



4-Week Assessment: Barriers to RTW

Use this checklist as job-aid to assist in evaluation

Billing Code: 1068M

of patients who are on time-loss for \geq 4 weeks.

Visit date: _____

PATIENT NAME: _____ Claim#: _____ INJURY DATE: _____

ATTENDING PHYSICIAN: _____ Mentor Physician _____

Ethnicity (Verify with worker if nec.): Caucasian Hispanic Black Asian or Pacific Isl. Native American Other _____

Highest Grade Completed: >16

* Issue/barrier potentially confidential

A. Medical / Provider / Patient Factors	<i>Probably</i> YES	B. Workplace Factors	<i>Probably</i> YES
1. Catastrophic	<input type="checkbox"/>	1. Anger at employer; perception of harrassment	<input type="checkbox"/>
2. Presence of secondary medical condition	<input type="checkbox"/>	2. Employer anger at worker	<input type="checkbox"/>
3. Injury to dominant hand R___ L___	<input type="checkbox"/>	3. Light duty/alternative work unavailable w/employer	<input type="checkbox"/>
4. Objective findings on examinations	<input type="checkbox"/>	4. Light duty/alt work avail, but not acceptable to wkr	<input type="checkbox"/>
5. Obj. medical findings inconsistent with injury descr.	<input type="checkbox"/>	5. Misc employer factors: seasonal, strike, closure ...	<input type="checkbox"/>
6. Time gap in report of injury	<input type="checkbox"/>	6. Loss of job of injury	<input type="checkbox"/>
7. Conflicting medical opinions	<input type="checkbox"/>	7. Singular work history in heavy industry	<input type="checkbox"/>
8. Patient not compliant with treatment plan or goals	<input type="checkbox"/>	8. Complaints of inability to function	<input type="checkbox"/>
9. Lack of clearly identifiable treatment plan or goals	<input type="checkbox"/>	9. Personnel issues: Hx of poor job performance, freq job change, short duration of empl, job dissatisfaction or job termination prior to claim filing	<input type="checkbox"/>
10. Frequent changes of attending physician	<input type="checkbox"/>	10. Wkr perception s/he will be trained for better job	<input type="checkbox"/>
11. Misuse of scheduled medications by patient	<input type="checkbox"/>	11. Single parent w/childcare or other family issues	<input type="checkbox"/>
12. # of surgeries both related and unrelated to work-related problem; may include # of unsuccessful sx	<input type="checkbox"/>	C. Administrative Factors	
13. Evolution of dx over time; newly contended dx	<input type="checkbox"/>	1. Third party involvement	<input type="checkbox"/>
14. Lack of documented medical progress	<input type="checkbox"/>	2. Involvement of attorney	<input type="checkbox"/>
15. Exaggerated illness behavior; Waddell signs	<input type="checkbox"/>	3. Recent claim closures, application for reopening	<input type="checkbox"/>
16. Evidence of alcohol abuse, illicit drug or Rx meds	<input type="checkbox"/>	4. Employer protest	<input type="checkbox"/>
17. Presence of depression, avoidance anxiety, post-traumatic disorder or other dysphoric affects	<input type="checkbox"/>	5. Unwitnessed accident	<input type="checkbox"/>
18. English not primary language	<input type="checkbox"/>	6. Current income, incl. TL, compares favorably to net income prior to injury	<input type="checkbox"/>
19. Age > 50 and employed in heavy industry	<input type="checkbox"/>	7. Multiple L&I claims (incl. previous claims)	<input type="checkbox"/>
Other Factors: _____		8. Soc Sec Disability receipt or application in process	<input type="checkbox"/>
_____		9. Loss of driver's license or other credentials	<input type="checkbox"/>
_____		10. Loss of medical insurance	<input type="checkbox"/>
_____		11. Orig non-timeloss claim has since become one	<input type="checkbox"/>
_____		12. Non-compliance with med/voc treatment plans	<input type="checkbox"/>
_____		13. Phys or wkr believe L&I unresponsive/adversarial	<input type="checkbox"/>

ACTION PLAN:

_____ Date rc'd _____
_____ HSC _____

- Referred for Surgery _____
- Referral for VOC REHAB _____
- APP notified of actions taken Forwarded to L&I Claims by _____ (initials) Date completed _____

If data not entered by web access, please Fax to COHE at (509) 456-6818 or toll free (866) 853-0137, with attachments.