Stakeholder Meetings Medical Director Updates

MAGGIE COOK-SHIMANEK, MD, MPH

JULY 15TH AND 29TH

AUGUST 19TH AND 26TH

Montana Department of LABOR & INDUSTRY

Outline

During this session, I will provide updates on the items below.

- Montana Utilization and Treatment Guidelines
- Medical Status Form
- Education and Outreach
- Petition process

Montana Utilization and Treatment Guidelines

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Montana Guidelines

Most recent update – Shoulder Injury Guideline published January 10, 2026

- Notification on 9th Edition Utilization & Treatment Guideline Updates

- Next full Colorado update is the Lower Extremity Injury Guideline

Updated search feature – “Chat”

Link: https://montanaguidelines.com/

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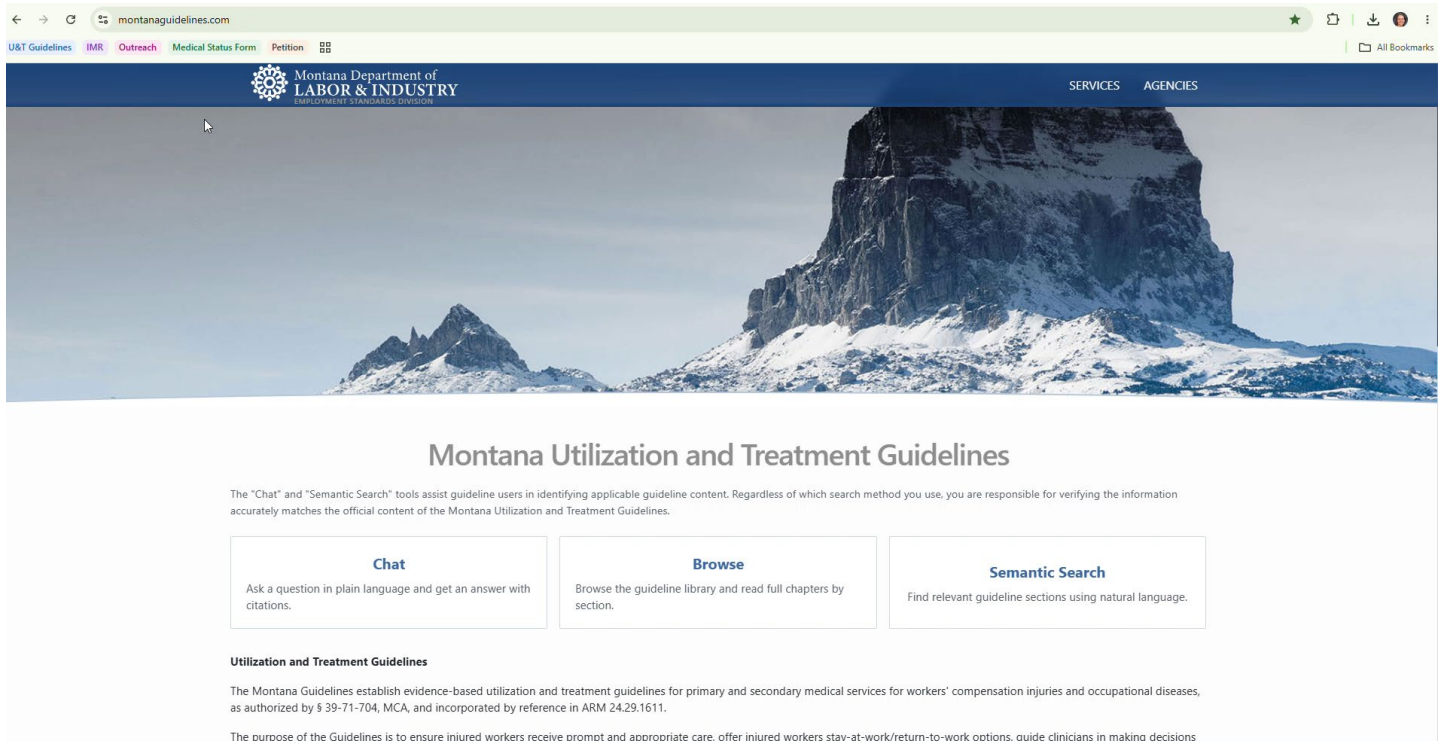
Montana Guidelines

Capturing content for a letter



Link: https://montanaguidelines.com/

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Medical Status Form Update

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Policy updates

Statutory updates

- Remove requirement for medical information
- Enhance privacy

Medical Status Form

39-71-1036. Medical status form. (1) The department shall create a medical status form to be provided to a health care provider providing treatment for a compensable injury or occupational disease.

(2) The form must contain, at a minimum, the following information:

(a) the worker's first and last names and claim number;

(b) the affected body part that is directly related to the compensable injury or occupational disease;

(c) the timeframe during which the treating physician recommends that the worker be completely off work;

(d) the date or anticipated date of the worker's release to modified duty;

(e) the date or anticipated date of the worker's release to full duty;

(f) any temporary work restrictions applicable to the worker;

(g) any permanent work restrictions applicable to the worker; and

(h) the date of the worker's next appointment.

