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 Workers' Compensation Commission and may be entitled to certain medical and income benefits. For further information call your local Commission field office or 1(800)-252-7031.



Trabajador - Es necesario que usted reporte su lesión a su empleador dentro de 30 días a partir del día en que se lesionó, si su empleador tiene seguro de compensación para trabajadores. la Comisión Tejana de Compensación para Trabajadores le ofrece asistencia gratuita, también puede que usted tenga derecho a ciertos beneficios médicos y monetarios. Para mayor información llame a la oficina local de la Comisión 1-800-252-7031.

	TEXAS WOR	RKERS	S' COMPENSATION WORK ST	ATUS REPORT		
PART I: GENERAL INFORMATION		5. Do	octor's Name and Degree (	(for transmission purposes only)	Date Being Sent	
Injured Employee's Name		6. Cli	nic/Facility Name	9. Employer's Name	mployer's Name	
2. Date of Injury	3. Social Security Number	7. Cli	nic/Facility/Doctor Phone & Fax	10. Employer's Fax # or Email Address (if I	Employer's Fax # or Email Address (if known)	
4. Employee's Description of Injury/Accident 8. (		8. Cli	nic/Facility/Doctor Address (street address)	11. Insurance Carrier	Insurance Carrier	
		City	State Zip 1	12. Carrier's Fax # or Email Address (if kno	Carrier's Fax # or Email Address (if known)	
13. The injured e (a) will allov (b) will allov through (c) has prev	mployee's medical condition v the employee to return to v the employee to return to(date). vented and still prevents the(date). The following of	work as work as work as employee describes	from the workers' compensation injury: of (date) without restrictions. of (date) with the restrictions iden of from returning to work as of (date) how this injury prevents the employee from ref	ntified in PART III, which are expected to continue throturning to work:	ected to last ough	
14. POSTURE R	ESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):	19. MISC. RESTRICTIONS	if any):	
Max Hours per day: 0 2 4 6 8 Other			Max Hours per day: 0 2 4 6 8 Other	Max hours per day of wo	Max hours per day of work:	
Standing		_	Walking	Sit/Stretch breaks of	per	
Sitting		_	Climbing stairs/ladders	Must wear splint/cast at	work	
Kneeling/Squatting		_	Grasping/Squeezing	Must use crutches at all times		
Bending/Stooping		_	Wrist flexion/extension	No driving/operating heavy equipment		
Pushing/Pulling		_	Reaching Can only drive automatic train		transmission	
Twisting		_	Overhead Reaching	No work / hours/day work:		
Other:			Keyboarding	in extreme hot/cold	in extreme hot/cold environments	
15. RESTRICTIONS SPECIFIC TO (if applicable):			Other:	at heights or on sca	at heights or on scaffolding	
L Hand/Wrist R Hand/Wrist			18. LIFT/CARRY RESTRICTIONS (if any):	Must keep	:	
L Arm	R Arm	Neck	May not lift/carry objects more thanlbs	Elevated Clean & Dry		
L Leg	R Leg	Back	for more than hours per day	No skin contact with:	No skin contact with:	
L Foot/Ankle	R Foot/Ankle		May not perform any lifting/carrying	Dressing changes neces	Dressing changes necessary at work	
Other:			Other: No Running			
16. OTHER RESTRICTIONS (if any):				20. MEDICATION RESTRIC	CTIONS (if any):	
				Must take prescription m	edication(s)	
<u>-</u> .			Advised to take over-the-counter meds			
particular restriction	n does not apply, it should be	disregard	standing of the employee's essential job functions. I ed. If modified duty that meets these restrictions is often these restrictions should be followed outside of well as the second of the second of the second of the sec	not Cofoty/driving inques)	owsy (possible	
PART IV: TRE	ATMENT/FOLLOW-U	P APPO	INTMENT INFORMATION			
21. Work Injury Diagnosis Information: 22. Ex			pected Follow-up Services Include: aluation by the treating doctor on(date) at : am/pm			
			ferral to/Consult with on (date) at :			
			ysical medicine X per week for weeks starting on (date) at : am/pm			
			ecial studies (list): on (date) at : am/pm  ne. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.			
Date / Time of Visit	EMPLOYEE'S SIGNATURE	INON		it Type: Role of Doctor:	Treating doctor	
Discharge Time				Initial Designated doctor Follow-up Carrier-selected RME	Referral doctor	

Other doctor

TWCC-selected RME

## FORM TWCC-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 <u>without</u> restrictions; able to work <u>with</u> 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:

<i>Treating</i> : Doctor chosen by and primarily responsible for employee's	Referral: Doctor who was selected by the treating doctor to treat one	
injury-related health care.	or more aspects of the employee's medical condition.	
<b>Consulting:</b> 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.	
<b>Designated:</b> Doctor selected by the Commission to evaluate whether the employee's medical condition has improved sufficiently to allow a	TWCC-selected RME: Doctor selected by TWCC.	
return to work (only for Supplemental Income Benefits claims).	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 Commission's web site at www.twcc.state.tx.us.