



Effective Planning for Return to Work

An early RTW program signals an employer's intent to monitor work injuries closely.

EFFECTIVE AND EFFICIENT RETURN TO WORK is the goal of every workers' compensation program. Containing medical and indemnity spend is also a concern, but it is imperative that a path back to a productive work life is established so that the worker's return is predictable, timely, and lasting.

The majority of injured workers who incur at least one day of convalescence return to their pre-injury job at their original employer, while fewer return in a different job to the same or another employer. This brief focuses on ensuring that injured workers successfully return to work at their original employer, thereby reducing medical and indemnity spend and minimizing lost productivity.

Key elements of return to work

The return-to-work process should be as quick and smooth as possible while staying in compliance with increasingly complex state and federal mandates. It is important to note the American with Disabilities Act requires that an employer treat employee disabilities consistently regardless of cause (work or non-occupational).

- Formalize a written return-to-work policy that ensures that the employer and its vendors are clear on the process that needs to happen to bring injured workers back to full-time duty.
- Create functional job descriptions to set clear expectations on the essential requirements of each job.
- Use objective testing methods to evaluate the ability of recovering workers to resume the essential functions. Ensure the testing methods will stand up to scrutiny if challenged.
- If needed, determine appropriate temporary or (in rare instances) permanent accommodations that are customized to fit the skills, physical capacities, and talents of the temporarily disabled individual. Temporary modified duty is very often a crucial step for a worker in re-engaging with co-workers and productive life.

The significance of modified duty

Much attention is correctly given to *temporary* assignments, called modified, transitional, or light duty. Modified duty involves starting with a limited set of tasks that reflect the medically necessary restrictions established by the treating physician. Over time, as the injured employee recovers, the doctor lifts the restrictions until the worker

ELEMENTS

- Essential Functions
- Modified Duty
- Work Release
- Medical Restrictions

The indirect costs of work disability are at least equal to direct costs.

Selected Sources

C. McLaren, et al., "How Effective are Employer Return to Work Programs?" RAND, March 2010.

Stay-at-Work and Return-to-Work Committee, "Preventing Needless Work Disability by Helping People Stay Employed." American College of Occupational and Environmental Medicine, 2005.

Disability Management Employers Coalition, "Best Practices in Return to Work." 2011.

is able to return to his or her full-duty job. Temporary job modifications may include modifying a workstation or equipment, rescheduling work, and assignment to another department where light-duty tasks are available.

Overall, a modified-duty program reduces disability duration by 40 percent. Shorter durations of disability translate directly into substantially lower risk of the worker losing attachment to the workforce, therefore keeping the investment made in the employee's skills and knowledge within the company. For the insurer, early return to work can avoid tens of thousands of dollars in the cost of a claim.

Removing barriers to success

CHALLENGE:

Physician-employer miscommunication

A treating physician's work release is a basic requirement for the injured worker to return to work. The physician may excuse an employee from work under the mistaken notion that the full-duty job is too demanding and that there are no modified-duty options. The physician's initial source of information is the injured worker, who may not describe the full-duty job accurately. Some employers do not feel comfortable trying to correct the physician's misperceptions and may think that HIPAA prevents its staff from discussing cases with physicians. However, workers' compensation is exempt from HIPAA regulations.

SOLUTION:

A medical case manager is uniquely positioned to facilitate a more robust exchange of information between the worksite and the clinic. A case manager can clarify a match between the physician's restrictions and modified-duty opportunities using a Physical Demands Analysis. She or he can explain return-to-

work plans to both the treating physician and the injured worker. The case manager is well-positioned to address worker concerns about pain and medications while back at work.

CHALLENGE:

Employer resistance to modified duty

Operations managers and supervisors often overestimate the amount of effort required to bring their workers back through modified duty. They also frequently underestimate the risk that out-of-work employees may never return to productive employment, as return-to-work rates fall off sharply after six months of disability. Injured workers who cannot be accommodated in the workplace may succumb to a "disability mentality" where the prevailing focus of life is on pain management.

SOLUTION:

A case manager will interact directly with and coach the worksite personnel about the very low level of risks involved with early return to work. The case manager can stay involved in the case through modified duty and until the injured worker is back to full duty.

CHALLENGE:

Job accommodation compliance overload

Employers are under significant pressure to comply with federal and state workplace mandates such as ADA and FMLA. Federal job accommodation mandates can complicate an employer's return-to-work policies.

SOLUTION:

A return-to-work program for injured workers can be coordinated with an ADA-compliant job accommodation program for non-occupational disabilities, though this is not required by law.