(3) An insurer may request additional information from the health care provider not contained in the department's form.

(4) The treating physician or a designee shall complete the form following every office visit with the worker.

Administrative rule updates

- Remove prohibition for reimbursement
- Align with statutory language

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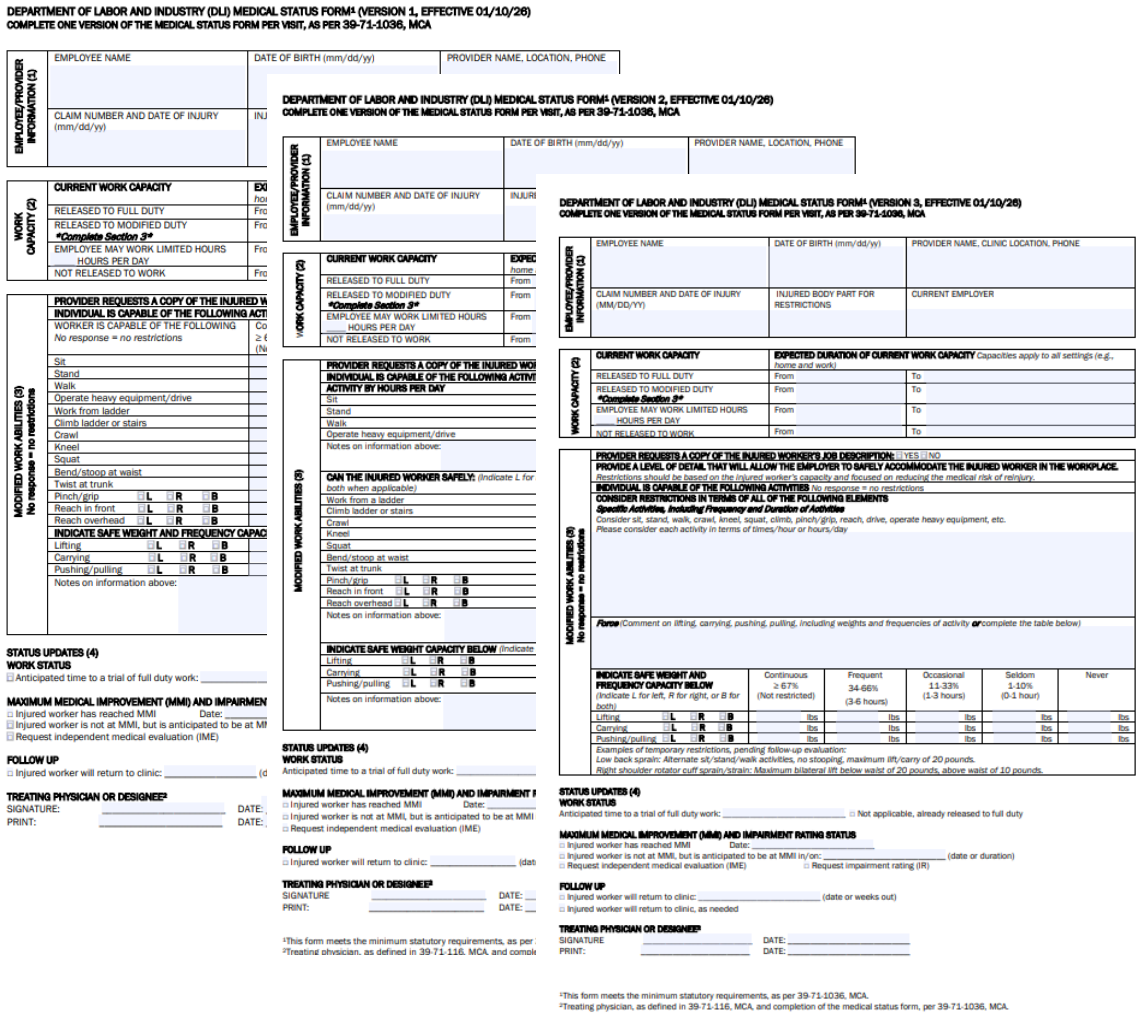
Form updates

Three versions of the form that meet the minimum statutory requirements

Instructions and forms translated to Spanish



DEPARTMENT OF LABOR AND INDUSTRY (DLI) MEDICAL STATUS FORM[1] (VERSION 1, EFFECTIVE 01/10/26)
COMPLETE ONE VERSION OF THE MEDICAL STATUS FORM PER VISIT, AS PER 39-71-1036, MCA

EMPLOYEE/PROVIDER INFORMATION (1)
EMPLOYEE NAME | DATE OF BIRTH (mm/dd/yy) | PROVIDER NAME, LOCATION, PHONE
CLAIM NUMBER AND DATE OF INJURY (mm/dd/yy)

WORK CAPACITY (2)
CURRENT WORK CAPACITY
RELEASED TO FULL DUTY
RELEASED TO MODIFIED DUTY
Complete Section 3
EMPLOYEE MAY WORK LIMITED HOURS ____ HOURS PER DAY
NOT RELEASED TO WORK

