



**New Mexico  
Workers' Compensation  
Administration**



***Stay at Work/Return to Work  
Program Guidebook***



# New Mexico Workers' Compensation Administration

## A Workers' Compensation

## Stay at Work/Return to Work

## Program Guidebook



### 2007 Edition

*This book is a guide to help you develop a  
Stay at Work/Return to Work Program  
for your organization. This basic program can be  
tailored to fit your specific needs.*

*The information presented here is current as of  
the date of this publication. Laws can change  
which may affect the content.*

## NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

### STATE HEADQUARTERS

Mailing Address: Workers' Compensation Administration  
P.O. Box 27198  
Albuquerque, NM 87125-7198

Location: 2410 Centre Avenue SE  
(near Yale-Gibson intersection)

In -state toll-free phone: 1-800-255-7965

Local phone: 841-6000

**REGIONAL OFFICES** Call the nearest regional office to reach the Ombudsman and Safety programs, and for forms and publications.

### Southeastern regional office at Lovington:

100 West Central, Lovington, NM 88260  
Telephone: 505-396-3437  
In-state toll-free phone: 1-800-934-2450

### Southwestern regional office at Las Cruces:

1120 Commerce Dr., Suite B-1, Las Cruces, NM 88011  
Telephone: 505-524-6246  
In-state toll-free phone: 1-800-870-6826

### Northwestern regional office at Farmington:

3535 East 30<sup>th</sup> Street, Farmington, NM 87401  
Telephone: 505-599-9746  
In-state toll-free phone: 1-800-568-7310

### Northeastern regional office at Las Vegas

2515-2 Ridge Runner Road, Las Vegas, NM 87701  
Telephone: 505-454-9251  
In-state toll-free phone: 1-800-281-7889

### Roswell Office:

Penn Plaza Building, 400 N. Pennsylvania Ave., Suite 425  
Roswell, NM 88201  
Telephone: 505-623-3997  
In-state toll-free phone: 1-866-311-8587

### Santa Fe Office:

810 West San Mateo, Suite A-2, Santa Fe, NM 87505  
Telephone: 505-476-7381

Internet web site address: <http://www.workerscomp.state.nm.us/>

HELP & HOTLINE:

1-866-WORKOMP / 1-866-967-5667

Additional comments/suggestions:

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**THANK YOU**

We appreciate your feedback and will consider the information you have provided. Please feel free to contact any WCA office for information and assistance.

**Message from the Director**

Successful early return to work programs promote Governor Richardson’s economic development efforts by fostering a better New Mexico for workers and employers. In cooperation with our customers and others, the Workers’ Compensation Administration is introducing the Stay at Work (SAW) component to its Return to Work (RTW) program. The prime objective of Stay at Work/Return to Work is to minimize as much as possible the disruption caused when an accident occurs on the job. The sooner an injured employee can be safely back at the place of employment, the better; even if the tasks are reduced or the duties are restricted. This enhances the worker’s self-esteem, promotes healing and reduces costs to the employer and the overall workers’ compensation system. Our program guidebook is designed to assist in achieving this goal.

Accident prevention is the key to protecting workers. When an accident happens, take the immediate steps necessary to ensure prompt medical treatment and benefit payments. Then, use this guide to help your worker safely stay at work or return to work as soon as reasonably possible.

Sincerely ,



Glenn R. Smith  
Director,  
Workers' Compensation Administration



**WCA - VISION**

One team, one goal:  
A better New Mexico  
for Workers and Employers.

**WCA - MISSION**

To assure the quick and efficient delivery  
of indemnity and medical benefits to  
injured workers at a reasonable  
cost to employers.

## Critical Information

Always promote safety and accident prevention and ensure a safe working environment for workers.

When an accident occurs, first and foremost, provide immediate, reasonable and necessary medical care. Then report the claim to the workers' compensation insurance carrier or self-insurance claims personnel within 72 hours.

The best interests of the worker are of primary importance and those best interests are served by early return to safe and appropriate working conditions. Although it is not always medically possible, in many cases workers are capable of returning to work soon, if not immediately after the accident to the same job or modified work duties. There are times when an injured worker can stay at work without having to miss time after medical treatment has been started. Continuous early return to work practices result in an abundance of rewards for employers and workers.

The worker must be educated regarding the benefits of returning to work as early as possible after an accident. The worker should also be informed and involved in his medical decisions concerning return to work in an environment that is free from intimidation and coercion.

Stay at Work (SAW) is a new concept which is being introduced in New Mexico. It is defined as a process that allows an injured worker to stay at work as he recovers from an on the job injury.

Early return to work practices help the employer by limiting work related accident costs, thereby reducing workers' compensation insurance premiums. Early return to work also benefits the worker by substantially decreasing the adverse effects commonly linked to an injured worker's physical and/or emotional condition.

*Published by the New Mexico Workers' Compensation Administration, a state agency.  
Publication date: 2007. Laws may change. Check for new information by calling  
1-866-WORKOMP or 1-866-967-5667 or look on the Internet at [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us).*

## Reader Survey

Please take a minute to let us know your thoughts about this guidebook. We want to ensure that the quality of this product meets with our customers' highest expectations.

