

MEDCO-14: Physician's Report of Work Ability Job Aid

This fact sheet is to assist you with completing the *Physician's Report of Work Ability* (MEDCO-14). The MEDCO-14 is a critical tool used to provide a medical snapshot of the injured worker's capabilities and restrictions at a specific point in time. It's no longer used solely for dates of disability.

Once you submit the MEDCO-14, the claim parties will work together to identify return-to-work opportunities that meet the medical needs and limitations you've provided. BWC or the self-Insuring employer also will determine if the injured worker is entitled to compensation based on your information.

As the treating physician, you must submit a MEDCO-14 for each office evaluation, unless the worker has been awarded permanent and total disability, has returned to work with no restrictions within seven days of the injury or you have released the worker to full duty but still treat him/her periodically. Please note, if two physicians are treating the worker, both must complete the MEDCO-14 at each office evaluation unless the form's submission exceptions are met.

Base your response to each question solely on your medical evaluation of the injured worker in relation to the conditions allowed in the claim you will list in **Section 4. Legal issues and the employer's ability to accommodate modified work should not influence your responses.**

If you still have questions about the MEDCO-14 after reviewing this job aid, visit the Medical Providers section on our website, and look for the MEDCO-14 provider information videos under Education/Training. Or call us at 1-800-644-6292.

Clarification of MEDCO-14 by section

Demographics

This section collects demographic information about the injured worker. It provides identifying information so BWC can match the form to a specific claim for the injured worker. This section also collects information regarding past, present and future office visits. BWC and the managed care organization (MCO) can use the exam/appointment information in conjunction with other medical information to monitor the treatment plan.

Section 1: MEDCO-14 submission

If this is the **first time** you are seeing the injured worker for this work-related injury, check the first box, and then move to Section 2.

If you previously completed a MEDCO-14 for the injured worker for this work-related injury, and **NONE** of the information on a previously submitted MEDCO-14 has changed, check the second box and proceed to section 8. While the expectation is that over time the disability would progress to complete resolution, this indicates that you have found **no change** in the injured worker's condition, work status or abilities and the disability remains status quo at this time.

If you have previously completed a MEDCO-14 and **ANY** of the information such as work status dates, clinical findings on a previously submitted MEDCO-14 has changed, check the third box and proceed to each section indicating "Yes" or "No" in the updates space at the end of the title line for each section.

In any section that you report changes, check Yes, then note the changes to that section on the form. For example, in Section 3B you previously indicated the estimated date the injured worker should be able to return to the job held at the time of injury as May 16, 2015. Presently, you believe the estimated date the injured worker should be able to return to the job held at the time of injury is July 28, 2015. In this case, you would check the “Yes” box and report July 28, 2015, as the estimated date the injured worker should be able to return to the job held at the time of injury.

If no other information in that section has changed, make no additional updates. However, if for example, the injured worker’s capabilities have also changed, you would also update Section 3C.

In any section that you have no changes to report you will check “No” and proceed to the next section. **Exception – If you update section 3 and answer No to 3B or update any dates, you must also complete section 4A even if there are no changes to report in 4A.**

Section 2: Employment/Occupation

To determine if the injured worker can return to the **job duties of the position of employment at the time of injury**, you must understand the specific job duties and job requirements. In this section, indicate whether you have received the job-duty information, written or verbally and reviewed.

If you have not received a description of the injured worker’s job duties at the time of injury, BWC, the MCO or the self-insuring employer should ensure you receive the information for you to review.

Section 3: Work Status/Injured worker’s capabilities

BWC defines restrictions as a limitation or being restricted. Restrictions can vary from minor to complete. To determine if the injured worker may be capable of working and/or eligible for compensation, BWC must first know whether the injured worker has restrictions due to the allowed conditions in the claim.

Section 3A of Section 3

In section 3A, indicate if any restrictions exist and whether the injured worker is in any way limited or restricted due to the allowed conditions in the claim, and if these restrictions are temporary or permanent. Thus, if the injured worker has any restrictions, from minor to total, the answer to question 3A should be Yes. Your answer should be No only if the injured worker is **not** in any way restricted due to the allowed conditions in the claim.

Work status/Injured worker's capabilities		(Updates Yes <input type="checkbox"/> No <input type="checkbox"/>)
3A	Does the injured worker have any physical or health restrictions related to allowed conditions in the claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes , are the restrictions: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Proceed to section 3B.	
	If no , please check the box to indicate the injured worker is released to work as of the date of this exam. <input type="checkbox"/> Proceed to section 8.	

