

IM Investigation Questionnaire

- Required MIRA elements and screening questions are in bold

- IW name
- SS#
- IW address
- Work phone # Home phone # Alternate #
- Marital status Sex Dependents Education
- May we speak to an alternate person? Who?
- DOB
- Employer's name Department/Division
- Occupation
- Business phone # Work county
- Date Hired Less than 12 months, list all emp
- PE information populated as appropriate.
- FT PT and hourly rate Hours per week work
- Shift worked Seasonal work, if so What?
- LDW RTW
- Do you have a 2nd job? Employer
- DOI Time of injury
- Performing regular job? Accident on EOR premises?
- Verify Witnesses. Who
- Accident/Illness desc. How did the accident happen?
- Nature of Injury/Illness and Part of body injured
- Have you injured this part of your body before?
- Injury dominant non dominant
- Diagnosis Desc ICD9 code
- Where tx When
- All treating providers listed. POR identified
- Who did you report injury to? When?
- Have you received wages or benefits while off work?
- Verify the MCO & Case Manager roles.
- OD - first tx first diagnosed with EOR
- Are you diabetic? Exposed to chemicals. What kind?
- Smoke, yes-PPD Pregnant, yes-due date

Injured worker

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- Benefit Type Accident Type Filing Date
- Date Reported Manual number
- IW name correct
- DOI
- Employer/Employee relationship
- Independent Contractor
- Sole proprietor, partner, limited liability company acting as a sole proprietor or partnership, family farm corporate officer, individual incorporated as a corporation with no employees, ordained or associate minister of a religious organization - date of elective coverage.

- IW LDW IW RTW No?

- Number of Employees

- Does IW have a job to return to?

- If no job to return to reason for separation:

- Layoff/Termination Voluntary job Abandonment

- Employer out of Business Other

- IW rate of pay hour FT PT

- Hours to work per week How long employed

- Job description, yes fax. List job duties

- If no, send Medco 14 when no RTW

- Will IW receive wages, disability or other benefits?

- Injury description

- List IW body parts injured

- Certification, no why?

- Assigned MCO

- MCO Case Manager

- Phone number

- Fax number

- Email Address

Employer

MCO