MODIFIED WORK ABILITIES (3)
No response = no restrictions
PROVIDER REQUESTS A COPY OF THE INJURED W
INDIVIDUAL IS CAPABLE OF THE FOLLOWING ACTI
WORKER IS CAPABLE OF THE FOLLOWING
No response = no restrictions
Sit
Stand
Walk
Operate heavy equipment/drive
Work from ladder
Climb ladder or stairs
Crawl
Kneel
Squat
Bend/stoop at waist
Twist at trunk
Pinch/grip ☐L ☐R ☐B
Reach in front ☐L ☐R ☐B
Reach overhead ☐L ☐R ☐B
INDICATE SAFE WEIGHT AND FREQUENCY CAPAC
Lifting ☐L ☐R ☐B
Carrying ☐L ☐R ☐B
Pushing/pulling ☐L ☐R ☐B
Notes on information above:

STATUS UPDATES (4)
WORK STATUS
☐ Anticipated time to a trial of full duty work: _____

MAXIMUM MEDICAL IMPROVEMENT (MMI) AND IMPAIRMEN
☐ Injured worker has reached MMI Date: _____
☐ Injured worker is not at MMI, but is anticipated to be at MI
☐ Request independent medical evaluation (IME)

FOLLOW UP
☐ Injured worker will return to clinic: _____ (d

TREATING PHYSICIAN OR DESIGNEE[2]
SIGNATURE: _____ DATE:
PRINT: _____ DATE:

DEPARTMENT OF LABOR AND INDUSTRY (DLI) MEDICAL STATUS FORM[1] (VERSION 2, EFFECTIVE 01/10/26)
COMPLETE ONE VERSION OF THE MEDICAL STATUS FORM PER VISIT, AS PER 39-71-1036, MCA

EMPLOYEE/PROVIDER INFORMATION (1)
EMPLOYEE NAME | DATE OF BIRTH (mm/dd/yy) | PROVIDER NAME, LOCATION, PHONE
CLAIM NUMBER AND DATE OF INJURY (mm/dd/yy) | INJUR

WORK CAPACITY (2)
CURRENT WORK CAPACITY | EXPEC home
RELEASED TO FULL DUTY | From
RELEASED TO MODIFIED DUTY | From
Complete Section 3
EMPLOYEE MAY WORK LIMITED HOURS ____ HOURS PER DAY | From
NOT RELEASED TO WORK | From

MODIFIED WORK ABILITIES (3)
PROVIDER REQUESTS A COPY OF THE INJURED WO
INDIVIDUAL IS CAPABLE OF THE FOLLOWING ACTIVI
ACTIVITY BY HOURS PER DAY
Sit
Stand
Walk
Operate heavy equipment/drive
Notes on information above:
CAN THE INJURED WORKER SAFELY: (Indicate L for both when applicable)
Work from a ladder
Climb ladder or stairs
Crawl
Kneel
Squat
Bend/stoop at waist
Twist at trunk
Pinch/grip ☐L ☐R ☐B
Reach in front ☐L ☐R ☐B
Reach overhead ☐L ☐R ☐B
Notes on information above:
INDICATE SAFE WEIGHT CAPACITY BELOW (Indicate
Lifting ☐L ☐R ☐B
Carrying ☐L ☐R ☐B
Pushing/pulling ☐L ☐R ☐B
Notes on information above:

STATUS UPDATES (4)
WORK STATUS
Anticipated time to a trial of full duty work: _____

MAXIMUM MEDICAL IMPROVEMENT (MMI) AND IMPAIRMENT
☐ Injured worker has reached MMI Date: _____
☐ Injured worker is not at MMI, but is anticipated to be at MMI
☐ Request independent medical evaluation (IME)

FOLLOW UP
☐ Injured worker will return to clinic: _____ (dat

TREATING PHYSICIAN OR DESIGNEE[2]
SIGNATURE _____ DATE: _
PRINT: _____ DATE: _

[1]This form meets the minimum statutory requirements, as per
[2]Treating physician, as defined in 39-71-116, MCA and comple

DEPARTMENT OF LABOR AND INDUSTRY (DLI) MEDICAL STATUS FORM[1] (VERSION 3, EFFECTIVE 01/10/26)
COMPLETE ONE VERSION OF THE MEDICAL STATUS FORM PER VISIT, AS PER 39-71-1036, MCA

EMPLOYEE/PROVIDER INFORMATION (1)
EMPLOYEE NAME | DATE OF BIRTH (mm/dd/yy) | PROVIDER NAME, CLINIC LOCATION, PHONE
CLAIM NUMBER AND DATE OF INJURY (MM/DD/YY) | INJURED BODY PART FOR RESTRICTIONS | CURRENT EMPLOYER

