Austin-Travis County
EMS

EMPLOYEE

OJI

PACKET

Revised 06/01/2018

Contents

General Instructions

- **Report any work related injury, illness, or exposure within 24 hours of occurrence and/or diagnosis or at the beginning of next work shift**
- **Report event to immediate supervisor**
- **Seek medical attention if necessary. You may choose any healthcare provider that accepts Workers' Compensation.**
- **Complete all required documentation**
- **Contact Human Resources OJI staff within 1 business day**
- **Utilize a DWC-73 for every follow-up Health Care Provider visit**

Department Contact Information

Phone: 512.972.7200

- **Contact ATCEMS Headquarters. Ask to speak to Human Resources OJI Staff**
- **If HR OJI Staff is unavailable then ask to speak to EMS Safety**

FAX: 512.972.7099

Mailing Address:

Austin / Travis County EMS

PO Box 1088

Austin, TX 78767-1088

Email: EMS-OJI@austintexas.gov

Revised 06/01/2018

Insurance Information

- Do not provide private medical insurance
- Provide the following information:

City of Austin Workers' Compensation Insurance Company:

York Risk Services Group

Policy #: WC – 2018

Billing / Mailing Address

York Risk Services Group

PO Box 559006

Austin, TX 78755

Phone: 512.427.2300

FAX: 512.427.2482

After-Hours Phone: 512.563.6053 (for emergencies)

- Leave a message. Your call will be returned ASAP.

Prescription Services

- Go to the pharmacy of your choice
- Inform the pharmacy that this is a City of Austin Workers' Compensation prescription
- Provide the following information:

City of Austin Prescription Services Partner:

Optum

Bin #: 010876

Group #: JIAustin

PCN: CC

ID #: If you have a claim # use this as the ID#.

- If this is a first fill and you do not have a claim number yet use the last 4 of the employee's SSN and the date of injury (DOI). Example: If SSN is 123-45-6789 and DOI is 8/1/2017 the ID# would be 67898117.

If outside of business hours and you are unable to fill a necessary prescription you may call York's after-hours number at 512.563.6053 for assistance.

Injured Worker Rights and Responsibilities

Injured worker rights

- **An injured worker may have the right to receive benefits.**

  An injured worker may receive benefits regardless of who caused or helped cause the injury.

  An injured worker may not receive benefits if

  - the injury occurred while the worker was intoxicated
  - the worker injured himself or herself intentionally or while unlawfully attempting to injure someone else
  - the worker was injured by another person for personal reasons
  - the worker was injured while voluntarily participating in an off-work activity
  - the worker was injured by an act of God or
  - the injury occurred during horseplay.

- **An injured worker has the right to receive the medical care reasonable and necessary to treat a work-related injury or illness without any specific time limit.**

- **An injured worker has the right to the initial choice of doctor.**

  An injured worker may not change doctors except with the approval of the Commission. An injured worker does not need to get approval to go to a different doctor for emergency treatment.

- **An injured worker has the right to hire an attorney to help the worker get benefits or to help resolve disputes.**

- **An injured worker has the right to receive assistance from appropriate, qualified Commission staff and, in the event of a dispute resolution proceeding, from a Commission ombudsman free of charge.**

  Injured workers may request assistance by calling the field office handling their claims, or by calling 1-800-252-7031.

  An injured worker has the right to receive information and assistance regarding the worker's claim. Commission staff will explain the worker's rights and responsibilities under the Texas Workers' Compensation Act. Additionally, an injured worker has the right to be assisted by a Commission ombudsman in informal dispute resolution and in administrative proceedings if the worker is not represented. However, an ombudsman cannot serve as a legal representative or attorney.

- **An injured worker has the right to confidentiality.**

  Only people who need to know — such as the injured worker's doctor, employer, or employer's insurance carrier — may see information in the Commission's files. A prospective employer may get limited information from the Commission about an injured worker's claims, however.

Injured worker responsibilities

- **An injured worker has the responsibility to tell his or her employer about a work-related injury or illness.**

  An injured worker must tell his or her employer within 30 days of the date of the injury, or within 30 days of the date the worker first knew the illness might be work-related. The injured worker, or someone helping the worker, may either talk with or write the employer or any supervisor at the worker's place of employment.

  If an injured worker does not tell the employer within 30 days, the worker could lose the right to get benefits.

- **An injured worker has the responsibility to fill out a claim form and send it to the Commission.**

  An injured worker must send a completed claim form, called a TWCC-41, to the Commission within one year of the date the worker was injured, or within one year of the date the worker first knew the illness might be work-related. The completed claim form must be sent to the Commission even if the worker is already getting benefits.

  If an injured worker does not send the form within one year, the worker could lose the right to get benefits. Copies of the claim form may be obtained by calling any field office, or by calling 1-800-252-7031.

- **An injured worker has the responsibility to tell the Commission and the insurance carrier any time the worker's income changes.**

  An injured worker who is *not* getting benefits and who has changed employers since the injury must tell the Commission if the injury causes the worker to miss work or lose income. Call 1-800-252-7031.