Mark your choice of response:

- 1) Was this guidebook of value to you?  
Yes                      No
- 2) Do you think it will save you time and money?  
Yes                      No
- 3) Was the information clear and easy to understand?  
Yes                      No
- 4) Was the format user friendly?  
Yes                      No
- 5) Were the sample forms/letters easy to use?  
Yes                      No
- 6) Please include your suggestions to improve this guidebook or any comments you may have (use the back of this page if necessary). We ask that you mail this survey to:

Workers' Compensation Administration  
P.O. Box 27198  
Albuquerque, NM 87125-7198

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## NOTES

When a worker is given early return to work opportunities, accident related expenses are dramatically reduced and a worker's productive work routine becomes part of his therapy, allowing a faster, healthier recovery.

Communication among the worker, employer, adjuster and health care provider (HCP), particularly during the initial period after injury, should be fostered, consistent with safeguards to prevent misuse or improper release of medical information and attempts to interfere with medical treatment.

Studies show that workers who are out of work for 12 weeks reduce their chances of returning to work by 50%. The longer a worker stays out of work, the greater the chances of never returning to work.

Implementation of SAW/RTW programs can:

Improve morale among all employees

Increase control and potential for a positive resolution of the claim

Reduce or avoid permanent disability

Discourage fraudulent claims

Retain the services of a valuable trained employee

Avoid the replacement and training costs of hiring a new employee

Identify cross-training opportunities that enhance employees' abilities in their jobs

Increase awareness of safe work practices and injury prevention

## Focusing on Stay at Work/Return to Work

Successful *Stay at Work/Return to Work Programs* are often the result of a dynamic team process involving the employer, injured worker, claims adjuster, medical provider and, when applicable, a nurse case manager. This guidebook will explain the basic concepts and philosophies of early Return to Work as well as offer a guide on procedures to be used within New Mexico.

This program is a sample for your use. Fill in the blanks as applicable for your organization, e.g., company name, name of owner/manager/supervisor/human relations department, etc.

### Maintaining Contact

Maintaining contact with the injured worker is a vital part of the early Return To Work process. Good communication from the beginning of recovery is the most important step. If the injured worker feels the employer doesn't care about him, it may slow down the recovery process and the worker's willingness to return to work. Meaningful communication between the injured worker and the employer will reduce litigation and lost time costs. The steps below can facilitate and improve the early Return to Work process:

1. Communication of concern and support. Take a proactive role in talking with the injured worker about his injuries. All contact and communication must convey respect and understanding for the injured worker. Early contact between the employer and the worker shows that he has not been forgotten. Sometimes a handwritten note or a call to the injured worker's home demonstrates your concern.

### **Focus on Accident Prevention**

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1-866-WORKOMP or 1-866-967-5667 or look on the Internet at [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us).

## Facts on Work-Related Injuries

- According to the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), repetitive strain injuries (RSI) have become the nation's most common and costly occupational health problem, affecting thousands of Americans and costing over \$20 billion annually in workers' compensation claims.

- Back pain is the second leading cause of work absenteeism in the U.S. and results in more lost productivity than any other medical condition.

- Lost time from work and disability payments for work-related low back pain problems cost up to three times as much as actual medical procedures.

- According to a Tillinghast-Towers Perrin study on workers' compensation, 41% of employers reported decreased costs, but only because of their own efforts to reduce them. **82% of these employers use transitional return to work programs.**

- Nationally, and in New Mexico, the #1 killer of employees is on- the-job motor vehicle accidents.**

- According to Best's Review, a vital aspect in gaining profitability in workers' compensation is to assess and manage the claim immediately after the accident. It is important to collect information, engage the injured worker and health care provider in working together; use claim management tools and techniques and develop, deploy and quantify an action plan to bring the claim to a successful outcome (**such as prompt return to full employment**), as soon as practical.

**Safety is everyone's responsibility**

## Protection and Advocacy System

The Protection and Advocacy System is a private, non-profit organization which protects and promotes the rights of people with disabilities in New Mexico.

**Address:** 1720 Louisiana Blvd, NE  
Suite 204  
Albuquerque, NM 87110  
**Phone:** (505) 256-3100  
**Toll-free:** 1-800-432-4682

## New Mexico Commission for the Blind

The Commission for the Blind provides services designed to enable persons who are blind to become fully participating, contributing members of society.

**Address:** 2905 Rodeo Park Drive E.  
Bldg. 4, Suite 100  
Santa Fe, NM 87505  
**Phone:** (505) 476-4479  
**Toll-free:** 1-888-513-7968  
**Website:** <http://www.state.nm.us/cftb/>

## Independent Living Resource Center

Independent Living Resource Center provides services and advocacy by and for persons with all types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their families and communities.

**Address:** 4401 Lomas Blvd. NE  
Suite B  
Albuquerque, New Mexico 87110  
**Phone:** (505) 266-5022  
**Fax:** (505) 266-5150

## NM Technology Assistance Program

The New Mexico Technology Assistance Program (NMTAP) offers free services to New Mexicans with disabilities to help them get the assistive technology (AT) services they need.