WORK CAPACITY (2)
CURRENT WORK CAPACITY | EXPECTED DURATION OF CURRENT WORK CAPACITY Capacities apply to all settings (e.g., home and work)
RELEASED TO FULL DUTY | From | To
RELEASED TO MODIFIED DUTY | From | To
Complete Section 3
EMPLOYEE MAY WORK LIMITED HOURS ____ HOURS PER DAY | From | To
NOT RELEASED TO WORK | From | To

MODIFIED WORK ABILITIES (3)
No response = no restrictions
PROVIDER REQUESTS A COPY OF THE INJURED WORKER'S JOB DESCRIPTION: ☐YES ☐NO
PROVIDE A LEVEL OF DETAIL THAT WILL ALLOW THE EMPLOYER TO SAFELY ACCOMMODATE THE INJURED WORKER IN THE WORKPLACE.
Restrictions should be based on the injured worker's capacity and focused on reducing the medical risk of reinjury.
INDIVIDUAL IS CAPABLE OF THE FOLLOWING ACTIVITIES No response = no restrictions
CONSIDER RESTRICTIONS IN TERMS OF ALL OF THE FOLLOWING ELEMENTS
Specific Activities, including Frequency and Duration of Activities
Consider sit, stand, walk, crawl, kneel, squat, climb, pinch/grip, reach, drive, operate heavy equipment, etc.
Please consider each activity in terms of times/hour or hours/day
Form (Comment on lifting, carrying, pushing, pulling, including weights and frequencies of activity or complete the table below)

INDICATE SAFE WEIGHT AND FREQUENCY CAPACITY BELOW (Indicate L for left, R for right, or B for both)	Continuous ≥ 67% (Not restricted)	Frequent 34-66% (3-6 hours)	Occasional 11-33% (1-3 hours)	Seldom 1-10% (0-1 hour)	Never
Lifting ☐L ☐R ☐B	lbs	lbs	lbs	lbs	lbs
Carrying ☐L ☐R ☐B	lbs	lbs	lbs	lbs	lbs
Pushing/pulling ☐L ☐R ☐B	lbs	lbs	lbs	lbs	lbs

Examples of temporary restrictions, pending follow-up evaluation:
Low back sprain: Alternate sit/stand/walk activities, no stooping, maximum lift/carry of 20 pounds.
Right shoulder rotator cuff sprain/strain: Maximum bilateral lift below waist of 20 pounds, above waist of 10 pounds.

STATUS UPDATES (4)
WORK STATUS
Anticipated time to a trial of full duty work: _____ ☐ Not applicable, already released to full duty

MAXIMUM MEDICAL IMPROVEMENT (MMI) AND IMPAIRMENT RATING STATUS
☐ Injured worker has reached MMI Date: _____
☐ Injured worker is not at MMI, but is anticipated to be at MMI in/on: _____ (date or duration)
☐ Request independent medical evaluation (IME) ☐ Request impairment rating (IR)

FOLLOW UP
☐ Injured worker will return to clinic: _____ (date or weeks out)
☐ Injured worker will return to clinic, as needed

TREATING PHYSICIAN OR DESIGNEE[2]
SIGNATURE _____ DATE: _____
PRINT: _____ DATE: _____

[1]This form meets the minimum statutory requirements, as per 39-71-1036, MCA.
[2]Treating physician, as defined in 39-71-116, MCA, and completion of the medical status form, per 39-71-1036, MCA.

Visit: https://erd.dli.mt.gov/work-comp-claims/medical-regulations/medical-status-form

