elements of a Safety Management Program** to prevent accident, injury, and work-related illness from occurring. The **second** is to **develop and implement claims management/loss control procedures** to respond to a workplace injury if one should occur.

Safety Management

Program Elements

Workforce Safety and Insurance encourages employers to develop a safety program that promotes safety and claims management within their company. The following Safety Management Program elements can help you get started toward making safety a priority for you and your employees.

1. **Safety Policy** - Prepare a statement, signed by top management, identifying the responsibilities of management and employees for ensuring a safe workplace. Review this policy with all employees on an annual basis.
2. **Accident Investigation and Near-Miss Policy** - Develop procedures for investigating all accidents and "near misses" (those incidents resulting in neither injury nor property damage).
3. **General Safety Rules** - Establish written minimum safety standards that apply to all employees and post them in areas where employees are sure to see them.
4. **Safe Operating Procedures** - Develop written guidelines for procedures and tasks involving recognized hazards.
5. **Essential Job Functions** - Develop a list of essential job functions for each job category (for employers with 15 or more employees). These lists help you properly place workers in jobs and assign injured workers to transitional duties.
6. **Ergonomics Programs** - Establish an ergonomics program designed to maximize productivity while reducing employee fatigue and discomfort. Educate employees about basic ergonomic principles and proper body mechanics.
7. **Self Inspection Programs** - Inspect your work places regularly to detect unsafe acts and conditions. Keep an ongoing record of your findings.
8. **Safety Training Program** - Establish a written training program through which all employees learn about general safety rules, safe operating procedures, claims management principles, and ergonomic hazards.

9. **Safety Coordinator** - Assign a coordinator who is responsible for implementing your company's risk management program.
10. **Substance Abuse Program** - Establish a written substance abuse policy to include supervisory and employee education along with identifying an Employee Assistance Program.

Develop and Implement Loss Control Procedures

Your claims management/loss control procedures are a very important part of a Safety Management Program. By developing and implementing loss control procedures early on, you will be better prepared to manage a work-related injury if one should occur.

Your procedures should include:

- Assisting the injured worker in obtaining prompt medical care.
- Reporting the injury to Workforce Safety and Insurance within 24 hours.
- Conducting an investigation immediately and taking the necessary corrective action to prevent the injury from happening again.
- Staying in contact with the injured worker, medical provider, Return-to-Work services provider, and the claims adjuster. It is especially important to help the injured worker continue to feel that he or she is an important asset to your company.
- Providing transitional (modified or alternate) work for the injured worker if the doctor restricts the injured worker's work.

These procedures are discussed, in detail, in Section 4 – Post-Injury Response (page 13) When you are developing your loss control procedures, you should include your claims adjuster to ensure that he or she understands your service requirements and expectations.

Educate Your Workers

Your company's participation in a Safety Management Program and the importance of the loss control procedures should be incorporated into your new hire orientation and annual training program for all workers. Communicating your concern for a safe work environment and your company's policy of handling job-related injuries creates a positive company image.

Elements to include in your training are:

- Injury reporting: what to report, who to report it to, when to report it, and the importance of prompt reporting.
- Explanation for the Designated Medical Provider's role in treating injuries.
- Discussion of appropriate and necessary medical care in the event of an injury.

- Identification of the Claims Management Team (injured worker, employer, Designated Medical Provider, Return-to-Work services provider, claims adjuster, and loss prevention specialist) and an explanation of their roles.
- Benefits for injured workers.
- Expectations of the injured worker to comply with medical restrictions **both on and off the job** and cooperate with medical treatments.
- The company's policy of transitional work.

A successful Safety Management Program is the result of the commitment of your entire company. Because managers and supervisors have the greatest ability to influence workers, it is important that they support your company's Safety Management Program.



Click Here
for the
Pre-Injury
Planning
Checklist

Post-Injury Response: Applying Your Injury Management Procedures

When a worker is injured, applying the injury management procedures you develop as part of a Safety Management Program is necessary to ensure an effective post-injury response. In this section we will discuss, in detail, the six loss control procedures (steps).

While some of these procedures deal more with the immediate response (assessing the injury and providing prompt medical treatment; injury reporting; investigating), some are a continual response (ongoing communication; transitional work).

STEP 1: Assist your injured worker in obtaining prompt medical care.

Assess the injury and ensure that the injured worker receives appropriate medical care.

In an emergency - the injured worker should seek immediate medical care at the nearest emergency room and notify you as soon as possible thereafter.

In all other instances - the injured worker should inform you of the injury before seeking medical care. You should provide first aid on site, if necessary.

If you are in doubt about the severity, call 911 immediately.

Minor injuries and illnesses usually require limited medical or nursing intervention, if any. Nevertheless, all minor injuries should be recorded and reported on the necessary forms. Some examples are:

- Minor sprains or strains
- Simple lacerations or bruises
- General muscle weakness or pain complaints

Intermediate injuries and illnesses that justify immediate medical attention include:

- Severe sprains or strains
- Gaping or puncture-type lacerations
- Head injuries that cause dizziness, speech difficulties, etc.
- Burns
- Chest pains or shortness of breath

Major and catastrophic injuries and illnesses warrant emergency medical attention. Call 911 immediately for injuries such as:

- ANY injury or illness that afflicts a worker's respiration, circulation, head, or spinal column
- Amputation
- Chemical exposure, electrical, or thermal burns
- Loss of consciousness

Injured workers are required to see your company's Designated Medical Provider(s) for medical care **UNLESS** they have previously informed you, in writing, of a different medical provider selection **BEFORE** any injury occurred. For more information on this topic, see [page 7](#).

To guide an injured worker to your Designated Medical Provider, you should:

- Assist the injured worker in obtaining prompt medical care.
- Offer advice: Make sure your workers are aware of your designated provider, clinic, or hospital. Assure them that the Designated Medical Provider not only offers prompt and knowledgeable care, but also understands your company and the types of injuries that may occur. (Communicate to the injured worker that you are asking that they seek medical care from your Designated Medical Provider strictly for work-related injuries).
- Set up an appointment: Call the Designated Medical Provider so your injured worker can receive immediate care.
- Provide transportation: For safety reasons, do not allow the injured worker to drive to the appointment. If you are not available, ask the injured worker's supervisor, your company's medical staff, or call a cab.
- We encourage you to go along with the injured worker when he or she seeks medical care. While you do not necessarily have the right to be present in the examining room during the injured worker's exam, you benefit by going along because you will better understand any work restrictions recommended by the doctor – which enables you to provide a safe return-to-work for your injured worker. This also allows you to begin effective management of the claim. The person who accompanies the injured worker to the appointment, whether it is you or a management representative, must understand and support the claims management process. This person must also be skilled at communicating with providers and injured workers.

*You should require that the injured worker provide you with a **Workability Capability Assessment Report (C3)** form after the initial medical treatment and also after each medical treatment he or she may have in the future.* This report should include the nature and extent of the injury, estimated course of recovery, and a return-to-work plan with identified restrictions, if any.

You should be involved in the medical care given the injured worker and make contact with the medical provider if you have any questions or concerns. (A release of information should be signed by the injured worker if the medical records are being requested from the medical provider).

When you are assessing the work-related injury, please be aware of third-party (subrogation) claims. A third party may be liable for a workplace accident and the resulting injury. For example, an injury caused by a faulty piece of equipment may be the responsibility of



the manufacturer or the injured worker involved in an auto accident may be faultless when the liability rests with the other driver.

Your claims adjuster and the Subrogation Unit at WSI are responsible for identifying and pursuing opportunities for subrogation. The following types of claims are evaluated for subrogation:

- Accidents involving machinery, motor vehicles, aircraft, boats, or trains
- Explosions
- Construction site accidents
- Exposure to chemicals, silica, asbestos, or other hazardous materials
- Animal bites
- All catastrophic or fatal injuries
- Assaults of any kind
- Accidents that involve slips and falls

Your claims adjuster will need the complete facts surrounding a claim to determine whether subrogation is possible.

Begin to manage the injured worker's medical care immediately.

Ask the doctor:

- Diagnosis – What is the nature of the injury or illness? How serious is the injury and what kind of treatment will the injured worker need?
- Prognosis – How long will the healing process be?
- Work restrictions – Which activities of the injured worker's job can the injured worker safely perform? Are there activities that he or she should not or cannot perform? This information is critical to returning the injured worker to work. (Make sure that a job description is given to the Designated Medical Provider for review).
- Confirmation of next appointment – Set up an appointment with the medical provider and injured worker prior to leaving the medical provider's office.

It is essential for you to establish a cooperative sharing of information among the injured worker, the medical provider, and yourself. Explain to the injured worker and medical provider that open communication is in the best interest of the injured worker. Contact your Return-to-Work services provider if you are unable to establish communications.

Decide whether a drug or alcohol screen may be needed (*you must first check your company's policy to see if this is allowed*). Any drug or alcohol screen must be conducted according to your company's policies and procedures. For additional information please refer to Section 65-01-11 of the North Dakota Workers' Compensation Law.