Section 3B of Section 3

If you answer yes to the question in 3A, in section 3B you must provide clarification regarding the degree of the restrictions. For that reason, BWC first seeks to clarify if the restrictions prevent the injured worker from returning to the full duties of his/her job held on the date of injury (former position of employment). There may be cases where the injured worker has restrictions due to the allowed conditions in the claim. However, those restrictions do not prevent the injured worker from doing the full duties of his/her job held on the date of injury (see example below).

	If there are restrictions, can the injured worker return to the full duties of his/her job held on the date of injury (former position of employment)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3B	If yes , please check the box to indicate that the injured worker is released to work as of the date of this exam. <input type="checkbox"/> <i>Proceed to section 8.</i>

Example

- A customer service representative in a call center sustained a work-related injury of a broken toe. While the injured worker's treating physician has directed her to wear tennis shoes for three weeks while the toe heals, the restriction does NOT prevent the injured worker from returning to full duties of her job held on the date of injury.

Subsequently, if the restrictions prevent the injured worker from returning to the full duties of the job held on the date of injury (former position of employment) you must indicate the date-restricted duty (minor to complete) began. **Keep in mind this question does not ask whether the injured worker can or cannot work. The question only asks you to provide the date-restricted duty began.** For further instruction on how to supply information regarding the injured worker's ability or inability to perform work, please see the section labeled **Section 3C of Section 3** below.

3B	If no , please indicate when the injured worker could not do the job held on the date of injury for this period of restricted duty. Date: ___/___/___.
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Examples

- A warehouse worker sustained a work-related hernia injury on Sept. 15, 2015. The injured worker's treating physician feels the injured worker cannot do the full duty job held on the date of injury as of Sept. 15, 2015 (the date of injury).
- A regional manager sustained fractured ribs, abrasion of the right ankle and a concussion with loss of consciousness due to a work-related motor vehicle accident on Oct. 1, 2015. The injured worker's treating physician feels the injured worker cannot do the full duty job held on the date of injury as of 10/1/2015 (the date of injury).
- A construction worker sustained a lumbar sprain on Sept. 13, 2015, and had returned to full duty work. On Oct. 5, 2015, the worker reinjured his back lifting bales of roofing shingles. The injured worker's treating physician believes the injured worker cannot do the full duty job held on the date of injury as of Oct. 5, 2015 (the date of re-injury).

In all of the examples listed above, you would list the date the injured worker could not perform his/her full duty job for that period of restricted duty. You will note in the first two examples the

date the treating physician would enter as a response to the question in 3B “If no,” would be the same as the date of injury. However, in the third example, the injured worker had already returned back to work full duty and was re-injured. In the third scenario, the response to the question in 3B “If no,” would be the same as the date of re-injury.

The last question in section 3B asks you to estimate, based on your assessment of the injured worker’s allowed conditions and your treatment plan, when he/she should be able return to the full duties the job held on the date of injury. Based on the allowed conditions in the claim and your experience with this type of injury, you are being asked to estimate when the injured worker will be able to return to full duty work.

3B

Please estimate when the injured worker should be able to return to the job held on the date of injury for this period of restricted duty.
Date: ___/___/____. Proceed to section 3C.

If your answer was “No” in 3B, you must complete section 3C.

Section 3C of Section 3

You must complete Section 3C if you have indicated in 3B the injured worker has restrictions that prevent him/her from returning to the full duties of his/her job held on the date of injury. In 3C, the question asks you to furnish information regarding the injured worker’s ability or inability to perform work. BWC designed the check boxes and questions to capture, in part, some of the injured worker’s capabilities. These capabilities are general physical abilities you observed throughout your evaluation, not just those capabilities specific to the injured worker’s job duties at the time of injury.

You can note additional capabilities or restrictions in the blank space provided at the end of 3C. Use that space also to indicate if the injured worker cannot work at all.

BWC does not expect you to respond to the question regarding “functional restrictions based only on allowed psychological conditions” **unless you are treating the injured worker for an allowed psychological condition.**

Base your answers solely on your evaluation in Section 4, not whether the employer has work available. Whether the employer has work available is irrelevant to the medical evaluation and should not impact responses in this section.

If you believe the injured worker is capable of performing some job duties you would enter the date in section 3C, even if the injured worker has informed you that the employer has no light-duty work available. This entry would accurately reflect your medical opinion of when the injured worker could perform some of job duties regardless of whether work is available or not available.

