

Title	Description
Policy Name:	Physician's Report of Work Ability
Policy Number:	BRM-2017-10
Code/Rule Reference:	OAC 4123-6-20
Effective Date:	10/1/2017
Supersedes:	All medical policies, directives, and memos return to work that predate the effective date of this policy.
History:	Rev. 10/1/2017, Republished 4/1/2024
Review date:	10/1/2026

I. POLICY PURPOSE

Early and successful return to work benefits everyone. The cost of any disability goes far beyond the measurable cost for medical care and compensation payments. Injured workers may encounter loss of self-esteem; depression; secondary symptoms; and/or a complete change in their lifestyle. Most injured workers return to work without any assistance, but some injured workers require additional medical care resulting in longer recovery and time away from work. Some require intensive return to work and vocational services to return to productive employment. It is the MCO and BWC's responsibility to recognize these differences and plan the best course for the individual worker. This policy clarifies the physician's responsibility to submit the appropriate forms and information that would determine an injured worker's return to work information, as well as the programs and services offered to assist managing the return to work.

II. APPLICABILITY

This policy applies to all actions related to the request, approval, and reimbursement of medical fees for services requiring additional allowances to providers within the Ohio workers' compensation system.

III. DEFINITIONS

Not applicable.

IV. POLICY

- A. The [Official Disability Guidelines](#) data assists the MCO and BWC in working with the employer, injured worker, and physician to set expectations for return to work.
1. The BWC certified provider must understand the basis and goals of the return-to-work strategy and the [Official Disability Guidelines](#) to help set return to work expectations of the injured worker.
 2. In addition, the provider has to manage treatment with the anticipated return to work date in mind and release the injured worker to work (with restrictions, if necessary) as soon as medically feasible.
- B. **Programs:**
1. Remain at Work - Remain at work services are available for the injured worker who has experienced a work-related injury but remains at work. These services assist the worker to deal with difficulties in remaining at work by providing early intervention to minimize the number of days an employee is off work due to an injury.
 2. 30-Day Return to Work Assessments – The MCO manages each claim with the goal of an anticipated return-to-work date. If an injured worker has not returned to work within thirty (30) days after benchmark as outlined in the [Official Disability Guidelines](#), BWC shall become directly involved in reviewing the case. BWC and MCO staff shall work together to ensure the injured worker is on a successful path toward a safe return to work. The goal is to make it easier for injured workers to take advantage of return-to-work interventions.
 3. Transitional Work
 - a. Transitional work helps businesses offer the injured worker strategies to return the injured worker to work as soon as safely possible and before the injured worker is 100% recovered. The service uses real job-related tasks to accommodate the injured worker's medical restrictions for an agreed upon, specified time period and gradually return the injured worker to his or her original duties.
 - b. Transitional work services may include strategies such as purchasing tools and equipment, modifying the work area, adjusting job tasks, or allowing employees to work part-time. The employer can help by opening the channels of communication among the injured worker, the doctor, the employee's immediate supervisor, BWC, and their MCO. This increases the

odds the injured worker shall stay connected to the job and recover more quickly.

4. Vocational Rehabilitation - If a return to work to the same job at the original employer is not possible, vocational rehabilitation services are an excellent tool to help an injured worker identify skills and abilities to secure a new job with the original or another employer. Training programs and employer incentives are also possible to assist with return to work.

C. Physician's Report of Work Ability (MEDCO-14) (PDF)

1. Purpose
 - a. The [MEDCO-14 \(PDF\)](#) is a tool to manage an injured worker's lost time claim and assist the injured worker to return to work.
 - b. The [MEDCO-14 \(PDF\)](#) allows the physician to document a complete summary of the injured worker's disability status and provides relevant information enabling the MCO case manager, BWC claims team, and the employer to understand the injured worker's:
 - i. Progress from disability to work ability;
 - ii. Ability or inability to perform any work;
 - iii. Capabilities and restrictions, if applicable;
 - iv. Barriers and reasons for delay in the injured worker's ability to return to the injured worker's current job; and/or
 - v. Plan of treatment and vocational issues that need to be addressed to help the injured worker in returning to work.
 - c. The MCO, BWC, and the self-insured employer use the information to determine if action steps may be taken to remove barriers and/or delays to return the injured worker to work. If an injured worker has not been released to the injured worker's former position of employment without restrictions, the information will assist in determining whether the injured worker is entitled to an indemnity benefit.
2. Requirements
 - a. It is a **requirement** that the [MEDCO-14 \(PDF\)](#) be completed by the treating physician, when an injured worker's status is evaluated or re-evaluated by the physician and one of the following apply:
 - i. The injured worker is temporarily not released to any work, including the former position of employment;
 - ii. The injured worker is not released to the former position of employment, but may return to available and appropriate work with restrictions; or

- iii. The injured worker has previously not been released to any work or has been placed under work restrictions and is now being released to full-duty work without restrictions.
 - b. If two physicians are treating an injured worker concurrently, both physicians treating the injured worker are required to complete and submit the [MEDCO-14 \(PDF\)](#), unless the form submission exceptions are met.
 - c. It is **not a requirement** that the treating physician complete the [MEDCO-14 \(PDF\)](#) when an injured worker's status is evaluated or re-evaluated by the physician and one of the following apply:
 - i. The injured worker has been awarded permanent total disability; or
 - ii. The injured worker has returned to work without restrictions within seven (7) days of the injury; or
 - iii. The treating physician has released the injured worker to full-duty work and the treating physician is treating the injured worker periodically.
 - b. The provider can visit the BWC website to view the informational video and document that will assist the provider with completing the form. This information is available in the [Education/Training](#) section of the Medical Providers page and the [OAC 4123-6-20](#) obligation to submit medical documentation and reports.
 - c. Equivalent physician-generated document/statement - The [MEDCO-14 \(PDF\)](#) form is the preferred form. However, the MCO and BWC shall recognize an equivalent physician generated document if the equivalent physician generated document contains, at a minimum, all of the data elements required on the [MEDCO-14 \(PDF\)](#).
 - d. Referencing Medical Notes - If medical information has been submitted that answers a question on the [MEDCO-14 \(PDF\)](#), it is sufficient to indicate the name and date of the medical report that contains the equivalent information in response to the question on the [MEDCO-14 \(PDF\)](#) (e.g. office note 11/18/15). **Both the name and date of the medical report are required** in order to discern which document on file contains the equivalent response.
- 3. [REQUEST FOR TEMPORARY TOTAL COMPENSATION \(C-84\) \(PDF\)](#)
 - a. Requirements : The injured worker is required to sign and complete the [C-84 \(PDF\)](#) or equivalent form to provide information regarding work status, disability dates, his or her employer's name, light-duty work availability, and receipt of other benefits. The injured worker may complete the [C-84](#)

[\(PDF\)](#) online: [OhioBWC - Worker - Form: \(Request for Temporary Total Compensation\)](#).

- b. Temporary total compensation shall not be paid without the completed and signed form from the injured worker.
- c. [MEDCO-14 \(PDF\)](#) : The provider no longer completes this [C-84 \(PDF\)](#) form to certify temporary total compensation. The provider now completes the [MEDCO-14 \(PDF\)](#). The provider is encouraged to remind the injured worker to complete and sign the [C-84 \(PDF\)](#) before the provider sends the [MEDCO-14 \(PDF\)](#) to the BWC.