STEP 2: Report the injury to WSI within 24 hours

You should notify your claims adjuster of the injury within 24 hours after you receive the report of the injury from the injured worker. Immediate notification allows the claims adjuster and Return-to-Work services provider to more effectively manage the claim.

Below are the steps to follow when reporting a claim:

- 1. Injured worker reports work-related injury** immediately per your internal policy.
- 2. Injured worker completes their section of the First Report of Injury (FROI) form** in his or her own writing. Your account number is written on the claim form. The injured worker takes along the Doctor's Report of Injury Capability Assessment (C3) form when seeking medical care.
- 3. The employer completes the Employer's section of the First Report of Injury form.**
- 4. After seeking medical care**, if the injured worker experiences lost work time, continued medical treatment, or work restrictions, the employer contacts the assigned claims adjuster at WSI to discuss the appropriate Return-to-Work services provider (701-328-3800 or 1-800-777-5033). If the injured worker does not experience any of the items listed above, you do not have to contact the claims adjuster.
- 5. The completed First Report of Injury form is submitted immediately to WSI.** Please complete and submit the online FROI or mail or fax to WSI at (701) 328-3820.

STEP 3: Conduct an accident investigation immediately and take the necessary corrective action to prevent the injury from happening again.

All injuries must be investigated, regardless of their severity. Investigation occurs after you have determined the extent of the injury, obtained appropriate medical care, and completed the reporting. Coordinate your investigation with your company's safety coordinator.

The steps of an investigation are:

1. Have the injured worker complete your internal accident reporting form and give it to his or her supervisor immediately. The supervisor should also document how the accident/injury occurred. We suggest sitting down with the injured worker to discuss the accident.
2. Have the supervisor investigate the incident and attempt to determine the cause of the incident. This includes contacting anyone who was in the accident area, not only those who actually witnessed the event. Interviews with these individuals should be conducted in a sensitive manner at a comfortable location. Written documentation (investigative report) should record the accident, facts, witness statements, and corrective action, if necessary.
3. Forward the investigative report to the following individuals within your company: risk management coordinator, safety committee, and the person designated for management review.
4. Maintain the initial incident report and investigative report and keep them available for WSI review. Documentation of corrective actions should also be kept available for review.
5. Have the worker complete a near miss report when the worker is involved in or witness to a close call resulting in NO damage or personal injury, but when there was potential for both to occur.

NOTE: On all wage-loss claims, the claims adjuster will investigate the claim through a three-point contact (interviewing the injured worker, employer, and medical provider to gather information). The claims adjuster may also contact witnesses for information. The claims adjuster's investigation may uncover information that contradicts information in your report or it may include information that the injured worker or witnesses may be reluctant to tell you. Compare the results of both investigations so you can see the full picture.

STEP 4: Stay in contact with the injured worker, injured worker's supervisor, and medical provider. It is important to help the injured worker continue to feel that he or she is an important asset to your company.

Up to this point, you have completed the "immediate response" component of the loss control procedures. Now, the "continuing response" will begin as the focus is on ongoing communication to ensure the injured worker's safe and early return-to-work.

We encourage you to keep in touch with the treating provider about the injured worker's progress and return-to-work date. Discuss your transitional work plan in the context of the medical provider's recommendations. Before you return an injured worker to work, obtain a written release from the medical provider that outlines any medical work restrictions. Your claims adjuster and the Return-to-Work services provider are involved in coordinating the injured worker's medical care and should be communicating with you frequently. **(This is discussed in greater detail in Section Five, page 18).**

Your initial response to the injury and interaction with the injured worker will set the stage for the entire recovery process.

The following are some tips:

- Take the injured worker and the injury seriously.
- Devote your complete attention to the injured worker and limit all interruptions.
- Be empathetic and sincerely concerned about the injured worker and his or her injury.
- Reassure the injured worker that your questions are a routine part of the loss control process and are not being asked because you doubt him or her. It is important that the injured worker feels that you are treating him or her fairly.
- Inform the injured worker of the benefits to which he or she is legally entitled.
- While taking control of the loss control process, your manner should be non-threatening and compassionate.

If the injured worker is off work, you will want to make contact with him or her every 2 – 3 days.

As you speak with the injured worker, be sure to communicate the following messages:

- You are genuinely concerned about the injured worker – reassure him or her.
- The injured worker is expected to comply with policies.
- You are committed to helping the injured worker return-to-work within medical restrictions as soon as possible.

Ask about such issues as:

- The injured worker's needs
- The quality of claims services received from WSI and the medical services being received
- The injured worker's progress toward recovery
- The injured worker's reaction to transitional work if return to his or her regular job is not immediately possible

Make sure that you inform the injured worker of his or her responsibilities:

- The injured worker must be available for medical appointments during normal working hours and is responsible for keeping all appointments with providers.

- If possible, have the injured worker attend a weekly meeting with you and/or the supervisor.
- The injured worker must clearly understand that he or she must return-to-work as soon as the medical provider signs the release. Assure the injured worker that you will be in constant communication with him or her and the medical provider to coordinate the return-to-work. Share the information with the claims adjuster and Return-to-Work services provider.

STEP 5: If the doctor restricts your injured worker's work, provide transitional (modified or alternate) work.

Please refer to the next section, Section Five – Developing a Transitional Work Plan, for more detail on this topic.

It is important to assure the injured worker that, in addition to receiving the appropriate and necessary medical care for the work injury, transitional work will also be available. **Transitional work is work that allows the injured worker to remain safely on the job, but in a modified or alternate position to allow the injured worker to "transition" into the work environment after sustaining a work-related injury.** By returning the injured worker to work, it helps speed his or her recovery and preserve his or her dignity and self-worth. It can also reduce the number of questionable or fraudulent claims.

A transitional work plan is an effective tool for managing the majority of work-related injuries. **Two types of work can be outlined in a transitional work plan:**

Modified Work

Modified work is the **injured worker's regular job that is modified** to accommodate restrictions imposed by the medical provider. Examples of modified work include:

- A Certified Nursing Assistant (CNA) at a nursing home injured her knee while assisting a patient. During her recovery period, the physician stated that she should not be on her feet for more than two hours a day. The employer had the injured worker resume CNA duties for two hours a day and the remainder of the day she would assist with feeding and grooming residents.
- A gravel truck driver suffered a crushing injury to his hand and subsequent carpal tunnel syndrome. The only difficulty he had performing his job was that the vibration of the steering wheel caused discomfort in his hand. Special gloves were ordered which reduced the vibration, and he was able to continue in his position.

- A carpenter severed his thumb while operating a table saw. This resulted in loss of strength and the inability to hold and push materials through the table saw. The employer purchased a jet power feed which attaches to the table saw and automatically powers the material through. Cost of modification: \$750

Alternate Work

Alternate work is **a temporary work assignment when the injured worker is unable to perform his or her regular job** as a result of the injury. Examples of alternate work include:

- An over-the-road truck driver injured his back, and he was no longer able to drive long distances due to the amount of sitting required. The trucking company had an opening for a maintenance mechanic, which involved servicing the fleet of vehicles. The injured worker did not have previous experience as a mechanic; however, the employer allowed him to attend classes and work under an experienced mechanic in order to provide on-the-job training.
- A department store warehouse worker injured his back resulting in permanent lifting restrictions. His position required that he be able to lift and move 100 pounds constantly. The employer assessed his physical capabilities and returned him to work as a sales clerk in a department that did not require heavy lifting.
- A siding applicator sustained a rotator cuff injury and was unable to perform overhead work or repetitive shoulder level work. The employer returned him to work as a sales representative.

STEP 6: Complete the Post-Injury Checklist.

Click Here for the Post-Injury Planning Checklist



Developing a Transitional Work Plan for the Injured Worker

Return-to-Work Guideline for Employers

Assist your injured worker in reporting the injury to Workforce Safety and Insurance

If the injured worker experiences lost work time, continued medical treatment, or work restrictions, obtain the injured worker's current work abilities from the medical provider after each medical appointment to assess the injured worker's medical status.

Assess the injured worker's ability to perform the tasks of his or her regular (pre-injury) job. If the regular job tasks cannot be performed, transitional (modified or alternate) work may be in order:

- **Modified Work:** If unable to perform all the duties of the regular job, **determine whether modifications can be implemented to the regular job to accommodate provider-imposed work restrictions.**
- **Alternate Work:** If modifications are not feasible, **assess alternate work options (temporary work assignments) until the injured worker can resume his or her regular job.**

Keep in contact with the injured worker, the medical provider, the Return-to-Work services provider, and the WSI claims adjuster.

An injured worker's work abilities should be updated every 1 – 2 weeks and work duties should be adjusted accordingly.

If the medical provider declares the injured worker at maximum medical improvement (MMI), assist the injured worker in resuming his or her regular job duties.

If the injured worker is unable to resume his or her regular job duties, determine permanent modifications or alternative employment.