Example

- On the date of injury, Sept. 15, 2015, the treating physician examined the injured worker and determined the he or she had restrictions based on the work-related conditions in the claim. However, the treating physician didn’t believe any of those conditions prevented the injured worker from working light duty.

If the treating physician felt the injured worker could return to light-duty work immediately, the date the treating physician would enter in 3C would be the same as the date of injury.

The response in 3C for this example would be *If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return-to-work date: Sept. 15, 2015.*

However, if the treating physician believed the injured worker needed three days off before returning to light-duty work, then the date the treating physician entered would reflect the three days off.

The response in 3C for this example would be *If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return-to-work date: Sept. 18, 2015.*

BWC, the MCO or the self-insuring employer will use the information provided in this section to collaborate with the injured worker and, if applicable, the employer in identifying safe and effective return-to-work opportunities. These opportunities should meet the medical capabilities and needs you have identified.

Please indicate which of the activities listed below the injured worker can perform (even if the response to 3B is No.)
 If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return to work date: ____/____/____.
 The injured worker can perform simple grasping with: Left hand Right hand Both
 The injured worker can perform repetitive wrist motion with: Left hand Right hand Both
 The injured worker's dominant hand is: Left Right
 The injured worker can perform repetitive actions to operate foot controls or motor vehicles with: Left foot Right foot Both
 If the injured worker is taking prescribed medications for the allowed conditions in this claim, can the injured worker safely:
 *Operate heavy machinery: Yes No *Drive: Yes No *Perform other critical job tasks as defined by any source listed above in section 2: Yes No

Please indicate the following: N = Never, O = Occasionally, F = Frequently, C = Continuously					Lifting/carrying				Pushing/pulling					
Activity	N	O	F	C	Activity	N	O	F	C	Activity	N	O	F	C
					0 - 10 lbs.					0 to 25 lbs.				
Bend					Reach above shoulder					11 - 20 lbs.				
Squat/kneel					Type/keyboard					21 - 40 lbs.				
Twist/turn					Work with cold substances					41 - 60 lbs.				
3C Climb					Work with hot substances					61 - 100 lbs.				
					100 + lbs.									

How many total hours can the injured worker work: ____ per week ____ per day?
 In an eight-hour workday, how many total hours can the injured worker: Sit: ____ hours Continuously With break
 Walk: ____ hours Continuously With break Stand: ____ hours Continuously With break
 Does the injured worker have any functional restrictions based only on allowed psychological conditions? Yes No If Yes, please describe in space provided below. Note: If Yes is indicated please reference the MEDCO-16 as needed.
 Additionally, in this space, please provide any additional information addressing the injured worker's capabilities and/or job accommodations which may not be addressed above. _____

Additional comments - In the white space provided in Section 3C, please note any additional information you feel BWC, the MCO or self-insuring employer should consider in determining whether an injured worker can perform any tasks safely. This includes the injured worker's **inability** to perform any work duties.

Examples

- **A warehouse worker** sustained a work-related hernia injury on Sept. 15, 2015. The injured worker's treating physician feels the injured worker cannot do the full duty job held on the date of injury as of Sept. 15, 2015 (the date of injury). The warehouse worker tells the treating physician that he doesn't think his employer has light-duty work available. However, other than heavy lifting, the treating physician does believe the injured worker is capable of performing other job

tasks. Therefore, the treating physician enters the date of injury in 3C as the date the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions. The treating physician then indicates the activities the injured worker can perform in the remainder of 3C.

- **A regional manager** sustained fractured ribs, abrasion of the right ankle and a concussion with loss of consciousness due to a work-related motor vehicle accident on Oct. 1, 2015. The injured worker’s treating physician feels the injured worker cannot do the full-duty job held on the date of injury as of Oct. 1, 2015 (the date of injury). Upon examination, the treating physician has concerns about the severity of the concussion and the migraine headache the injured worker has. The treating physician believes the injured worker needs to remain off work completely until the injured worker has additional diagnostic testing completed for the migraine and a specialist can see the injured worker. Therefore, in the additional space provided at the bottom of 3C, the treating physician states the injured worker is not capable of any work at this time.

Section 4: Disability period information

This section is MANDATORY if you’ve updated any of the fields in Section 3 or answered “No” to 3B.

In this section, you have the opportunity to pinpoint, which, if any, condition(s) is currently preventing the injured worker from returning to the full duty required.

List the narrative description of the diagnosis(es), site/location, if applicable, the ICD code for the allowed conditions being treated due to the work-related injury and to indicate if each condition listed is preventing the injured worker from performing the full job duties required of the job at the time of injury.