Montana Department of LABOR & INDUSTRY

Education and Outreach

Montana Department of
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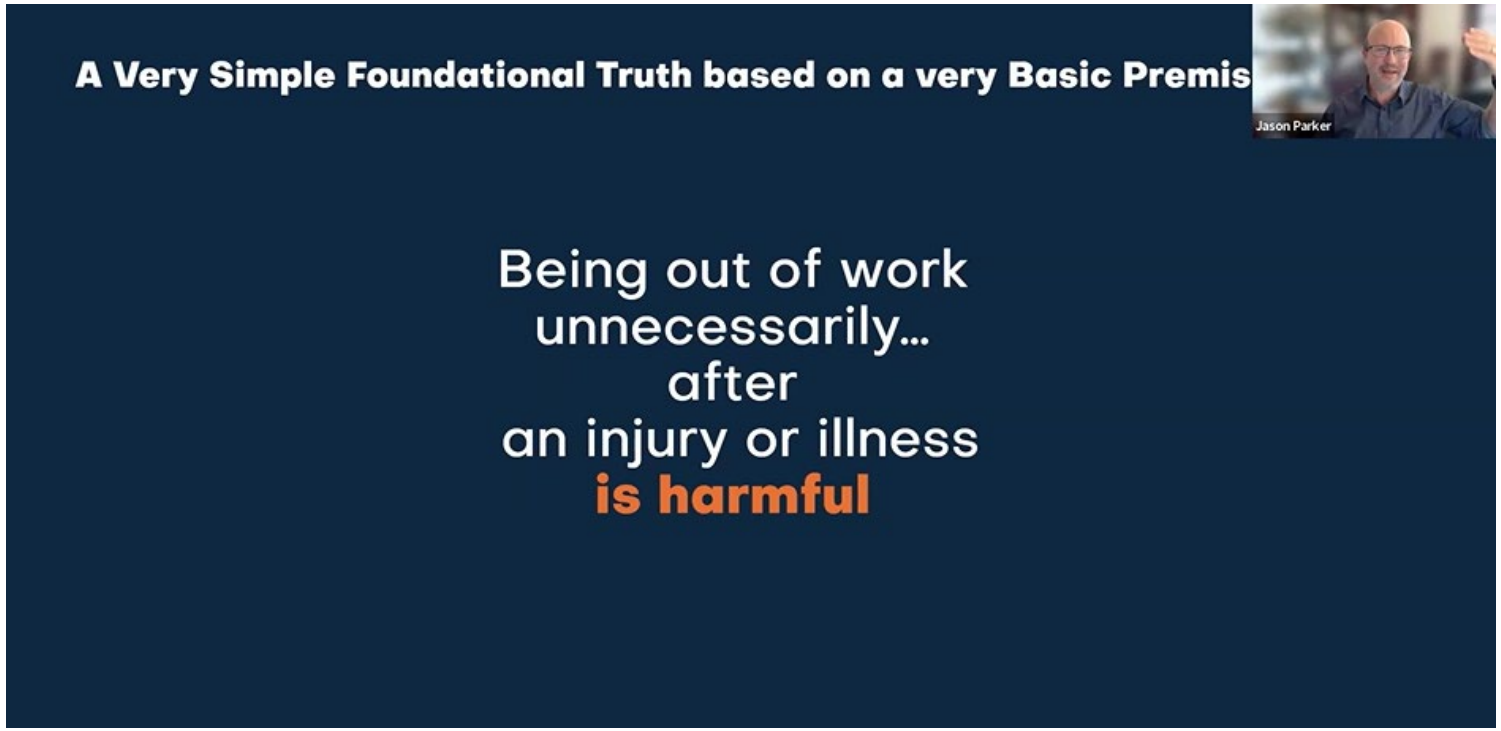
Education and Outreach

Jason Parker, *Rethinking Return-to-Work: Introducing a Worker-Centric Framework*

- Five sessions in May and June
- Follow up, culminating sessions at the Governor's Conference in West Yellowstone



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Education and Outreach

If you missed this presentation, please visit the DLI [Workers' Compensation - YouTube] channel

Rethinking Return to Work ~ Introducing a Worker Centric Framework

Montana Department of Labor & Industry

7 views • 2 weeks ago

For those interested in learning more....

Governor's Conference on Workers' Compensation

Montana Department of Labor and Industry | CONFERENCE

Wed, October 07, 2026 — Fri, October 09, 2026

GOVERNOR'S CONFERENCE on WORKERS' COMPENSATION

Links: [Registration link: Governor's Conference on Workers' Compensation]
[Workers' Compensation - YouTube]

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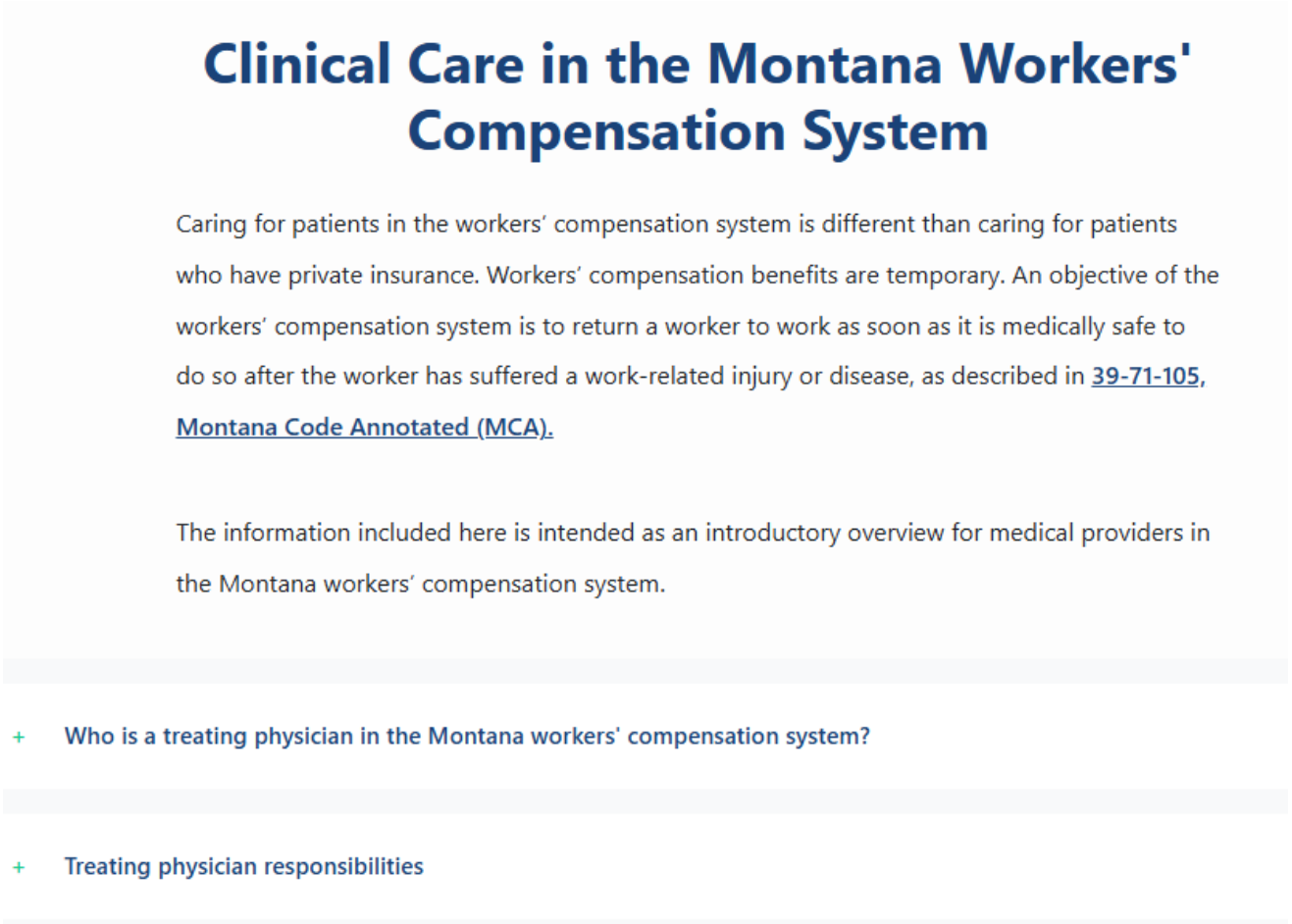
Updated DLI Websites