Develop a Transitional Work Plan

A transitional work plan will allow injured workers who are temporarily or partially disabled to remain in the workplace in a modified or alternate work capacity until he or she has recovered sufficiently to return to the regular job. In the case of a wage-loss injury, **reabling can be achieved early in the recovery period.**

A transitional work plan should be developed during pre-injury planning. A detailed analysis of current job descriptions should include a list of essential and non-essential job functions and the physical requirements associated with performing each job.

The goals and objectives for your transitional work plan may include:

- Designing a plan to safely retain injured workers in a meaningful, productive capacity without posing a risk of reinjury or aggravation of the injury or a risk to other workers.
- The Americans with Disabilities Act (ADA) guidelines and applicable state laws.
- Implementing an effective monitoring process from time of injury until the injured worker attains maximum medical improvement (MMI).
- Focusing on abilities rather than disabilities.
- Emphasizing the temporary nature of assigned duties.
- The proactive endorsement by management, labor unions, and co-workers.
- Encouraging the injured worker to participate in this process.

Jobs must be matched to the injured worker's medical restrictions/abilities to prevent added injury.

The following information will help you develop procedures for a transitional work plan:

- During the recovery process, medical restrictions need to be reviewed and updated at appropriate intervals as directed by the claims adjuster to reflect the injured worker's improvement.
- As the injured worker improves and regains pre-injury capabilities, the transitional work must be modified to reflect less restrictive medical requirements and to promote work hardening and physical reconditioning.
- Transitional work assignments should be meaningful and productive. An effective plan does not include "make-work" jobs.
- The plan must be measurable and flexible. Alternate jobs are temporary. When maximum medical improvement (MMI) is reached, permanent options may need to be addressed if the injured worker has permanent restrictions.
- The plan requires substantial supervision by a member of the management team.
- If you are unable to provide transitional work to the injured worker, consider a program to supplement daily work schedules with general education classes or community service work.
- Labor union involvement and participation is desired. A union representative should be included in the plan to promote the process and enhance its effectiveness.
- Designated Medical Providers need to be aware of the plan and sufficiently informed of company activities. They need to be encouraged to consider immediate return-to-work with whatever medical restrictions they determine appropriate. When an injury requires outside medical treatment, a company management representative should accompany the injured



worker to the health care provider. This will help ensure that medical restrictions are obtained and understood when assigning transitional work.

Post-job Offer Examinations:

- Determine whether the injured worker's abilities are properly matched to the specific position. Also, determine whether he or she is capable of safely performing the tasks required.
- Adhere to the regulatory requirements of state and federal agencies, such as Department of Transportation (DOT), Occupational Safety and Health Act Administration (OSHA), and the Mining Safety and Health Act (MSHA).

The physical exam results will inform you of the individual's capabilities. If the results of the exam fail to match the job description, confer Human Resources representative to evaluate reasonable job accommodations.

Educate All Parties on the Transitional Work Plan

Once your transitional work plan is developed, it is important to **communicate** it to the members of the Claims Management Team to include your internal company staff (managers, supervisors, and workers), Designated Medical Provider, Return-to-Work services provider, and claims adjuster. **Regularly review the goals of the company's transitional work plan with supervisors and co-workers – this reinforces the need for a supportive, positive attitude toward the recovering injured worker.**

Successful implementation of your transitional work plan depends upon a clear understanding, by everyone, of work options, procedures, and each person's responsibilities. **Compliance with medical restrictions is a must** when matching an injured worker's abilities with job functions. **Communication is the key to achieving your loss control goals.**

Coordinate with the injured worker:

- Frequent contact with the injured worker during the recovery period is essential for both medical only and wage-loss injuries. Discuss and review the available options.
- Encourage the injured worker to participate in designing transitional work.
- Assure the injured worker that proper training will be provided if he or she is assigned a new duty.
- Share medical restrictions and capabilities information from the medical provider and Return-to-Work services provider with the injured worker.
- Encourage the injured worker to discuss difficulties with transitional work with his or her supervisor and the medical provider. (If the injured worker continues to experience difficulties, you may want to have them complete a daily log or have a job site analysis).

- Evaluate other needs the injured worker may have such as transportation to and from work.
- Communicate to the injured worker that he or she is responsible for complying with restrictions **both on and off the job.**
- Stress that transitional work is temporary and may change with each medical provider evaluation.
- Reassure the injured worker that the company is willing to provide productive work within defined restrictions to minimize the risk of aggravation or further injury.

Coordinate with the medical provider:

When the injured worker receives treatment from a provider other than your Designated Medical Provider, take the time to inform the provider about your transitional work plan.

- Request that the provider assess the injured worker's capabilities.
- Ask for a written definition of specific restrictions, not just "light duty" (if applicable).
- Re-evaluate restrictions periodically (every 1 – 2 weeks).
- Require that the medical provider consult with you before taking an injured worker off work.
- Promote communication – exchange information (verbal and written) as it pertains to the worker's injury on a regular basis.
- Obtain a written release when the injured worker is returned to work.
- Reassure that your company will comply with all restrictions the medical provider imposes.
- Require that the medical provider cooperate with the managed care process (**page 23**).

Preferred Worker Program

The Preferred Worker Program offers a unique concept as part of our Return-to-Work services. While this program is designed to encourage the re-employment of North Dakota's injured workers, it also offers cost-saving incentives to employers participating in the program. A preferred worker is a worker who has incurred a compensable injury that resulted in a disability that poses a substantial obstacle to employment. Benefits are provided to employers who employ a preferred worker.

Employer Benefits:

- Employers will not be charged premium on the preferred worker's salary for up to three years.
- WSI may reimburse the employer up to 50% of wages (not to exceed the States Average Weekly Wage) at the time of employment start date. The wage reimbursement period is not to exceed 26 consecutive weeks. **Benefit is not to the employer of injury who provides alternate work for an injured worker.** If a worker has a catastrophic injury as defined in N.D.C.C 65-05.1-06.1 (2) (1), the wage subsidy duration



is 52 consecutive weeks with a reimbursement rate of 75 percent.

- If the preferred worker sustains an on-the-job injury during the premium exemption period, WSI will not charge the claims costs to the employer.
- Upon WSI approval, participating employers will be reimbursed for work site modifications.
- To assist with determining job appropriateness, on-site job analysis/ergonomic assessments are available at no cost to the preferred worker employer.

Manage the Claim Using the Transitional Work Plan

Ideally, a company representative is able to accompany the injured worker to his or her medical appointment and acquire information from the medical provider regarding diagnosis, prognosis, and physical abilities. The physical ability information should be very specific regarding activities such as sitting, standing, walking, lifting, pushing, pulling, and carrying. Pay particular attention to frequency. Medical providers will often outline restrictions in terms of frequency (description of the amount of time in a typical day that a person may engage in an activity).

The terms are as follows:

- Rare – 1 to 5%
- Occasionally – 6 to 33%
- Frequently – 34 to 66%
- Constantly – 67 to 100%

Note: Frequencies are based on an eight hour day.

Interpreting the Information

The process of interpreting complicated medical information can be simplified. You can find some relief in this complicated task if physical demands are listed on all job descriptions. By having this in place, when the doctor completes the Workability Capability Assessment Report (C3) form (this is also WSI's Doctor's Report of Injury and Progress Report), you can more easily match the injured worker's abilities to the physical requirements of the job.

Workability Capability Assessment Report (C3)

On this form, the medical provider is asked to address the anticipated date the injured worker will be able to return-to-work with or without limitations. If limitations are imposed, then the provider is asked to provide an anticipated date of release to resume full duties. The provider is also asked to provide information regarding the number of hours the injured worker is able to work as well as the number of hours he or she is able to sit, stand, and walk. Specific information is requested regarding the ability to lift/carry, push/pull, bend/stoop/crouch, climb, twist the upper body, reach

above shoulder level, squat/kneel, and use the hands dexterously. The provision of specific information regarding abilities and frequency is crucial when making assessments relating to work activities that are appropriate for the injured worker.

Once this information is outlined by the medical provider, sit down with the injured worker and review it. Begin discussing the injured worker's pre-injury position. Ask the injured worker what duties they feel that they can continue performing. What duties would pose difficulties? Together, you should think about the possible modifications or splitting of duties. By asking the injured worker to assist you in determining job modifications, you are showing that you view them as a valuable asset to your company. Also, this provides the injured worker ownership in the success of the work plan.

EXAMPLE: If the injured worker is restricted in their ability to sit and the pre-injury position involved sitting at a computer terminal, check to see if there are other duties within the job that the injured worker can continue performing which would allow them to move around and alternate positions. Another alternative would be to provide a chair that provides additional back support or allow for regular breaks. Some employers have even allowed the injured worker to rest on a cot or couch or work split shifts.