Example

- **A regional manager** was involved in a work-related motor vehicle accident. The injured worker’s physician diagnosed him/her with contusion to the ribs, an abrasion right ankle and a concussion with loss of consciousness. BWC allowed all of these conditions in the injured worker’s claim. While the contusion to the ribs, abrasion of the right ankle did cause some minor irritation, those conditions did not prevent the injured worker from returning to his work as a regional manager. The treating physician felt the injury to the right ankle and fractured ribs caused no work limitations as the injured worker could kneel, bend, twist/turn, etc. However, the injured worker did have cognitive issues related to the concussion that rendered him incapable of performing his duties as a regional manager (e.g., working on a computer, flying, driving, and giving presentations). Based on these exam findings, below are the treating physician’s responses in section 4.

<i>Narrative condition</i>	<i>Site</i>	<i>ICD</i>	<i>Preventing full duty</i>
Contusion to the ribs	right	S20.211A	No
Abrasion of the ankle	right	S90.511A	No
Concussion w/ loss of consciousness		S06.0X9A	Yes

In this case, the concussion with loss of consciousness is the only condition preventing the injured worker from returning to the full job duties required at the time of injury.

In most cases, not all of the allowed conditions will prevent the injured worker from returning to full duty work. Therefore, at each visit when you're completing this form, you will need to specify which allowed condition(s) on the list is preventing the injured worker from performing the job duties he/she had at the time he/she was injured.

BWC also asks you to list other relevant conditions you are treating to identify non-work-related conditions that may be contributing to a delay in recovery or may need taken into consideration when attempting to facilitate a return to work.

Example

- **Comorbidity** - The injured worker is diabetic, and the diabetes is delaying the injured worker's recovery. This information may assist BWC, the MCO or self-insuring employer in working with the employer to fashion a return to work plan based on the work abilities and considering all of the injured worker's physical capabilities.

Base your answers to the questions in this section solely on your medical opinion regarding the injured worker's ability to work relative to the work-related injury(ies). Employment issues should not influence the medical opinion provided in this section.

Section 5: Clinical findings

Question 1: The injured worker is progressing: As expected, better than expected or slower than expected.

Your response to this question will provide BWC, the MCO or the self-insuring employer with the status of the injured worker's recovery. If the injured worker is **progressing as expected**, BWC, the MCO and the employer can begin to prepare for the injured worker's return to light or full duty based on the expected healing period. If the injured worker is **progressing better than expected**, the parties can anticipate light or full duty return-to-work opportunities to be present sooner. However, if the injured worker is **progressing slower than expected**, BWC, the MCO or the self-insuring employer should use the information you provided in other sections of the form to determine the appropriate assistance to provide you or the injured worker.

For example, if the injured worker's progress may be impaired because he/she is awaiting a decision on an additional condition or a treatment request, then BWC, the MCO or the self-insuring employer can address those issues and take appropriate action.

Question 2: Provide your clinical and objective findings supporting your medical opinion outlined on this form. List barriers to return to work and reasons for the injured worker's delay in recovery.

Monitoring the claim for barriers to return to work and reasons for delays in recovery affords BWC, the MCO or the self-insuring employer the opportunity to look for ways to help remove barriers and/or shorten delay.

Example

- Physician documents “The injured worker continues to complain of constant knee pain. Recent MRI shows a meniscus tear, which I have recommended be added to the claim. The injured worker will need surgery to repair the tear.” Upon receipt of this information, the BWC claims specialist reviews the claim to determine the status of the recommended additional condition. If your recommendation has not yet been addressed, the claims specialist should begin the additional allowance process and try to bring the issue to resolution. The BWC claims specialist also keeps the MCO updated on the additional allowance status. This enables the MCO to begin to work with the physician to secure the C-9, if the physician has not filed it, for the surgery if BWC allows the additional condition.

If medical evidence you have previously submitted contains the answer to the clinical findings question, it is acceptable to reference the information as long as you include the report type and the specific date of the report (e.g., office note dated Sept. 15, 2015).

Section 6: Maximum medical improvement (MMI)

MMI is a treatment plateau (static or well stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability in spite of continuing medical or rehabilitative procedures. An injured worker may need supportive treatment to maintain this level of function after reaching MMI. Thus, periodic medical treatment may still be requested and provided.

If you feel the injured worker has reached MMI, check the “Yes” box and provide the effective MMI date.

If you believe the injured worker has not reached MMI, check the “No” box and provide the proposed treatment plan(s) and the estimated duration of treatment. If you state the injured worker cannot perform any work, BWC, the MCO or the self-insuring employer can begin to develop a case management/return-to-work plan based on the proposed treatment.