**Website:** <http://www.nmtap.com/>

2. Affirm you are there to help. Provide the worker, in writing, the name, address and phone number of your workers' compensation insurance carrier or self-insured program and claims adjuster. Encourage the worker to call the adjuster or a WCA Ombudsman (see page 34), if he has any questions regarding benefits. Explain that an Ombudsman is a neutral party who will explain rights and responsibilities under the Workers' Compensation Act to any unrepresented party requesting information.

3. Provide the worker with a copy of the *Workbook for Injured Workers*, published by the Workers' Compensation Administration and suggest that he use the forms in the book to document information about his claim.

4. Discuss and ask the worker to sign the Return to Work Release and the *Worker's Authorization for Disclosure of Protected Health Information for Workers' Compensation Purposes (HIPAA Compliant)* form 11.4.4 NMAC. This is a mandatory form and may not be altered by the employer.

5. Provide detailed information. Explain the early Return to Work Program. Let the injured worker know about any transitional employment opportunities initially and throughout the recovery process. Work duties must comply with any and all restrictions and/or limitations placed on the worker by the health care provider.

6. Maintain contact of a supportive nature. The supervisor or management can perform this function during the entire recovery and early return to work process.

7. If your company has a union, consider including union representatives in your planning. Help them understand how a *SAW/RTW Program* can benefit everyone. You may wish to include procedures for this program in your next contract negotiation.

## Rehiring of Injured Workers

The New Mexico Workers' Compensation Act, Section 52-1-50.1, addresses the continued employment or rehiring of injured workers. If an employer is hiring, the employer shall offer to rehire the worker who has stopped working due to an injury for which the worker has received, or is due to receive benefits under the Workers' Compensation Act and who applies for his pre-injury job or modified job similar to the pre-injury job subject to the following conditions:

1. The worker's treating physician certifies that the worker is fit to carry out the pre-injury job or modified work similar to the pre-injury job without significant risk of re-injury.
2. The employer has the pre-injury job or modified work available.

## Working with the Medical Community

It is very important that *together* the employer, adjuster and the injured worker communicate with the health care provider to facilitate a successful *Stay at Work/Return to Work Program*. The WCA form, *Worker's Authorization for Disclosure of Protected Health Information for Workers' Compensation Purposes (HIPAA Compliant)*, is available from any WCA field office or may be downloaded from the WCA website.

### NOTE:

*Personal or telephonic conferences or correspondence directly between any health care provider and a representative of the employer, its attorney or insurance carrier to discuss the worker's case, including return to work issues, is prohibited without the worker's participation or consent. Brief communication for the limited purpose of obtaining medical records or bills is permitted.*

## Disability Resources for Injured Workers

### **New Mexico Division of Vocational Rehabilitation (NM DVR)**

The mission of the New Mexico Division of Vocational Rehabilitation is to encourage and assist the efforts of New Mexicans with disabilities to reach their goals for working and living in their communities.

**Address:** 435 St. Michaels Dr. Bldg. D  
Santa Fe, NM 87505  
**Phone:** (505) 954-8500  
**Toll-free:** 1-800-224-7005  
**Fax:** (505) 954-8562  
**Website:** [Dvrgetsjobs.com](http://Dvrgetsjobs.com)

### **Employers' Disability Resource**

The Business Leadership Network is an organization that recognizes and promotes best practices in hiring, retraining and marketing to people with disabilities.

**Address:** P.O. Box 90803  
Albuquerque, NM 87199  
**Phone:** (505) 379-6533  
**Fax:** (505) 449-4474  
**TTY:** #711 available nationwide  
**Website:** [www.newmexicobl.com](http://www.newmexicobl.com)

### **Job Accommodations Network**

This is a free service offered by the Office of Disability Employment Policy of the U.S. designed to increase the employability of people with disabilities by: 1) providing individualized worksite accommodation solutions; 2) providing technical assistance regarding the ADA and other disability related legislation and 3) educating callers about self-employment options.

**Phone (Toll-free) :** 1-800-526-7234  
**TTY:** 1-877-781-9403  
**Website:** <http://www.jan.wvu.edu/>

## SAMPLE RETURN TO WORK AGREEMENT

Employee Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Claim #: \_\_\_\_\_

Your treating physician, Dr. \_\_\_\_\_, has released you to modified work. We have identified a temporary position for you, which your physician states you will be able to perform. Please refer to the attached Return to Work Release and Task Letter to Treating Health Care Provider.

Physical Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Date Restrictions Began: \_\_\_\_\_ Next Review Date: \_\_\_\_\_

### PLAN SPECIFICATIONS

Start Date: \_\_\_\_\_ @ \_\_\_\_\_ a.m./p.m. End Date: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Work Site Location: \_\_\_\_\_

Hours/Days (include varied schedule):

Describe specific temporary job duties:

Special considerations/Employee concerns or questions:

The return to work agreement has been reviewed and discussed with me.

I accept the agreement

I do not accept the agreement for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
*(If you do not accept this job offer, your temporary income benefits may be reduced or terminated. If you have a concern, call the workers' compensation claims adjuster or an Ombudsman toll free at 1-866-967- 5667.)*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Claims Adjuster  
(Fax completed form to your workers' compensation claims representative.)