New Workers' Compensation Provider website!



Clinical Care in the Montana Workers' Compensation System

Caring for patients in the workers' compensation system is different than caring for patients who have private insurance. Workers' compensation benefits are temporary. An objective of the workers' compensation system is to return a worker to work as soon as it is medically safe to do so after the worker has suffered a work-related injury or disease, as described in 39-71-105, Montana Code Annotated (MCA).

The information included here is intended as an introductory overview for medical providers in the Montana workers' compensation system.

+ Who is a treating physician in the Montana workers' compensation system?

+ Treating physician responsibilities

Visit: https://erd.dli.mt.gov/work-comp-claims/medical-regulations/clinical-care

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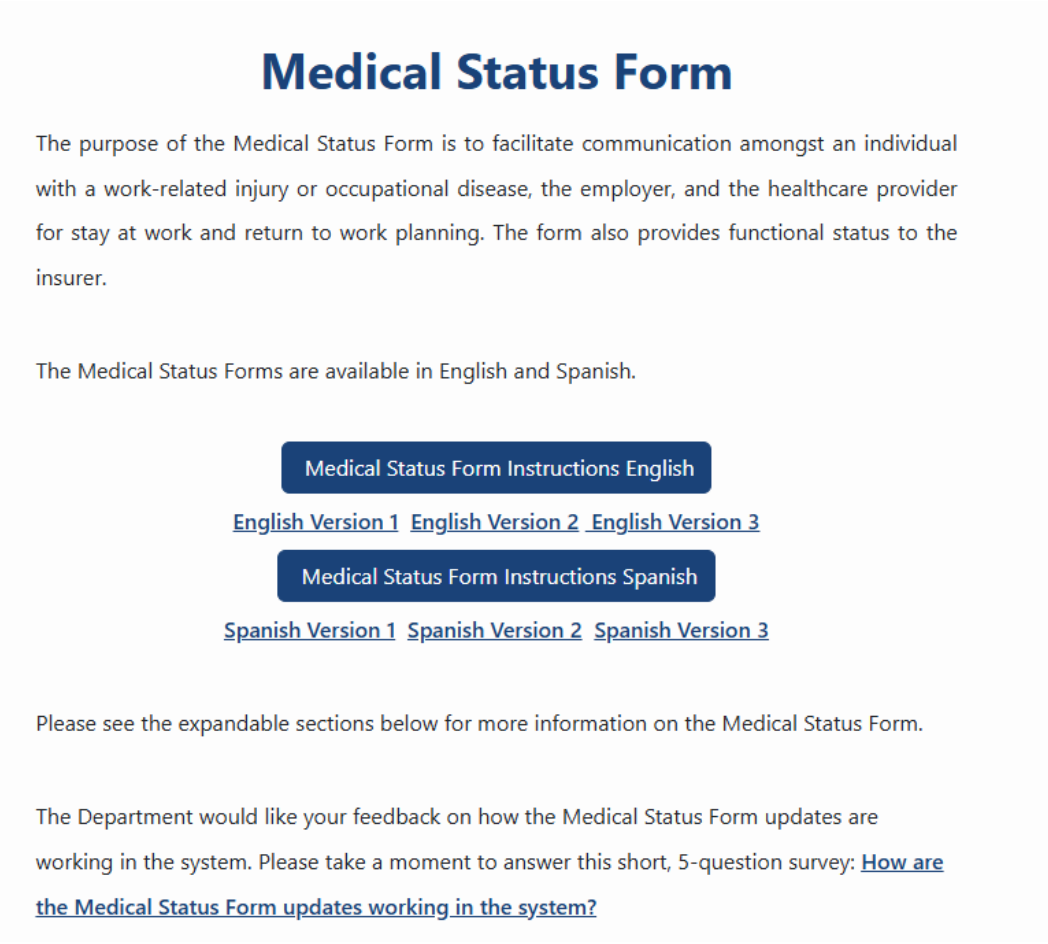
Education and Outreach

Updated Medical Status Form website!



