

Physician's Return-to-Work & Voucher Report Instructions FOR INJURIES OCCURRING ON OR AFTER 1/1/13

Who is responsible for filling out this form? The first physician (primary treating physician, Agreed Medical Evaluator (AME), or Panel Qualified Medical Evaluator (PQME)) who finds that the disability from all conditions for which compensation is claimed has become permanent and stationary (P&S) (or has reached maximum medical improvement (MMI)) and finds that the injury has caused permanent partial disability.

What is the purpose of this form? The purpose of the form is to fully inform the employer of the work capacities and activity restrictions resulting from the injury that are relevant to potential regular work, modified work, or alternative work. The information contained on the form is for voucher purposes and is not considered in any permanent impairment rating or any permanent disability indemnity.

Is this a mandatory form? This is a mandatory attachment to the first medical report finding that the disability from all conditions for which compensation is claimed has become permanent and stationary (P&S) or has reached maximum medical improvement (MMI) and that the injury has caused permanent partial disability. This form should be attached to a comprehensive medical-legal evaluation and does not replace such comprehensive medical-legal evaluations.

When does the form need to be completed? This form does not need to be completed until all conditions for which compensation is claimed have become permanent and stationary (P&S) or has reached maximum medical improvement (MMI).

If the employer or claims administrator has provided the physician with a job description providing physical requirements of the employee's regular work, proposed modified work, or proposed alternative work, the physician will evaluate and describe in the form whether the work capacities and activity restrictions are compatible with the physical requirements set forth in that job description. The bottom portion of the form does not need to be completed if the physician has not been provided with a job description.

Completing the employee's work restrictions: The physician should indicate work restrictions in terms of how many hours a particular activity is restricted during an 8-hour work day. For hand restrictions, the physician should indicate whether the restrictions are for the right hand, left hand, or both.

Other restrictions can include psychiatric restrictions, chemical exposure, use of equipment, or any other restrictions.

How does the employer receive the form? The claims administrator will forward the form to the employer.

You can locate the required report on the DWC website or at
https://www.dir.ca.gov/dwc/DWCPropRegs/SJDB_Regs/DWCForm10133.36.pdf