For the program to be successful, all parties involved must achieve the following goals:

1. Return the employee to work as soon as he is medically fit for the intended duty. The employer should provide the physician with a description of the injured worker's job or alternative tasks that can be performed while recovering. Provide the physician with as much information as possible detailing the specific modified duties offered. This may be in the form of a job analysis. If possible, the nurse case manager or claims adjuster can assist the employer with writing out the specific job duties offered to the injured worker.
2. Progress from transitional employment to regular or permanent duty employment as recommended by the health care provider. Time-loss and related expenses can be reduced if the physician moves the injured worker as quickly as medically possible through transitional employment to regular duty. (See the RTW Release provided in this guide.) However, returning the injured worker prematurely to regular duty may cause serious consequences and should, therefore, be avoided.
3. Determine reasonable alternatives. If an injured worker will not be able to return to regular duty due to permanent physical limitations, the employer may consider retraining the worker in a different position or accommodating the worker's medical restrictions on a permanent basis.

***Everyone wins when workers can continue  
to work as productive team members***

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Publication date: 2007. Laws may change. Check for new information by calling  
1-866-WORKOMP or 1-866-967-5667 or look on the Internet at [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us).*

## RTW and the Americans with Disabilities Act (ADA)

While workers' compensation injuries do not automatically trigger ADA requirements, developing a *SAW/RTW Program* may help the company comply with the ADA. By following the steps listed under Job Descriptions, you will identify and classify the essential components of each job. This helps management to identify jobs which potential employees with disabilities may be able to perform.

Under the ADA, an employer may have a legal responsibility to provide reasonable accommodation to a qualified employee with a disability if the employee requests it. Qualified individuals include persons who have a physical or mental impairment that limits one or more major activities, and who can perform essential job functions. The employer is required to engage in a timely, good-faith, interactive process with the employee or applicant to determine effective, reasonable accommodations, if any. However, a reasonable accommodation is not required if it would impose an "undue hardship" on the employer.

A reasonable accommodation may include providing part-time or modified work schedules, reassigning to a vacant position, providing or modifying equipment or devices or making other employment adjustments.

For more information on the ADA, call the U.S. Equal Employment Opportunity Commission (EEOC), toll-free at 1-800-669-4000.

**Note:** Please see pages 28-29 for additional disability resources for injured workers.

**Safe Work Practices Get You Home at Night**

## Sample Certified Job Offer Letter

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Employee Address: \_\_\_\_\_  
\_\_\_\_\_

**Certified Mail  
Return Receipt Requested  
Certified Mail #:**

Re: Claim #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Dear Employee:

Your treating physician, Dr. \_\_\_\_\_, has released you to modified work. We have identified a temporary position for you, which your physician states you will be able to perform.

The job is: \_\_\_\_\_. Your rate of pay will be \$\_\_\_\_\_ per (hour/week/month).

This modified duty job will begin at \_\_\_\_\_ on \_\_\_\_\_. Please report for work on this date and time.

Your work schedule is as follows:

Days \_\_\_\_\_ Times: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Work site location: \_\_\_\_\_

Modified duty supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

SAW/RTW coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Please respond below and return one copy of this form as soon as possible to the SAW/RTW coordinator listed above. Keep a copy for your records.

If you have any questions or concerns regarding this agreement, please contact your modified duty supervisor or the SAW/RTW coordinator listed above.

Sincerely,

SAW/RTW Coordinator

Enc. Copy of Letter to Treating Healthcare Provider

cc: Claims Adjuster

Attorney, if applicable

I accept the above agreement

I do not accept the above agreement

\_\_\_\_\_  
Employee's Signature

## Sample Letter to Treating Health Care Provider

(Date)

Dear Dr. \_\_\_\_\_

At [name of organization], we realize how important it is to get injured workers back to work as soon as medically possible. It is important to our operations to be able to keep [employee's name] at work. In order to get our worker back, we request that you complete the attached "Return to Work Release." We have enclosed a description of the worker's regular job duties, as well as the "Task Letter to Treating Health Care Provider" that outlines other activities that we have available to keep this worker at work. Please feel free to modify them, if necessary, so that duties meet all medical restrictions.

Enclosed is a copy of a properly signed *Worker's Authorization for Disclosure of Protected Health Information for Workers' Compensation Purposes (HIPAA COMPLIANT)*, giving us permission to contact you for the purpose of obtaining the worker's medical records.

Please return the completed work release in the enclosed self-addressed stamped envelope.

We appreciate your assistance in our early return to work efforts. If you have any questions, please contact me at

\_\_\_\_\_.

Sincerely,

(Employer's signature)

(Worker's or Attorney's signature)

Enclosures

cc: Claims Adjuster

## **Job Descriptions**

A written description should be developed for all jobs. The descriptions should include a listing of the essential functions for each job, the locations where they are performed, length of shift and a description of any hazards involved. Job functions such as lifting, bending, carrying, walking, standing and other repetitive motions should be classified according to severity and recurrence.

If available, a Job Hazard Analysis can be used to assist in putting together the written descriptions. (For details, go to <http://www.osha.gov/publications/osha3071.pdf>.) The job description should be reviewed with the worker and a copy provided to the claims adjuster.

## **Ideas for Employers and Workers**

The above discussion was detailed and formal. In a much less formal way, think about those things an injured worker can do as part of the existing job or other related tasks. The worker knows his job better than anyone else. Ask the worker what can be done and what feels most comfortable. People can make adjustments on their own, despite injury, if they have the opportunity to think of what can be done or done differently and to be part of the process.