EXAMPLE: A truck driver has injured his back while tarping his load and is unable to sit for longer than 15 minutes. Your company provides over-the-road trucking services with the average trip being 1,800 miles. You do not have any short-haul routes. As the supervisor, an increasing part of your responsibility has been dispatching, which has forced you to fall behind on your other duties. As this driver has had previous dispatching experience, you decide to offer him work as a dispatcher. Since he is only able to sit for 15 minutes at a time, you will provide him with a headset for the phone, which will allow him to alternate between sitting and standing as needed.

Measuring an Injured Worker's Recovery

It is important to measure the progression of the injured worker's recovery. Restrictions should be updated every 1 – 2 weeks by the medical provider, and the work duties should be adjusted accordingly. The Return-to-Work services provider will maintain regular contact with the medical provider during the recovery period to ensure that treatment is progressing with the goal of the injured worker remaining in the work environment. Reduction of hours or rotation of jobs may also be options. However, be aware that morale problems may result from a perception of less work or "make work."

It is important that you are actively involved in the management of the claim. Therefore, **make sure that you maintain regular contact with all members of the Claims Management Team (the injured worker, Designated Medical Provider, the Return-to-Work services provider, and the WSI claims adjuster).**

Once the medical provider determines that the injured worker has reached maximum medical improvement (MMI), also referred to as full recovery or the point of being medically stable, steps should be taken to return the injured worker to their regular job or provide reasonable job accommodations. If the injured worker has permanent restrictions, at this point, a Functional Capacity Evaluation (FCE) will usually be ordered. This test will outline permanent work abilities and place the injured worker in a work category such as sedentary, light, medium, or heavy. We suggest that a job description be forwarded to the physical or occupational therapist conducting the assessment to solicit an opinion on a job match. The therapist will comment on specific duties/tasks that do not match the injured worker's physical abilities and may make suggestions on modifications. If the injured worker cannot return to the regular job, you will need to consider permanent, available, alternate jobs for which they are qualified.

Physical Demands - Strength Rating

(Dictionary of Occupational Titles)
The physical demand strength rating reflects the estimated overall strength requirements of the job. The strength rating is expressed by one of four terms: sedentary, light, medium, and heavy. In order to determine the overall rating, an evaluation is made of the injured worker's involvement in the following activities:

- A. **STANDING** – Remaining on one's feet in an upright position at a workstation without moving about.
- WALKING** – Moving about on foot.
- SITING** – Remaining in a seated position.

- B. **LIFTING** – Raising or lowering an object from one level to another (includes upward pulling).
- CARRYING** – Transporting an object, usually holding it in the hands or arms or on the shoulder.
- PUSHING** – Exerting force upon an object so that the object moves away from the force (includes slapping, striking, kicking, and treadle actions).
- PULLING** – Exerting force upon an object so that the object moves toward the force (includes jerking).

LIFTING, PUSHING, AND PULLING are evaluated in terms of both intensity and duration. Consideration is given to the weight handled, position of the injured worker's body, and the aid given by helpers or mechanical equipment.

CARRYING most often is evaluated in terms of duration, weight carried, and distance carried.

Estimating the strength rating for an occupation requires evaluating the force and physical effort an injured worker must exert.

- Rare – 1 to 5%
- Occasionally – 6 to 33%
- Frequently – 34 to 66%
- Constantly – 67 to 100%

SEDENTARY WORK – Exerting up to 10 pounds of force occasionally; and/or negligible amount of force frequently or constantly. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are considered sedentary if walking and standing are required only occasionally and all other criteria are met.

LIGHT WORK – Exerting up to 20 pounds of force occasionally; and/or up to 10 pounds of force frequently and/or walk/stand/push/pull of arm/leg controls; and negligible and/or push/pull of arm/leg controls while seated.

Even though the weight lifted may be negligible, a job should be rated light work when the job:

- Requires walking or standing to a significant degree.
- Requires sitting most of the time, but entails pushing/pulling of arm or leg controls.
- Job requires working at a production rate pace entailing constant pushing/pulling of materials.

MEDIUM WORK – Exerting up to 50 pounds of force occasionally; up to 20 pounds of force frequently; up to 10 pounds of force constantly.

HEAVY WORK – Exerting up to 70 pounds of force occasionally; up to 50 pounds frequently; up to 20 pounds of force constantly.

[Click Here for the Physical Requirements Assessment Form](#)

“Tools May Cost Hundreds of Dollars - But They Can Save Thousands”

BACK INJURY

A 31-year-old maintenance mechanic sustained an injury to his back requiring surgery. The injury limited his push/pull (torquing) capacity to 100 pounds.

Work Setting: As a maintenance mechanic, the worker services front loaders at a log and pile-treating yard. The job requires pulling or torquing on wrenches with force exceeding 100 pounds.

Substantial Obstacle: Torquing in excess of 100 pounds.

Modifications: The purchase of a torque multiplier wrench allows the injured worker to exert 400 to 500 pounds of pressure without exceeding 100 pounds input from the injured worker.

Cost of Modification: \$1,130

CARPAL TUNNEL SYNDROME

A 48-year-old nurse sustained a hand injury.

Work Setting: The worker takes patients' blood pressure, which requires using the right hand to squeeze the bulb on a blood-pressure monitor.

Substantial Obstacle: Limited strength in the right hand for squeezing.

Modification: The purchase of an automatic digital blood-pressure monitor/pulse monitor, eliminates the need to squeeze the bulb.

Cost of Modification: \$250

SHOULDER INJURY

A 42-year-old pest control applicator sustained a shoulder injury.

Work Setting: The pest control applicator applies chemicals through the use of a manual rewind hosing system, which requires repetitive cranking.

Substantial Obstacle: Inability to repetitively crank a spray hose off and on a reel.

Modification: The purchase of a power rewind reel.

Cost of Modification: \$800

WRIST INJURY

A 37-year-old bagger operator with a fruit and nut company injured her right wrist, then underwent surgery for carpal tunnel release. The injury resulted in limited use of the right hand for grasping, squeezing, pushing/pulling, and fine manipulation.

Work Setting: The injured worker was unable to return to her previous occupation where she sustained her injury. She returned to work as a receptionist/lab assistant where she is required to fill test tube vials with a solution by means of a manual spring-loaded

syringe. This requires a squeezing motion of the index, middle finger, and thumb or heel of hand.

Substantial Obstacles: Repetitive squeezing of the right hand while using the spring-loaded syringe.

Modification: The purchase of a pipetting machine – a device that automatically pumps the solution into the vials – eliminates the use of the spring-loaded syringe.

Cost of Modification: \$1,320

LOWER BACK INJURY

A 31-year-old cemetery worker sustained an injury to his lower back. The injury resulted in lifting and carrying limits of 50 pounds and an inability to tolerate equipment vibrations.

Work Setting: As a cemetery worker, he spends approximately one-third of his workday opening gravesites using a 90-pound jackhammer.

Substantial Obstacles: Lifting, carrying, and operating a jackhammer which weighs more than 50 pounds. Constant jarring and vibration from manually operated jackhammer.

Modification: The purchase of a pneumatic jackhammer attachment installed on the backhoe.

Cost of Modification: \$2,200



The Role of Managed Care

Managed care is sometimes described as cost containment. A common misconception is that managed care restricts access to providers and reduces care. Managed care is geared toward ensuring quality, appropriate, medical care that is cost efficient. The four managed care components built into the claims management procedures include:

- Designated Medical Provider
- Utilization Review
- Bill Audit
- Fee Schedules

Components of the Managed Care Process

Designated Medical Provider

Employers participating in a Risk Management Program can select a Designated Medical Provider (DMP) to provide medical services to their injured workers. The medical provider gains a solid base of knowledge about the employer's business, which assists the provider in making decisions on return-to-work issues.

Utilization Review

Utilization review is the process of evaluating proposed medical services for efficiency, appropriateness, and medical necessity. Utilization reviewers compare proposed treatment to guidelines and criteria developed by a national panel of physician specialists, which is reviewed and updated annually as necessary. Medical utilization review at the first level of review is performed by registered nurses. If proposed treatment does not meet the guidelines, the nurse refers the case to a physician advisor for further review and consultation with the treating provider.

Utilization Review consists of the following components:

1. **Preservice Review** is the evaluation (by WSI or a managed care vendor) of a proposed medical service for medical necessity, appropriateness, and efficiency prior to the service being performed.
 - Certain treatment procedures require prior authorization. For a complete list, please see our web site at <http://www.workforcesafety.com/library/documents/brochures/utilizationreviewguide.pdf>
 - Requesting prior authorization is the responsibility of the medical provider who provides or prescribes medical treatment, equipment, or supplies requiring prior authorization.
 - The Utilization Review Department makes recommendations based on medical necessity. Final liability and payment

decisions are the responsibility of the claims adjuster handling the claim and bills will be paid per the WSI fee schedule.