  An injured worker who is getting benefits and who has changed employers since the injury must tell the Commission and the insurance carrier paying benefits if the worker's income changes. The injured worker must tell the Commission and the insurance carrier regardless of whether income went up or down.

  An injured worker who has stopped working since the injury must tell the Commission and the insurance carrier if the worker starts working again or has a job offer.

- **An injured worker has the responsibility to tell the doctors how the worker was injured and if the worker believes the injury may be work-related.**

  If possible, an injured worker should tell the doctor before the doctor provides treatment.

- **An injured worker has the responsibility to tell the Commission and the insurance carrier how to contact him or her.**

  An injured worker should contact the Commission and the insurance carrier if the worker's home address, work address, or phone number changes, so the Commission and the insurance carrier will be able to contact the worker when necessary.

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1(800)-252-7031.

Empleado - Es necesario que reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información comuníquese con la oficina local de la División al teléfono 1-800-252-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION

1. Injured Employee's Name		5. Doctor's Name and Degree	(for transmission purposes only) Date Being Sent
2. Date of Injury	3. Social Security Number (last 4) xxx-xx-	6. Clinic/Facility Name	9. Employer's Name: Austin Travis County EMS; attn: Leah Schnelle
4. Employee's Description of Injury/Accident		7. Clinic/Facility/Doctor Phone & Fax	10. Employer's Fax # or Email Address (if known): (512) 972-7099; leah.schnelle@austintexas.gov
		8. Clinic/Facility/Doctor Address (street address)	11. Insurance Carrier: York Risk Svcs Group; Phone (512) 427-2370
		City State Zip	12. Carrier's Fax # or Email Address (if known): (512) 427-2482

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

☐ (a) will allow the employee **to return to work** as of _____ (date) **without restrictions**.

☐ (b) will allow the employee **to return to work** as of _____ (date) **with the restrictions identified in PART III**, which are expected to last through _____ (date).

☐ (c) has prevented and still prevents the employee **from returning to work** as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury **prevents the employee from returning to work:**

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any):

Max Hours per day:	0	2	4	6	8	Other
Standing	☐	☐	☐	☐	☐	_____
Sitting	☐	☐	☐	☐	☐	_____
Kneeling/Squatting	☐	☐	☐	☐	☐	_____
Bending/Stooping	☐	☐	☐	☐	☐	_____
Pushing/Pulling	☐	☐	☐	☐	☐	_____
Twisting	☐	☐	☐	☐	☐	_____
Other: _____	☐	☐	☐	☐	☐	_____

15. RESTRICTIONS SPECIFIC TO (if applicable):

☐ L Hand/Wrist ☐ R Hand/Wrist

☐ L Arm ☐ R Arm ☐ Neck

☐ L Leg ☐ R Leg ☐ Back

☐ L Foot/Ankle ☐ R Foot/Ankle

☐ Other: _____

17. MOTION RESTRICTIONS (if any):

Max Hours per day:	0	2	4	6	8	Other
Walking	☐	☐	☐	☐	☐	_____
Climbing stairs/ladders	☐	☐	☐	☐	☐	_____
Grasping/Squeezing	☐	☐	☐	☐	☐	_____
Wrist flexion/extension	☐	☐	☐	☐	☐	_____
Reaching	☐	☐	☐	☐	☐	_____
Overhead Reaching	☐	☐	☐	☐	☐	_____
Keyboarding	☐	☐	☐	☐	☐	_____
Other: _____	☐	☐	☐	☐	☐	_____

18. LIFT/CARRY RESTRICTIONS (if any):

☐ May not lift/carry objects more than ____lbs. for more than ____ hours per day

☐ May not perform any lifting/carrying

☐ Other: _____

19. MISC. RESTRICTIONS (if any):

☐ Max hours per day of work: _____

☐ Sit/Stretch breaks of _____ per _____

☐ Must wear splint/cast at work

☐ Must use crutches at all times

☐ No driving/operating heavy equipment

☐ Can only drive automatic transmission

☐ No work / ☐ _____ hours/day work:

☐ in extreme hot/cold environments

☐ at heights or on scaffolding

☐ Must keep _____:

☐ Elevated ☐ Clean & Dry

☐ No skin contact with: _____

☐ Dressing changes necessary at work

☐ No Running

16. OTHER RESTRICTIONS (if any):

20. MEDICATION RESTRICTIONS (if any):

☐ Must take prescription medication(s)

☐ Advised to take over-the-counter meds

☐ Medication may make drowsy (possible Safety/driving issues)

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information:

_____

_____

22. Expected Follow-up Services Include:

☐ Evaluation by the treating doctor on _____ (date) at ____ : ____ am/pm

☐ Referral to/Consult with _____ on _____ (date) at ____ : ____ am/pm

☐ Physical medicine __ X per week for __ weeks starting on _____ (date) at ____ : ____ am/pm

☐ Special studies (list): _____ on _____ (date) at ____ : ____ am/pm

☐ None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.