***Preventing accidents,  
injuries and illnesses  
is good business!***

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1-866-WORKOMP or 1-866-967-5667 or look on the Internet at [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us).

## Current Initiatives and Best Practices

Employers and insurers who get the best SAW/RTW results and have the lowest costs:

- Take charge of the process from the start, making employment decisions with the worker and the doctor.
- Inform treating doctors that the employer has a temporary transitional work program and that most workers are expected to recover on the job.
- Make it clear that they can provide safe work within a wide range of functional abilities and will be careful to abide by any guidelines set by the doctor.
- Ask the doctors to provide functional capacities, restrictions and limitations instead of return to work dates.
- Measure work days lost per injury/illness to track the effectiveness of your programs.

Source: Preventing Needless Work Disability by Helping People Stay Employed, American College of Occupational and Environmental Medicine, September, 2005.

**Work for a Safer New Mexico**

## Sample Task Letter to Treating Health Care Provider

(Tasks shown are examples only; use tasks that apply to your situation)

Date: \_\_\_\_\_ **TIME SENSITIVE  
URGENT RESPONSE REQUIRED**  
Dr: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Re: (Injured Worker) \_\_\_\_\_ Claim # \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

Our employee, \_\_\_\_\_, is currently unable to perform the work required of his regular job. We have a temporary position that I have outlined for your reference.

### **JOB TASKS**

Work Shift: \_\_\_\_\_ a.m. - \_\_\_\_\_ p.m., (indicate days of week) \_\_\_\_\_

Please check the activities that the above worker is released to perform.

\_\_\_\_ **Telephone calls.** Call customers on the phone to verify services requested. Answer phones and direct calls to proper departments. May alternate sitting and standing.

\_\_\_\_ **Maintain files.** Assist with maintaining files and records. May alternate sitting and standing. Lifting no more than five pounds.

\_\_\_\_ **Organize paperwork.** Assist with organizing and distributing of daily paperwork, making photocopies, shredding paper. May alternate sitting, standing and walking.

\_\_\_\_ **Mail Sorter.** Process incoming and outgoing mail and packages. Prepare mailing labels and operate postage meters. Requires ability to use hands and to sit or stand as needed. Minimal walking is required as is lifting up to 5 lbs.

\_\_\_\_ **Run errands.** Operate automatic transmission vehicle once or twice daily to pick up miscellaneous items. This job task would require driving for a maximum of 20 minutes at one time and lifting 15 pounds frequently.

\_\_\_\_\_  
Employer's Signature

**Patient is able to perform the tasks checked above.**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

Cc: Injured worker and attorney, if applicable

Return form to:  
(Employer's Name and Address)

**SAMPLE RETURN TO WORK RELEASE**

Name of worker	Insurance Company Claim number Date of Injury
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Please complete the following information and return it to the employer as above.  
(The work categories listed below are basic examples only. Other categories may apply)

1. Has worker reached Maximum Medical Improvement?  Yes Date \_\_\_\_\_  No Next scheduled appointment date \_\_\_\_\_
2. Worker is released to:

- full duty without limitations Date \_\_\_\_\_ (Do not complete lines 3 through 11. Sign below.)
- modified duty from (date) \_\_\_\_\_ through (date) \_\_\_\_\_ (specify limitations below.)
- modified hours — specify \_\_\_\_\_ from (date) \_\_\_\_\_ through (date) \_\_\_\_\_

Hours:	No limitations	1	2	3	4	5	6	7	8
3. In an eight-hour workday, worker can stand/walk a total of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At one time, worker can stand/walk _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In an eight-hour workday, worker can sit a total of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. At one time, worker can sit _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

Pounds	<10	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	>100	
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Worker can use hands for repetitive:
- |                        |  |  |  |
|------------------------|--|--|--|
|                        | <b>Right</b>   | <b>Left</b>  |  |
| a. Fine manipulation   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominant hand  |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| c. Simple grasping     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| d. Keyboarding         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls):  Yes  No

10. Worker is able to:

	Continuous 67-100% of the day	Frequently 34-66% of the day	Occasionally 6-33% of the day	Intermittently 1-5% of the day	Not at all
a. Stoop/bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Push/pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

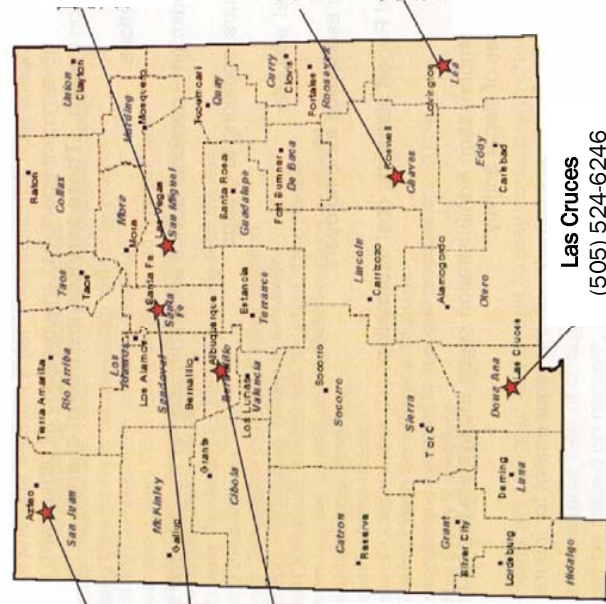
11. Other functional limitations or modifications necessary in worker's employment:

Additional comments may be written on back of form.