Medical Status Form

The purpose of the Medical Status Form is to facilitate communication amongst an individual with a work-related injury or occupational disease, the employer, and the healthcare provider for stay at work and return to work planning. The form also provides functional status to the insurer.

The Medical Status Forms are available in English and Spanish.

Medical Status Form Instructions English

English Version 1 English Version 2 English Version 3

Medical Status Form Instructions Spanish

Spanish Version 1 Spanish Version 2 Spanish Version 3

Please see the expandable sections below for more information on the Medical Status Form.

The Department would like your feedback on how the Medical Status Form updates are working in the system. Please take a moment to answer this short, 5-question survey: How are the Medical Status Form updates working in the system?

Visit: https://erd.dli.mt.gov/work-comp-claims/medical-regulations/medical-status-form

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Petition process

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Process – typical file contents

5-year reopening

- FROI
- Petition form
- Medical records
- Legal documents
- Occasionally, a letter
- +/-Panel reviews

2-year subsequent

- Medical records
- Legal documents
- Occasionally, a letter

Decision-making

"§ 39-71-717 MCA requires that medical benefits may be reopened only if the worker's medical condition is a direct result of the compensable injury or occupational disease and requires medical treatment in order to allow the worker to continue to work or return to work."

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DATE STAMP *For Department Use Only*

Petition To Reopen Closed Medical Benefits

Please see instructions on page 2.

1. Injured Worker's Name:

Address:

Phone:

Email *(optional)*:

Date of Birth:

2. Your Worker's Compensation Claim Number: *(optional)*

Date of Injury:

Body Part:

3. Attorney's Name: *(if applicable)*

Address:

Phone:

Email *(optional)*:

4. Preferred review process:

- ○ Medical Director only
- ○ Panel Review (including medical director)

5. What is your current work status?

- ○ Working at my time of injury job
- ○ Working at modified or different job
- ○ Not Working

6. Has there been a settlement approved for medical benefits?

- ○ Yes
- ○ No

7. Describe how the reopening of medical benefits will keep you at work or return you to work.
Attach additional pages and supporting medical documents as needed.

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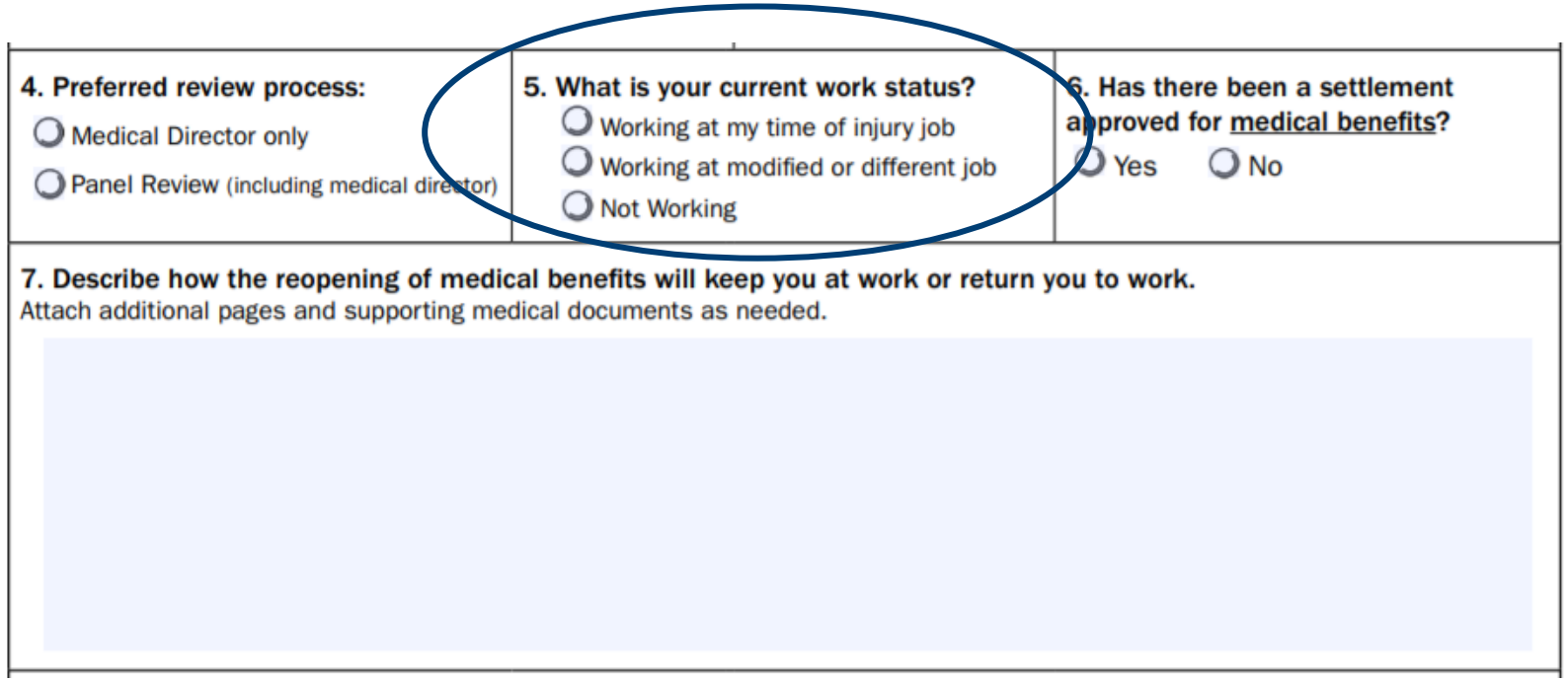