- Prior authorization for services must be obtained from the Utilization Review Department at least 24 hours or the next business day in advance of providing certain medical treatment, equipment, or supplies.
- Emergency Medical Services may be provided without prior authorization, but notification is required within 24 hours of, or by the end of the next business day following, initiation of emergency treatment. Reimbursement may be withheld, or recovery of prior payments made, if utilization review does not confirm the medical necessity of emergency medical services. EMERGENCY means a medical condition that manifests itself by symptoms of sufficient severity, which may include severe pain, to cause a prudent layperson possessing an average knowledge of health and medicine to reasonably conclude that immediate medical treatment is required to avoid serious impairment of a bodily function, or serious dysfunction of any body part, or jeopardizing the person's life.

2. **Concurrent Review** is the monitoring (by WSI or managed care vendor) of the injured worker's condition, treatments, or procedures for medical necessity and appropriateness, throughout the period of time in which medical services are being provided. For inpatient hospital stays, concurrent review is required when the length of stay exceeds 14 days.

3. **Retrospective Review** is a review (by WSI or managed care vendor) of a medical service for medical necessity, appropriateness, and efficiency after treatment has occurred. Retrospective review is limited to those situations when the provider can show that the injured worker did not inform the provider, and the provider did not, in fact, know that the condition was, or likely would be, covered under workers' compensation.

4. **Appeal or Second-Level Review** is another review of a service that was initially found to be not medically necessary. Appeals must be requested within 30 days of the original review determination.

The Utilization Review Department can be contacted at (701) 328-5990 or 1-888-777-5871.

Bill Audit

Substantial savings can be realized with the use of bill audit services. These services identify the invalid medical charges of hospitals, physicians, and other medical providers. Workers' compensation is not required to pay invalid charges.

Types of invalid charges:

- **Excessive** - A charge that exceeds statutory-prescribed fee schedules or customary fees.
- **Upcoded** - A charge for a procedure that has been misrepresented as a more expensive procedure.
- **Unbundled** - One procedure or a series of procedures that have been divided up for billing purposes into smaller units so the total cost of the units exceeds what should have been charged.
- **Overutilization** - A charge for a service that has been rendered more times than necessary.
- **Noncompensable** - A charge for a service that is not covered under workers' compensation (such as a non-occupational injury being charged as a workers' compensation injury).

Fee Schedules

A fee schedule is a list that establishes the recommended maximum level of reimbursement for medical services. A fee schedule usually has two parts: a relative value scale and a monetary conversion factor. Some fee schedules may list actual dollar amounts. Many workers' compensation fee schedules also establish guidelines for the payment of services. The guidelines may include limitations on the number of units of service, restrictions on the frequency of service, requirements of treatment plans, and requirements for referrals.



Questionable/Fraudulent Claims

Questionable Claims Indicators

There are often indicators that a claim is questionable or fraudulent. The presence of one of the following red flags does not necessarily mean that the claim is fraudulent, but it does indicate that further investigation may be necessary:

- Information that suggests the injured worker was injured off the worksite, such as in a car accident or at home.
- The claim was filed after a negative personnel action.
- The claim was filed near the time of an anticipated layoff.
- The injury was reported on the day before or after a vacation or on Monday.
- The claim fits a pattern of claiming injuries during planting time, harvesting time, or fishing or hunting season.
- The provider's medical evaluation does not agree with the injured worker's complaints.
- There is evidence that the injured worker may be earning income that would offset workers' compensation benefits (for example, the injured worker receives a pay level that would make him or her ineligible for full disability compensation benefits).
- The injury is taking longer to heal than indicated by medical guidelines.
- The injured worker brags to co-workers that he or she is "gaming the system."
- The injured worker is known to be involved in activities outside of work that require equal or greater physical capacity than the job from which the injured worker is disabled.
- The injured worker is known to be involved in self-employment work.
- It is difficult to contact the injured worker during regular business hours.

Preventing Questionable Claims

To help prevent questionable or fraudulent claims, it is important to implement and follow the elements of a Safety Management Program carefully and consistently, both before and after an injury. It is especially important to follow the loss control procedures and apply them when a claim occurs. Some other steps to consider are:

- When hiring, perform reference checks and criminal background checks (must conform to Equal Employment Opportunity – EEO guidelines).
- Inform all new workers of your claims management policy. Workers who understand their rights and responsibilities are less likely to file a fraudulent claim.
- Offer programs that demonstrate the company's concern for worker's mental health as well as physical health. Such programs might include

an Employee Assistance Program (EAP).

- Deal with discipline problems as they arise and avoid labeling workers as "problem workers."
- Do not trivialize any injury or put the injured worker down after an injury.
- Assure the injured worker that they will receive prompt attention.
- Tell your claims adjuster immediately if you have any questions or suspicions about a claim. Be sure to relay any helpful information you might have.
- Gather written statements from anyone who has information about a claim.
- Guide the injured worker to a Designated Medical Provider, if possible. This way, the injured worker's care is rendered and managed according to your specifications.
- Make sure that the Return-to-Work services provider carefully reviews all treatment plans.

Our Special Investigations Unit

WSI's Special Investigations Unit (SIU) provides WSI's Claims, Employer Services, and Medical Services departments with investigation resources for claims adjudication, employer and medical provider non-compliance, and fraud. The majority of the investigations that are conducted involve non-fraud fact-finding that assists the Claims and Employer Services staff in making decisions about claim and premium issues.

The SIU is managed by a staff attorney and staffed by two paralegals and an investigator. Much of the interviewing and surveillance conducted during investigations is performed by a pool of licensed private investigators under contract with the SIU who are located in various places throughout the state.

The SIU prepares the agency's fraud cases against an offender very carefully to ensure a fair and just outcome. If a person has committed workers' compensation fraud, they may face fines and premium penalties; they may have to repay benefits; they may have their benefits terminated; and they may face criminal charges.

The success of detecting workers' compensation fraud depends on everyone reporting questionable or suspicious activities. There are several ways to report suspected fraud:

- Call WSI toll free at 1-800-777-5033
- Call our Fraud Hotline at 1-800-243-3331
- Report online, under the fraud section, at www.workforcesafety.com
- Download and complete a Fraud Report form from our website and mail it to:
Special Investigations Unit | PO Box 5599
Bismarck ND 58506-5599

SIU receives many tips from different sources. All information will be reviewed, and may result in an investigation. Information will remain anonymous upon request.

Common Elements of Workers' Compensation Law

Although laws vary from state to state, workers' compensation laws attempt to cover these basic objectives:

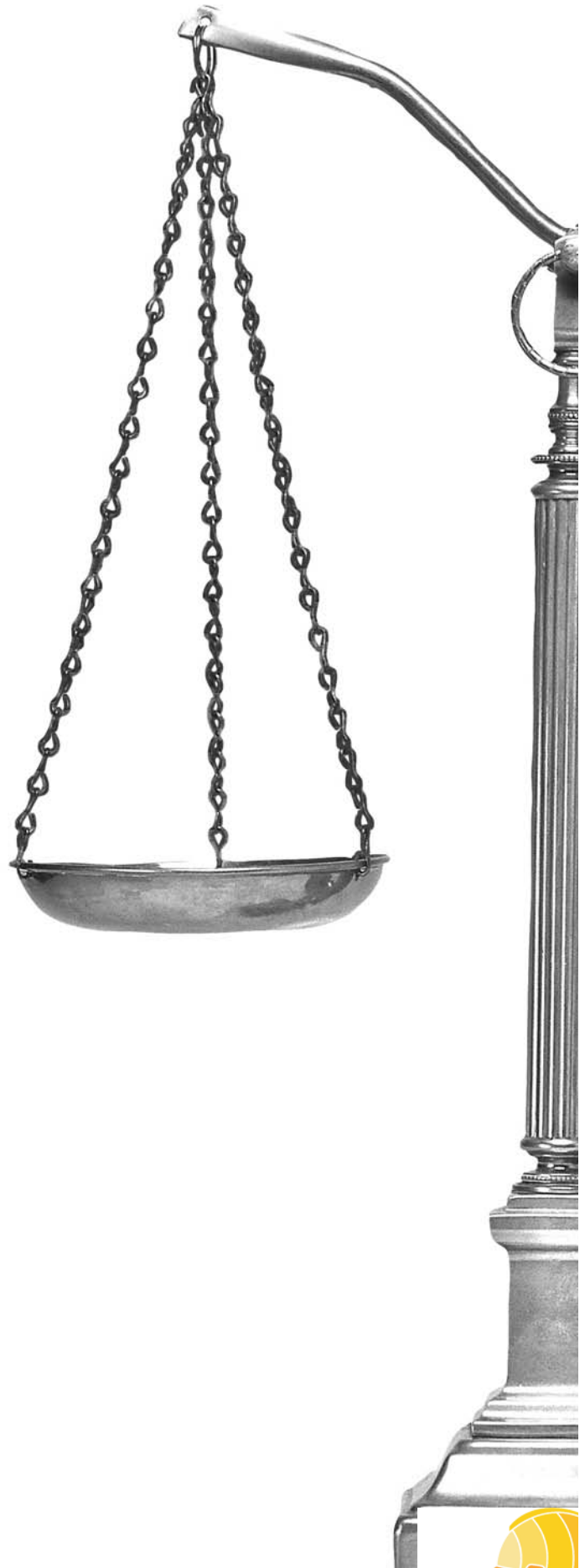
- Provide medically necessary treatment and rehabilitation to alleviate the effects of a work-related injury or illness.
- Provide prompt payment of disability benefits.
- Relieve public and private charities of financial burden resulting from uncompensated job-related accidents.
- Encourage maximum employer interest in safety and rehabilitation.
- Promote an in-depth study of accidents, rather than concealment of the cause, and use the information to prevent future accidents and human suffering.