Signature of physician	Physician's name (Please Print)	Date
------------------------	---------------------------------	------

**Workers' Compensation Administration**

**Where Can I Go For Help?**



**Farmington**  
(505) 599-9746  
or  
1 (800) 568-7310

**Santa Fe**  
(505) 476-7381

**Albuquerque**  
(505) 841-6000  
or  
1 (800) 255-7965

**Las Vegas**  
(505) 454-9251  
or  
1 (800) 281-7889

**Roswell**  
(505) 623-3997  
or  
1 (866) 311-8587

**Lovington**  
(505) 396-3437  
or  
1 (800) 934-2450

**Las Cruces**  
(505) 524-6246  
or  
1 (800) 870-6826

**Safety**

The WCA Safety Consultants and Ombudsmen are available to provide SAW/RTW training and can help employers develop their **SAW/RTW Programs**. Assistance to employers and their workers to evaluate modified/alternative positions in the RTW process is also available. All services are free. The WCA may be contacted at any of the field offices listed below.

# Basic Elements to Create an Effective SAW/RTW PROGRAM

## 1. Senior Management Leadership

The *Stay at Work Program* is the organization's cumulative effort to keep the worker at work. The core of the effort is Senior Management Leadership. It requires a commitment to having modified work programs available prior to an injury so that it is available for any injured worker. In the case of *Return to Work*, the same commitment is required to get workers back to work as soon as medically feasible. Everyone in the organization should have a clear understanding of the purpose and fundamentals of the *SAW/RTW Program*, and its benefits before injuries occur. The organization's safety program is the key to effectiveness.

## 2. Assign Program Coordinator to:

- A. Oversee the *SAW/RTW Program*;
- B. Ensure that the injured worker receives reasonable and necessary medical care;
- C. Contact the employer's workers' compensation carrier or self insurance claims personnel to report the incident;
- D. Obtain and review RTW status reports and other medical reports related to the work related injury or illness to ensure appropriate work assignments are made;
- E. Communicate with the worker and the claims adjuster  
[*Communication with the treating doctor by the employer is limited unless the worker permits otherwise. See pages 7 and 20*];
- F. Provide the treating doctor with the worker's job analysis and other detailed job analysis for all modified duty positions the employer has available;
- G. Comply with all applicable state and federal laws.

## 3. Employee Participation

Ask the injured worker to participate and help evaluate suitable modified duties throughout the early RTW process.

5. Right to revoke: I understand I have the right to revoke this authorization at any time by notifying the company named in Paragraphs 1 and 2. I understand that the revocation is only effective after it is received and logged by that company and that any use or disclosure made prior to the revocation under this authorization will not be affected by the revocation. I further understand that my revocation of this authorization may affect my ability to receive occupational injury or workers' compensation benefits governed by this revocation.

6. I understand that after this information is disclosed, the recipient may continue to use it pursuant to my prior authorization, regardless of my subsequent revocation of this authorization. I further understand that different protections may be available pursuant to state and federal law.

7. I understand that information to be released pursuant to a work-related/occupational injury or illness/workers' compensation claim may also be released to WCA and its current medical cost containment contractor or their duly authorized agents.

8. I hereby expressly waive any regulations and/or rules of ethics that might otherwise prevent any hospital, health care provider or other person who has treated me or examined me in a professional capacity from releasing such records.

9. A photo static or other copy of this Release, which contains my signature, shall be considered as effective and valid as the original, and shall be honored by those to whom it is sent or provided for a period of six (6) months from the date it was signed.

10. This Release does not authorize any personal or telephonic conferences or correspondence directly between any health care provider and a representative of my employer, its attorney or insurance carrier to discuss my case and is solely for the release of medical documentation as set forth herein. Brief communication for the limited purpose of obtaining medical records is permitted.

11. I understand I am entitled to a copy of this authorization and to any records provided hereunder. I am requesting a copy of this authorization:

Yes No - If Yes, I have received a copy \_\_\_\_\_ (initial)

I understand this authorization will expire within six (6) months of the date I signed it, unless I revoke it earlier, pursuant to Paragraph 5.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Personal Representative Section:

If a personal representative executes this form, that representative warrants that he or she has authorization to sign this form on the basis of (print detailed basis for representation):

\_\_\_\_\_  
Signature of Personal Representative:

\_\_\_\_\_  
Date \_\_\_\_\_

**WORKER'S AUTHORIZATION FOR DISCLOSURE OF PROTECTED  
HEALTH INFORMATION FOR WORKERS' COMPENSATION  
PURPOSES (HIPAA COMPLIANT)**

I, (Print Worker's Name) \_\_\_\_\_ hereby  
authorize the health care provider (HCP) - the name of HCP is optional and not required  
for release of medical information)  
Print Health Care Provider's Name) \_\_\_\_\_ the use or disclosure of  
my health information as described in this authorization.