Date / Time of Visit _____ Discharge Time	EMPLOYEE'S SIGNATURE	DOCTOR'S SIGNATURE	Visit Type: ☐ Initial ☐ Follow-up	Role of Doctor: ☐ Designated doctor ☐ Carrier-selected RME ☐ DWC-selected RME ☐ Treating doctor ☐ Referral doctor ☐ Consulting doctor ☐ Other doctor

DWC FORM - 73
WORK STATUS REPORT INSTRUCTIONS

PART I: GENERAL INFORMATION - Contains space to record general information about the employee and the doctor/clinic. This section includes space to record a high-level generic description of the injury or condition (e.g. broken right arm, strained left knee, etc) and how it occurred. Also contains space to record the name and facsimile number or email address of the insurance carrier (carrier) and the employer, as well as the date of transmission. This space is intended to eliminate the need for a separate facsimile cover page. **Because this information is intended primarily for transmission purposes, the report may be provided to the injured employee (employee) at the time of the examination, even if the information required in this section is not yet available.**

PART II: WORK STATUS INFORMATION - The doctor is required to indicate the employee's current work status. There are three choices: able to work without restrictions; able to work with restrictions; and prevented from returning to work.

If the doctor believes that the employee can only work with restrictions or is prevented from returning to work, the doctor is **required** to provide an estimated date of expiration for the restrictions. These estimates are required to enhance claims management and to provide the employer with information that can be used to plan work coverage and plan for the employee's return to work (whether with or without restrictions). **An estimated expiration is speculative in nature. The further the date is projected, the less accurate it may be. Estimations are not binding and may be changed as needed based upon the condition and progress of the employee by filing a subsequent Work Status Report. Doctors need to provide reasonable estimates based upon the nature of the employee's injury.**

In addition, a doctor who believes that an employee is prevented from returning to work is required to provide a specific explanation of how the condition prevents the employee from returning to work. One of the goals of the Texas Workers' Compensation Act is to ensure a speedy return to employment which is safe, meaningful, and commensurate with the abilities of the employee. **It is the responsibility of the doctor treating or examining an injured employee to identify what the employee may be able to safely perform. It is not the doctor's responsibility to ensure that the employer has a modified duty position that meets those restrictions - that is the employer's responsibility if the employer chooses to try to accommodate the restrictions.**

PART III: ACTIVITY RESTRICTIONS - If the doctor indicates that the employee is able to work with restrictions, the doctor is to indicate those restrictions in this section. **The doctor is only supposed to indicate what restrictions are in place because of the workers' compensation injury.** Any restrictions that may have existed due to other conditions are assumed to remain and should not be duplicated here. The doctor should go over the restrictions with the employee at the time the report is provided.

The section was designed to include check boxes for common restrictions that may apply to the employee. If a box is not checked, it is assumed that there is no restriction on that activity. Also, if no specific body part is indicated in box #15, then it should be understood that the restrictions are whole body restrictions.

PART IV: DIAGNOSIS/FOLLOW-UP INFORMATION - Provides general diagnosis information and provides upcoming appointment information (if known at time of filing report) so that the carrier can better manage the claim and the employer can be aware of time where the employee might not be available for work. In addition, providing this information may reduce calls from carriers and employers seeking the information. **However, doctors need ensure that the diagnosis information provided to the employer is at a general level and does not violate any confidentiality laws relating to the employee's privacy rights.**

The Work Status Report is primarily designed to be filed by the treating or referral doctor. However, other doctors can and will occasionally need to file this report. The following describes the various roles that doctors can play within the system:

Treating: Doctor chosen by and primarily responsible for employee's injury-related health care.	***Referral***: Doctor who was selected by the treating doctor to treat one or more aspects of the employee's medical condition.
Consulting: Doctor who was selected by the treating doctor to provide an opinion on the employee's medical condition.	***Carrier-selected RME:*** Doctor selected by the insurance carrier.
Designated: Doctor selected by the Division to evaluate whether the employee's medical condition has improved sufficiently to allow a return to work (only for Supplemental Income Benefits claims).	***DWC-selected RME:*** Doctor selected by DWC.
	Other: Doctor who fits none of the other descriptions.

Basic Instructions - Provide to injured employee at time of examination and fax or electronically transmit to: insurance carrier and employer by the end of the second working day following the date of the examination. Report must be filed after initial visit, when there is a change in work status or a substantial change in activity restrictions, and on the schedule requested by or through the carrier (not to exceed one report every two weeks). Also file within 7 days of receiving functional job descriptions from the employer or a Work Status Report from a Required Medical Examination doctor that indicates that the employee is able to return to work with or without restrictions.

Rules 126.6, 129.5, and 130.110 lay out the complete requirements for filing this report (in addition, Rule 129.6 provides information on how the report might be used). The complete text to these rules is available on the Division's web site at www.tdi.state.tx.us.