Fundamentally, state laws have achieved desired results. However, most state assemblies consistently consider workers' compensation legislative reform to encourage more effective management of the process while continuing to support the basic principles of appropriate medical care and wage replacement for the injured worker.

More information on state workers' compensation laws is available in a publication entitled "Analysis of Workers' Compensation Laws." This synopsis is updated annually, and copies may be obtained from the U.S. Chamber of Commerce at:

U.S. Chamber of Commerce
Business Information & Development
1615 H Street NW
Washington, DC 20062-2000

You may also order copies by calling 1-800-638-6582 or by visiting their website <http://www.uschamber.com/reports/analysis-workers-compensation-laws>.



Decision Review Office

The Mission of the Decision Review Office

To provide personal and timely independent dispute resolution services and education to North Dakota workers.

The Purpose of the Decision Review Office

The Decision Review Office (DRO) provides assistance to workers questioning decisions made on a claim. Enacted by the North Dakota Legislature, the office seeks to assist workers with claims issues in a fast, fair, and independent manner. DRO is independent of the claims department of Workforce Safety and Insurance (WSI) and services are provided at no cost.

How the Program Works

An injured worker typically contacts DRO to:

- Request assistance with an administrative order
- Ask questions regarding a notice of decision
- Ask general questions regarding a claim

An injured worker may also contact DRO when:

- A vocational case manager's report (return-to-work plan) has been completed
- A decision to accept or deny a claim has not been made in a timely manner

Workers are not required to request assistance from DRO following receipt of an administrative order; however, after completing the DRO process, WSI will pay for a consultation of up to \$500.00 if the worker wishes to meet with an attorney. If the worker appeals the order further, and wins the case in whole or in part at the final point of appeal, WSI will also pay attorney fees up to established caps.

The program goals are as follows:

- Provide help and support for injured workers filing injury claims and receiving WSI decisions.
- Act on behalf of injured workers disputing WSI decisions, presenting issues and concerns to WSI, and identifying factors that may justify reconsideration of claims decisions.
- Provide a mechanism for speedy dispute resolution, offering injured workers a no-cost alternative to litigation and identifying potential alternatives to resolve disputes.
- Improve services to injured workers by facilitating communication.
- Provide an independent review of WSI decisions and an explanation of those decisions.

To request assistance regarding an administrative order, a worker must send a written request to the office within 30 days of the mailing date of the order. A good faith effort to resolve the dispute is required to successfully complete the process. At the end of the process, the worker will receive a letter from DRO explaining the results of the review and a certificate of completion explaining how to further appeal the order if the worker remains unsatisfied. A hearing request must be made within 30 days from the

mailing date of the certificate of completion.

The Decision Review Office may be contacted at:

Decision Review Office
Workforce Safety & Insurance
1611 East Century Avenue, Suite 402
Bismarck ND 58506-0780
Phone: (701) 328-9900 or 1-800-701-4932
Fax: (701) 328-9911
Email: wsidro@nd.gov



Section 10

Forms & Templates

WSI

North Dakota Workforce
Safety & Insurance





CAPABILITY ASSESSMENT
CLAIMS DIVISION
SFN 58550 (10/2015)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

Please type or print using black or blue ink. Return the completed and signed form to WSI immediately.

SECTION 1 – General information - completion of this section is required					
Claim number	Worker's (First name)	(Last name)	Social Security number*	Date of birth	
Worker's mailing address (Street address, PO Box number)					
City	State	ZIP Code	Worker's telephone number		
Date of injury	Employer's name		Employer's telephone number		
SECTION 2 – Medical assessment					
Diagnosis code/ICD-10 code	Date of visit	Body part(s) injured	Purpose of visit <input type="checkbox"/> Initial evaluation <input type="checkbox"/> Re-check <input type="checkbox"/> Discharge		
Before this injury, did the worker have any problems, injuries, or treatment to the injured body part? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Injured worker is released to work with <input type="checkbox"/> No restrictions <input type="checkbox"/> With the restrictions indicated in Section 3					
SECTION 3 – Doctor's estimate of physical capabilities – restrictions ordered are in effect for home and/or work activity					
Physical capabilities (Related to work injury)	Not Recommended	Seldom 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb (Ladders/Stairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat/Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach (Left, Right, Both)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work above shoulders (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasp (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine manipulation (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate foot controls (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Pushing	Not Recommended	Seldom	Occasional	Frequent	Constant
Lift (L, R, B)	lbs	lbs	lbs	lbs	lbs
Carry (L, R, B)	lbs	lbs	lbs	lbs	lbs
Push/Pull	lbs	lbs	lbs	lbs	lbs
Restrictions are in effect until					
Other instructions and/or limitations					
Restrictions based upon <input type="checkbox"/> Workability <input type="checkbox"/> Functional capacity assessment <input type="checkbox"/> Physical exam					
SECTION 4 – Follow-up plan					
<input type="checkbox"/> Next visit with this provider		<input type="checkbox"/> Consult/referral		<input type="checkbox"/> Medication prescribed	
Has function increased due to opioid therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION 5 – Maximum medical improvement (MMI) – Permanent partial impairment (PPI)					
Has the injured worker reached MMI? <input type="checkbox"/> Yes <input type="checkbox"/> No Date					
If yes, is it likely that the PPI will be greater than 14% whole body? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
SECTION 6 – Release of information/fraud warning/signature					
By signing this form I acknowledge that I have read the fraud warning and release of information on the reverse side of this form. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize the release of information and agree that statements in this form are true and accurate.					
Physician's signature		Facility		Telephone number	
Injured worker's signature		Date signed		C3	

* In compliance with the Federal Privacy Act of 1974, disclosure of the Social Security number on this form is mandatory pursuant to N.D.C.C. § 65-05-02. The Social Security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

Important Notes

Complete a C3 form whenever restrictions are needed for return to work. For subsequent visits, a C3 form should be completed when there are meaningful changes in restrictions. This information will assist employers in determining appropriate accommodations. Keeping a worker on the job in transitional duty reduces the worker's likelihood of long-term disability. Please return the original form to WSI, provide a copy for the injured worker to give to their employer, and retain a copy for your records.

Completion of the C3 is not a substitute for chart notes. Notes (e.g., SOAP format) are needed for continued management of the claim as well as for payment of services. All medical documentation, including the new C3 forms, should continue to be faxed to 1-888-786-8695 or 1-701-328-3820.

Completing the C3 Form

General Information Section

- It is imperative providers indicate the injured worker's claim number on the C3 form. A claim number can be obtained by visiting www.WorkforceSafety.com (Click on "Find a claim number"). If a claim has not been filed, the injured worker must complete a First Report of Injury. The C3 form cannot be used to file a claim.

Work Activity Section

- It is only necessary to indicate the applicable physical demands that must be restricted. Those left blank will be considered as unrestricted.
- Restrictions established are applicable 24 hours a day and not just at work.
- Writing "See Chart Notes" on the C3 form is not appropriate because chart notes typically arrive later in the claim file than the C3 and are not immediately available to employers.

MMI Section

- This information helps WSI assess eligibility for benefits.
- Maximum medical improvement (MMI) refers to a treatment plateau in a person's healing process. It can mean the injured worker has fully recovered from the injury or the medical condition has stabilized to the point that no major medical improvement can be expected.
- Providers are requested to provide an opinion regarding permanent partial impairment (PPI) versus actually determining the degree or extent of impairment according to a rating schedule.

Fraud Warning for Filing False Claims

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with the Fund, including injured workers, employers, medical providers, and attorneys.