1. INFORMATION WCA No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Injury \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Worker's representative, if any: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2. RELEASE  
I authorize the Health Care Provider (HCP) or any member or employee of its office or  
association who has examined or treated me, as well as any hospital or treatment  
facility in which I have been a patient, to disclose and release complete and legible  
copies of any and all information concerning my physical or psychiatric condition, care  
and treatment, to my employer, \_\_\_\_\_ and/or its insurance carrier,  
\_\_\_\_\_, and/or their attorneys and/or duly authorized representatives  
of the New Mexico Workers' Compensation Administration and its current medical cost  
containment contractor or their duly authorized agents. Copies of all documentation  
released pursuant to this authorization shall be sent to the agency requesting the  
information and to me or my representative as listed above.

3. I understand the following information will be released pursuant to a work-related/  
occupational injury or illness/workers' compensation claim: medical reports; clinical  
notes; nurses' notes; patient's history of injury; subjective and objective complaints;  
x-rays; test results; interpretation of x-rays or other tests (including a copy of the  
report); diagnosis and prognosis; hospital bills; bills for services the HCP has rendered;  
payments received; and any other relevant and material information in the HCP's  
possession. This Authorization also includes, if applicable, any hospital operational  
logs, emergency logs, tissues committee reports, psychiatric reports and records,  
physical therapy records, and all outpatient records. This release may also be used to  
request a Form Letter to HCP as approved by the Workers' Compensation  
Administration. I understand that I have the right to restrict the information that may  
be provided by signing this authorization to the extent provided by law.

CONDITIONS  
4. I understand the purpose of this request is to determine the proper level of  
workers' compensation benefits and may include information regarding any of the  
following: to determine my occupational injury or illness status; to determine my  
eligibility for workers' compensation benefits; to determine my current and future  
medical status after occupational injury; to determine my current medical status  
and/or return-to-work capability.

**Sample Stay at Work/Return to Work Program**

**Top Management Support and Commitment**

Top management understands the benefits of a successful *Stay at Work/Return to Work (SAW/RTW) Program* for the organization and for our employees. We are committed to it and fully support it. Everyone needs to understand how important it is for our success. Ideas for improving the program are welcome at any time.

**Policy Statement**

In an effort to promote a safe and productive work environment, it is the policy of [name of organization] to return employees to a compatible modified or alternative work routine as quickly as possible following a work related injury or illness that temporarily restricts the worker from performing regular work duties. *When identifying any modified/alternative position, the employee's medical condition and all limitations and/or restrictions given by the health care provider will be strictly followed at all times.* Every worker who is unable to perform regular duties will be considered for modified/alternative placement through the *SAW/RTW Program*.

**Avoid Accidents!  
Make Safety A Part Of Your  
Daily Workplace Routine !**

Published by the New Mexico Workers' Compensation Administration, a state agency.  
Publication date: 2007. Laws may change. Check for new information by calling  
1-866-WORKOMP or 1-866-967-5667 or look on the Internet at [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us).

## Purpose

This program is intended to provide [our] employees who are unable to perform their regular job duties following a workplace injury with suitable, transitional employment. This may include modifying the worker's original position or providing an alternate position depending on the worker's physical abilities. The program will provide workers an opportunity to continue working as valuable team members while recovering from work related injuries. This program is intended to promote speedy recoveries, while allowing employees to provide a service and continue to contribute to the productivity of our organization. The program enhances communication among the injured worker, management, the workers' compensation claims adjuster and the treating health care provider. The *SAW/RTW Program* reinforces the organization's interest and concern for an injured worker and to promote trust between the employer and employee and reduce time and costs associated with an on-the-job injury.

## Scope

This program applies to all employees who have sustained an on-the-job injury.

## Definitions

**Transitional Employment:** Temporary modified/alternative job position to which an employee is assigned when he is unable to perform his regular job duties following a work related injury or illness. Transitional work may be offered on a full-time or part-time basis, must accommodate the worker's medical restrictions/limitations and may be created through modifications of the worker's regular work, job restructuring or reassignment to another job.

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Publication date: 2007. Laws may change. Check for new information by calling  
1-866-WORKOMP or 1-866-967-5667 or look on the Internet at [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us).

## Workers' Compensation and HIPAA Privacy Compliance

To health care providers, payers and injured workers:

New federal rules under the Health Insurance Privacy and Accountability Act (HIPAA) require health care providers to provide a new level of protection for the privacy of patients' medical records.

Workers' compensation is exempt from this federal law. However, the Workers' Compensation Administration understands that there could be some confusion as health care providers attempt to adjust their practices to the new federal rules.

It is the desire of the Workers' Compensation Administration to prevent any unnecessary disruption of normal business in the treatment of injured workers and the payment of medical bills.

Here is a general guideline for providers, payers and patients:

The health care provider must transmit medical information related to the workers' compensation claim to the payer of workers' compensation insurance in order to get paid. The worker is required to permit this information to be transmitted. A worker who refuses could become liable for his own medical payments.

Medical information not related to the workers' compensation claim should not be transmitted to the payer, unless the worker signs a release authorizing the transmission. It is recommended that if the health care provider is treating the worker for anything other than the workers' compensation injury, the health care provider should separate the information so that only workers' compensation-related information is sent to the payer.