Legal and employment issues should not influence your medical opinion regarding the injured worker’s status of MMI.

The examples below should help provide further clarification.

- The Industrial Commission of Ohio (IC) has previously declared the injured worker has reached MMI. However, the physician feels the injured worker has not reached MMI. The physician should check the “No” box, and provide the proposed treatment plan(s) and the estimated duration of treatment.
- The injured worker’s employer fires him. The physician knows the injured worker cannot return to the former position of employment. However, termination is a legal issue and should not affect the physician’s medical opinion in any way.

Section 7: Vocational rehabilitation

This section allows you to provide an opinion on the injured worker’s need for vocational rehabilitation services. Vocational rehabilitation assists injured workers with lost-time claims to safely return to work and/or maintain employment. Vocational rehabilitation providers individually tailor these services to the needs of the injured worker and the work environment.

When initiated early in the life cycle of a claim, vocational rehabilitation outcomes are more likely to be successful.

MCOs will work directly with the injured worker and the employer to find creative ways to allow the injured worker to return to work and/or remain at work.

The MCOs coordinate these interventions, which may include:

- Modifying the work tasks or providing assistive tools and equipment;
- Developing supervised programs, which allow the injured worker to gradually increase hours or workloads;
- Coordinating transitional work programs that provide progressive work-site therapy;
- Locating appropriate employment for the injured worker in a different type of work, if needed;
- Identifying when the injured worker needs specialized services or assistance in changing jobs (i.e. resume writing, interview skills, etc.).

You may help the MCO coordinate the vocational rehabilitation plan to provide the injured worker a safe transition back to employment.

Section 8: Treating Physician Signature

The grid below identifies provider types whose signature is acceptable on the MEDCO-14.

Provider type	Report of Work Ability (MEDCO-14)
Physician of Record (POR) = medical doctor (M.D.), doctor of osteopathy (DO), doctor of chiropractic (DC), doctor of dental surgery (DDS), doctor of mechanotherapy (DMT), doctor of podiatric medicine (DPM), psychologist	Yes (*Must be signed by the treating physician. See second bullet below for clarification)
Advanced practicing nurse (APN)	No
Physician assistant (PA)	No
Licensed independent social worker (LISW) and licensed professional clinical counselor (LPCC)	No
Licensed social worker (LSW) and licensed professional counselor (LPC)	No
All other non-physician providers	No

- Your original or stamped signature on the MEDCO-14 is acceptable if you are one of the provider types listed above who can certify disability.
- *A MEDCO-14 signed by your authorized representative/designee is acceptable. The designee will sign your name and include his/her own initials on the form. However, while an APN (nurse practitioner or clinical nurse specialist) and/or PA can sign as your designee, they cannot certify disability.
- You do not have to be BWC-certified to complete and sign the MEDCO-14.

Additional notes for discussion

MEDCO-14 submission

All physicians actively treating the injured worker for his/her claim must complete a MEDCO-14 each time he/she sees the injured worker unless he/she has a claim that meets one of the following criteria:

- Been awarded permanent and total disability;
- Returned to work without restrictions within seven days of the injury;
- Returned to work and is receiving treatment after the treating physician has released the injured worker full duty.

Note: The only time you must submit a MEDCO-14 for a medical-only claim is when the restrictions go beyond seven days.

If two physicians are treating an injured concurrently, most often for psych and physical conditions, both treating physicians must complete and submit the MEDCO-14.

Equivalent information that you can submit in lieu of the MEDCO-14

For BWC to consider a medical document equivalent to the MEDCO-14, you must ensure the document contains your answer for each specific section or relevant question of the MEDCO-14.

Example of equivalent information

- The Clinical Findings section of the form references an office noted dated May 15, 2015. The office note states, "Patient continues to have numbness and tingling in her hand and fingers. She has been experiencing problems gripping objects. The results of the recent NCV show the patient has severe carpal tunnel syndrome. Will submit a C-9 requesting carpal tunnel release." This statement directly answers the question asked in that section, specifically: "Provide the clinical and objective findings supporting your medical opinion. List any barriers to return to work and any reason for the IW's delay in recovery."

Example of information that is not equivalent

- Attached document lists the work-related conditions being treated, the site/location, and the ICD code. However, the document does not specify each individual condition is preventing full-duty release to the job the injured worker held on the date of injury. To be equivalent information, the supplemental document must contain the same information requested on the MEDCO-14.