SECTION 1 - Completion of this section is required			
Claim number	Worker's (First name)	(Last name)	Social Security number*
Date of birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Worker's telephone number
Worker's physical address (Street address)			
City		State	ZIP code
Worker's mailing address, if different than physical address (Street address, PO Box number)			
City		State	ZIP code
Date of injury	Time of injury <input type="checkbox"/> AM <input type="checkbox"/> PM	Nature of injury or illness (broken left leg, carpal tunnel left wrist, etc.)	
Body parts injured (Example: 2 nd /middle finger, shoulder, ankle, etc.)			<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> NA
How did accident happen?			
Has this claim been filed in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state?			
Where did accident happen? (City)		(County)	(State)
Treating doctor's name			Date of first treatment <input type="checkbox"/> NA
Clinic/hospital name (If you have received treatment in more than one location, please provide the name of clinic/hospital, treating doctor(s), address and telephone number of all locations on page two or separate sheet of paper.)			
Clinic/hospital mailing address (Street address, PO Box number)			Clinic/hospital telephone number
City		State	ZIP Code
Employer's name			Employer's telephone number
Employer's mailing address		City	State ZIP code
What is the worker's job?		Date hired (Month) (Year)	Last day worked in ND prior to injury
SECTION 2 – Worker completion			
Date employer notified	Person you notified	Before this injury, have you had any problems, injuries, or treatment to the injured body parts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you missed or will you miss 5 or more consecutive days of work due to the injury? OR Has a doctor taken you off work for 5 or more consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Witness to the injury (First name)		(Last name)	Telephone number
SECTION 3 – Release of information/fraud warning/signature			
Release of information			
I understand and agree that North Dakota law determines all my rights and obligations to and from WSI. I authorize any medical provider or facility, any insurance company, including workers' compensation relating to work injuries, any law enforcement or military agency, any government benefit agency including the Social Security Administration, and any educational agency or institution to release to WSI, its agents and attorneys, any and all information or records, including all prior records as well as those pertaining to mental health, alcohol, or drug abuse, and HIV/AIDS/AIDS-related illness. I authorize healthcare providers to respond to WSI regarding my injury, including request for conclusions and opinions not otherwise contained within existing medical records. (Continued on page 2)			

First Report of Injury continued on page 2. Submit **both** pages to WSI.

FIRST REPORT OF INJURY (cont'd)

Page 2 of 2

Claim number	Worker's (First name)	(Last name)
--------------	-----------------------	-------------

In addition, I authorize any education agency or institution to release to WSI any and all "educational records" as defined by 20 U.S.S 21 Sec. 1232g. This authorization continues while I have any claim open or pending before WSI. WSI is exempt from HIPAA regulations. I authorize WSI to release any information or records about my claim to third parties or their insurers for the purpose of resolving claims against third parties. I authorize the release of any medical information related to my claim to my employer.

Fraud warning

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with WSI, including injured workers, employers, medical providers, and attorneys.

Signature

By signing this form, I acknowledge that I have read and understand the release of information and fraud warning. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize the release of information and agree that statements in this form are true and accurate.

Worker's signature**Date signed**

In addition to myself, I authorize WSI to release information on my claim to (please print)

First name

Last name

Relationship

SECTION 4 - Employer completion

Employer's account number	Rate class	Is worker a corporate officer, owner, or family member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's name	Mailing address (Street address, PO Box number)	
City	State	ZIP code
Has the worker missed or will they miss 5 or more consecutive days of work due to the injury? OR Has a doctor taken the worker off work for 5 or more consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date employer notified	Person notified	Before this injury, are you aware of the worker having any problems, injuries, or treatment to the injured body part? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you have a Designated Medical Provider (DMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the worker add another medical provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which provider?	Do you question this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in section 5.
Employer's signature	Title	Date signed

SECTION 5 - Additional information or comments

* In compliance with the Federal Privacy Act of 1974, disclosure of the Social Security number on this form is mandatory pursuant to N.D.C.C. § 65-05-02. The Social Security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

To report an instance of fraud, contact the ND Fraud and Safety Hotline at 800-243-3331.



DESIGNATED MEDICAL PROVIDER SELECTION
 EMPLOYER SERVICES /
 PHS DIVISION
 SFN 58225 (06/2016)

1600 E Century Ave, Ste 1
 PO Box 5585
 Bismarck ND 58506-5585
Telephone 800-777-5033
 Toll Free Fax 888-786-8695
 TTY (hearing impaired) 800-366-6888
 Fraud and Safety Hotline 800-243-3331
 www.workforcesafety.com

Please complete and return a separate form for each business location.

SECTION 1 – Employer information					
Date	Employer account number	Business/legal name			
Name of contact person	Title of contact person	Employer contact telephone number			
Email address					
Business location address					
City	State	ZIP code			
SECTION 2 – Designated medical provider (DMP)					
The DMP may be individual providers, clinics, and/or hospitals. Provider types may include medical doctors, chiropractors, osteopaths, dentists, optometrists, or any combination. The employer may select more than one DMP. The DMP selection does not apply to emergency care.					
Please indicate below if the DMP has been notified. If not, WSI will not recognize your selection(s).					
The designated medical provider(s) for the above location are;					
Name	Address	City	State	Telephone number	DMP notified
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have additional DMP's, please attach additional pages as needed.					
SECTION 3 – Signature					
Employers must:					
<ul style="list-style-type: none"> • Renew the DMP selection annually. • Notify the provider(s), in writing, that they have been selected as their DMP. • Notify their employees, in writing, of the DMP selection and their options. 					
Employees have the right to add additional medical provider(s) to the above list (referred to as opting out).					
Employees must notify the employer of their additional medical provider(s) or opting out prior to an injury.					
If an employee opts out, he/she should retain a copy of page 2 of this form.					
By signing this document I agree to the terms and conditions stated above.					
Employer's signature					Date

Click Here
for the
Online Form

P18



Designated Medical Provider Selection Form

Do not return this form to WSI. This form should be kept by the employer and a copy given to the employee for their records. DMP selection should be reviewed annually. WSI may not pay for medical treatment by another provider unless a DMP refers the employee or the employee lists the provider below. Emergency care is exempt from the DMP requirement.

The designated medical provider(s) for _____ (employer's name) are

Name	Address	City	State	Telephone number

I have been informed of my employer's DMP program

Employee's signature	Employee's name (please print)	Date

I wish to add the following designated medical provider(s) to seek treatment from in the event of a workplace injury or illness

Provider's name	Provider's address	
City	State	ZIP code
Provider's name	Provider's address	
City	State	ZIP code
Provider's name	Provider's address	
City	State	ZIP code

I have added the above designated medical provider(s)

Employee's signature	Employee's name (please print)	Date



**REQUEST FOR
TRANSITIONAL JOB
OFFER**
CLAIMS DIVISION
SFN 58355 (09/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

Claim Number	Employee Name	Date
Employer Name	Department	
Address		
Physician		

The physician, named above, has released you to return to work with the following restrictions
We would like you to return to work effective
Your duties will include

We have work available _____ Days per week, _____ Hours per day, _____
and the rate of pay will be _____

Your medical provider has indicated that they believe this position is physically appropriate for you at this time. The restrictions, as recommended by your physician, were reviewed and it is understood that you are to perform only duties within the guidelines and you will obtain assistance as needed for duties not within these recommendations.

You understand that you may be reassigned to another department if duties are not found within the doctor's recommendations. You also understand that you are to notify your immediate supervisor if you are experiencing any problems in the performance of any duties within your restrictions, and your supervisor will contact the Safety Director. You are responsible for notifying your supervisor of any time off or modifications to your work schedule. If you are working in any other department, you will inform the immediate supervisor of that department of modifications to your work schedule. **We are obligated to inform injured employees that failure to accept a modified work position that is approved by a medical provider may result in termination of wage loss benefits.**

Please return this form to your employer by _____ indicating whether you will be returning to work.
 I accept the position
 I do not accept the position

Employee Signature	Date
Safety Director Signature	Date

If you do not respond within the time indicated above, it means that you agree that the job outlined above is appropriate, but you do not wish to accept the job and you are terminating your employment with us.

C165

Date

Name of Provider
Address

Dear _____:

Here at (Company Name) we have implemented a Return-to-Work/Designated Medical Provider Program. In our Return-to work program we are designating a medical provider (DMP) or group of providers to render medical treatment to employees who sustain compensable injuries.

This letter is to inform you that we have selected you as our designated medical provider. As our DMP, you will become an important member of our claims management team and hopefully share in our claims management goals.

We request that you will be willing to communicate with all members of the claims management team in providing detailed information (e.g., diagnosis, prognosis, treatment plan) during the initial visit, and any visits thereafter. We entrust that you will provide us with your expert medical opinion and allow us to make employment decisions based on your reports.

Please review, sign and mail back the attached provider agreement form. We are pleased to have you as our DMP and look forward to working with you. If you have any questions or concerns, please feel free to contact us. Our contact person will be Johnny Safety at 000-000-0000.

Sincerely,

Susie Safety, CEO

Designated Medical Provider Agreement

This agreement is made and entered into effect this _____ of _____ 20XX, by (Employer Name) and (Provider Name).

(Employer Name) has selected (Provider Name) to be their designated medical provider.