3. The worker will at all times follow instructions and recommendations given by the health care provider.
4. If the worker feels he cannot perform any of the duties of the offered RTW position, he should notify the health care provider, the SAW/RTW coordinator and the claims adjuster as soon as possible of any difficulty in performing the assigned duties so that the worker's concerns may be addressed.
5. The worker is expected to meet the modified/alternative duty performance expectations while participating in the **SAW/RTW Program**.
6. The worker should direct any questions regarding the **SAW/RTW Program** to the SAW/RTW coordinator.
7. The worker is encouraged to communicate any information regarding his workers' compensation claim with the SAW/RTW coordinator, the claims adjuster, the supervisor and the treating physician.
8. The worker is encouraged to use the *Workbook for Injured Workers*, published by the WCA, to document information regarding his workers' compensation claim.
9. If a dispute arises regarding the RTW process or position, the worker should contact the SAW/RTW coordinator immediately.

Any person with questions is encouraged to speak with an Ombudsman from the Workers' Compensation Administration:

**Toll-free State-wide Helpline –Llamada Sin Costo de Larga Distancia Linea de Asistencia**  
**1-866-WORKOMP/1-866-967-5667**

Published by the New Mexico Workers' Compensation Administration, a state agency.  
 Publication date: 2007. Laws may change. Check for new information by calling  
 1-866-WORKOMP or 1-866-967-5667 or look on the Internet at [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us).

**Work Related Injury or Illness:** An injury or occupational disease that arises out of and in the course and scope of employment and is compensable as defined under the New Mexico Workers' Compensation Act.

**Stay at Work/Return to Work (SAW/RTW) Coordinator:** A member of the organization, other than the worker's supervisor, whose duties include facilitating the SAW/RTW process by using the practices in these guidelines.

### Duration

[Name of employee] and the SAW/RTW coordinator will evaluate any limited or temporary assignment at 90-day intervals to determine its continuance. RTW duties will discontinue when: 1) the worker returns to his regular job at full capacity; 2) the worker returns to full functional capacity supported by the health care provider's functional ability report; 3) [name of organization] is not able to identify suitable, available work; 4) the worker is placed in permanent alternative work or; 5) the worker refuses to participate.

### Administrative Responsibilities

1. After [the organization] receives notification of a work related injury or illness, the SAW/RTW coordinator will immediately notify the employer's workers' compensation carrier or self-insurance claims personnel. The SAW/RTW coordinator will then review medical records to determine if the healthcare provider has released the worker to return to work with or without medical restrictions.

2. If the medical records do not address the worker's return to work capabilities, the SAW/RTW coordinator will provide to the worker's health care provider the Return to Work Release, Task Letter to Treating Health Care Provider and Letter to Treating Health Care Provider for completion. Along with the form, the employer will attach a list of the worker's regular job duties.

3. If the health care provider determines that the worker may return to work with restrictions, the SAW/RTW coordinator and the worker's supervisor will work together with the worker to identify modified/alternative job positions for temporary placement. The SAW/RTW coordinator will consider the injured worker's previous work schedule, possible conflicts with a new work schedule, i.e., child care, college courses, etc., the location of the temporary position and the wages that the employee will be paid in the modified/alternative job position.

4. The SAW/RTW coordinator will prepare the Return to Work Agreement.

5. The SAW/RTW coordinator will meet with the worker to explain the ***SAW/RTW Program***, outline employer and employee expectations and review the Return to Work Agreement for transitional employment. The SAW/RTW coordinator will provide the worker with a copy of the Return to Work Agreement and explain the modified/alternative position(s) being offered, the rate of compensation to be paid to the worker while performing modified/alternative duty and other pertinent information regarding the temporary assignment.

6. Upon acceptance or rejection of the RTW position by the worker, the SAW/RTW coordinator will, in writing, immediately notify all parties involved in the claim. Should the worker unreasonably reject the RTW position, the employee will be informed that workers' compensation temporary total disability benefits may be reduced or terminated.

7. The worker may be temporarily placed outside his normal work location depending on the area within the organization having an available position that is reasonable and compatible with the worker's restrictions/limitations.

8. The SAW/RTW coordinator will assist supervisors in drafting job descriptions for RTW positions and will keep supervisors informed of the worker's medical condition, job status, and any changes in restrictions/limitations.

9. The SAW/RTW coordinator will monitor modified/alternative work and obtain additional information, including medical reports that may be necessary to properly handle the return to work efforts.

10. The SAW/RTW coordinator will keep the claims adjuster informed of the worker's work status on a continuous and as-needed basis.

### **Supervisor Responsibilities**

1. Supervisors will work closely with the SAW/RTW coordinator to fully understand the worker's restrictions/limitations at all times and coordinate return to work efforts.

2. Supervisors will make sure that the worker receives necessary assistance and that the worker does not work outside of his restrictions.

3. Supervisors will monitor the situation for effectiveness for all involved and for transition to full duty work.

### **Worker Responsibilities**

1. The worker will notify the health care provider of the conditions of any Return to Work Agreement between the worker and the employer as soon as possible.

2. The worker is responsible to notify the SAW/RTW coordinator and the claims adjuster within 15 days of his changes in any work status.