The Role of the Designated Medical Provider is to:

- Acquire knowledge of the employer's business operations and job functions
- Have a contact person identified for the employer
- Provide prompt and appropriate care to injured workers
- Evaluate the injury and develop treatment plans including using the job as part of the recovery process
- Establish functional capabilities
- Provide completed reports promptly. Note: For each medical appointment a [Capability Assessment form \(C3\)](#) or Workability Assessment form should be completed
- Establish and maintain communication with the injured worker, employer, and Workforce Safety & Insurance
- Share in the employer's goal of keeping the injured worker at work, while making sure abilities match job functions
- Maintain responsibility for the direction of medical management including referral to specialists

Employer Name: _____

By: (Signature) : _____

Printed Name: _____

Title: _____

Date: _____

Provider Name: _____

By: (Signature): _____

Printed Name: _____

Title: _____

Date: _____

Pre-Injury Planning Checklist

	Yes	No
Has an individual been identified within your company as being responsible for administering the claims management procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Do you attend seminars to keep up with changes in the law?	<input type="checkbox"/>	<input type="checkbox"/>
Has your company joined a state organization that supports employer issues related to the local business climate, including issues related to workers' compensation legislative reform?	<input type="checkbox"/>	<input type="checkbox"/>
Is your safety policy posted on your workers' bulletin board?	<input type="checkbox"/>	<input type="checkbox"/>
Does your new worker orientation include a general overview of workers' compensation benefits to which injured workers are entitled by law?	<input type="checkbox"/>	<input type="checkbox"/>
During your new worker orientation, is each individual told that if an injury occurs, the company will provide appropriate benefits without the need of outside assistance and provide transitional work or job accommodation, if possible?	<input type="checkbox"/>	<input type="checkbox"/>
Have you performed a job analysis and prepared job descriptions for all job categories?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have written transitional work or job accommodation guidelines so injured workers can be assigned tasks consistent with medical restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
Has your company made arrangements with a local designated medical provider for treatment referrals?	<input type="checkbox"/>	<input type="checkbox"/>

[\(Click here to return to page 12\)](#)

Post-Injury Planning Checklist

	Yes	No
When an injured worker requires medical care, does a management representative from your company go along with the injured worker? <i>Note: While you do not necessarily have the right to be present in the examining room during the injured worker's exam, you benefit by going along because you will better understand any work restrictions recommended by the doctor - which enables you to provide a safe return-to-work for your worker.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are injuries reported to the claims adjuster within 24 hours after you are notified of the injury?	<input type="checkbox"/>	<input type="checkbox"/>
If an injury occurs, is the injured worker reminded of the company's commitment to provide the benefits to which the injured worker is entitled and to offer transitional work (where circumstances allow) until maximum medical improvement (MMI) is achieved?	<input type="checkbox"/>	<input type="checkbox"/>
Has an arrangement with the claims adjuster been established to highlight when maximum medical improvement (MMI) has been reached so appropriate, prompt action can be taken to close the claim?	<input type="checkbox"/>	<input type="checkbox"/>
Have you made arrangements with the claims adjuster to investigate claims when you suspect fraud?	<input type="checkbox"/>	<input type="checkbox"/>
Have you made arrangements with your claims adjuster for coordinating surveillance when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Do you avoid creating an "us against them" feeling when dealing with injured workers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you visit injured workers in the hospital or at home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you contact family members to show concern and interest?	<input type="checkbox"/>	<input type="checkbox"/>
Are your workers aware of your designated medical provider(s)?	<input type="checkbox"/>	<input type="checkbox"/>
When the injured worker returns to transitional work, do you obtain a medical provider's written release?	<input type="checkbox"/>	<input type="checkbox"/>
Is the immediate supervisor of the injured worker aware of any physical limitations / medical restrictions the medical provider may have imposed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the immediate supervisor of the injured worker monitoring the injured workers activities to ensure that the injured worker is working within his or her capabilities?	<input type="checkbox"/>	<input type="checkbox"/>

[\(Click here to return to page 17\)](#)

Physical Requirements Assessment

Job Title: _____ Work Schedule: _____

Job Summary: _____

Not Performed **(NP)**, Rare **(R)** = 1 – 5%, Occasionally **(O)**, = 6 – 33%,
 Frequently **(F)** = 34 – 66%, Constantly **(C)** = 67 – 100%
Note: Frequencies are based on an 8 hour workday.

1. Employee may be required to sit _____.

2. Employee may be required to stand _____.

3. Employee may be required to walk _____.

4. Employee may be required to lift/carry:

- a. 0-10 lbs NP R O F C
- b. 11-20 lbs NP R O F C
- c. 21-50 lbs NP R O F C
- d. 51-100 lbs NP R O F C
- e. Over 100 lbs NP R O F C

5. Employee must be able to lift overhead:

- a. 0-10 lbs NP R O F C
- b. 11-20 lbs NP R O F C
- c. 21-50 lbs NP R O F C
- d. 51-100 lbs NP R O F C
- e. Over 100 lbs NP R O F C

6. Employee must be able to:

- a. Bend NP R O F C
- b. Crawl NP R O F C
- c. Climb NP R O F C
- d. Kneel NP R O F C
- e. Squat NP R O F C
- f. Reach above head NP R O F C
- g. Work at heights NP R O F C
- h. Drive a vehicle NP R O F C

7. Employee must be able to:

- a. Bend NP R O F C
- b. Crawl NP R O F C
- c. Climb NP R O F C
- d. Kneel NP R O F C

8. Environmental Considerations: (hot/cold temps, vibration, chemical exposure, noise exposure).

9. Equipment: (tools, machinery, equipment)

Additional Comments:

(Click here to return to page 21)

FUNCTIONAL JOB DESCRIPTION PAGE 1 OF 2

Job Category	Department	# Hours/Work Day
Developed By	Managers Signature	Date Developed

JOB SUMMARY

Check appropriate box for each of the following items to best describe the extent of the specific activity performed by the employee(s) in this position.

PHYSICAL DEMANDS

On-the-job time is spent in the following physical activities. Show the amount of time by checking the appropriate boxes below.

	AMOUNT OF TIME			
	None	Up to 1/3	1/3 to 1/2	2/3 & more
Stand				
Walk				
Sit				
Climbing Stairs				
Climbing Ladders				
Balancing				
Talk or Hear				
Use hands to finger, handle or feel				
Push/Pull				
Stoop, Kneel, Crouch or Crawl				
Reach with Hands and Arms				
Taste or Smell				

This job requires that weight be lifted or force be exerted. Show how much and how often by checking the appropriate boxes below.

	AMOUNT OF TIME			
	None	Up to 1/3	1/3 to 1/2	2/3 & more
Lifting up to 10 lbs.				
Lifting up to 25 lbs.				
Lifting up to 50 lbs.				
Lifting up to 100 lbs.				
Lifting more than 100 lbs.				
Carrying up to 10 lbs.				
Carrying up to 25 lbs.				
Carrying up to 50 lbs.				
Carrying up to 100 lbs.				
Carrying more than 100 lbs.				

This job requires that weight be carried. Show how far by inserting the distance in the appropriate boxes below.

CARRYING DISTANCE MEASURED IN FEET	
Maximum distance required to carry 10 lbs.	
Maximum distance required to carry 25 lbs.	
Maximum distance required to carry 50 lbs.	
Maximum distance required to carry 100 lbs.	
Maximum distance required to carry more than 100 lbs.	

This job has special vision requirements. Check all that apply.

- Close Vision (clear vision at 20 inches or less)
- Distance Vision (clear vision at 20 feet or more)
- Color Vision (ability to identify and distinguish colors)
- Peripheral Vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- Depth Perception (three-dimensional vision; ability to judge distances and spatial relationships)
- Ability to Adjust Focus (ability to adjust eye to bring an object into sharp focus)
- No Special Vision Requirements

Specific Demands not listed: _____

Note: Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position.

Job Category	Department	Date Developed
--------------	------------	----------------

WORK ENVIROMENT

This job requires exposure to the following environmental conditions. Show the amount of time by checking the appropriate boxes below.

	AMOUNT OF TIME			
	None	Up to 1/3	1/3 to 1/2	2/3 & more
Wet, humid conditions (non-weather):				
Work near moving mechanical parts:				
Fumes or airborne particles:				
Toxic or caustic chemicals:				
Outdoor weather conditions:				
Extreme cold (non-weather):				
Extreme heat (non-weather):				
Risk of electrical shock:				
Work with explosives:				
Risk of radiation:				
Vibration:				

The typical noise level for the work environment is:
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Very Quiet | <input type="checkbox"/> Loud Noise |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Very Loud Noise |
| <input type="checkbox"/> Moderate Noise | |

Hearing:

- Ability to hear alarms on equipment
- Ability to hear fellow employees
- Ability to hear instructions from supervisory staff

REPETITIVE MOTION ACTIONS

This job requires repetitive motions be performed. Show the how much and what body part(s) by checking the appropriate boxes below.

	NUMBER OF HOURS				
	0	1-2	3-4	5-6	7+
Repetitive use of foot control					
A. Right only					
B. Left Only					
C. Both					
Repetitive use of hands					
A. Right only					
B. Left Only					
C. Both					
Grasping: simple/light					
A. Right only					
B. Left Only					
C. Both					
Grasping: firm/heavy					
A. Right only					
B. Left Only					
C. Both					
Fine Dexterity					
A. Right only					
B. Left Only					