4. Preferred review process:

- ○ Medical Director only
- ○ Panel Review (including medical director)

5. What is your current work status?

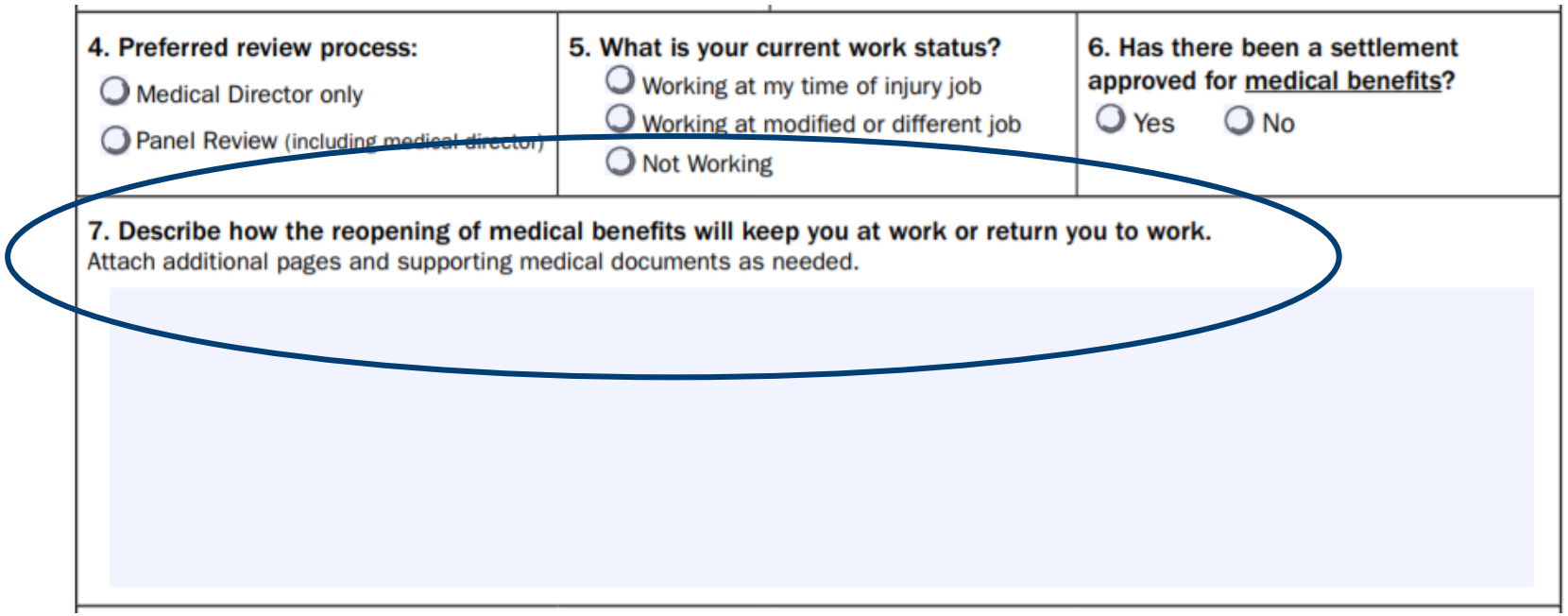
- ○ Working at my time of injury job
- ○ Working at modified or different job
- ○ Not Working

6. Has there been a settlement approved for medical benefits?

- ○ Yes
- ○ No

7. Describe how the reopening of medical benefits will keep you at work or return you to work.
Attach additional pages and supporting medical documents as needed.

Available only on the 5-year petition to reopen benefits



4. Preferred review process:	5. What is your current work status?	6. Has there been a settlement approved for medical benefits?
○ Medical Director only ○ Panel Review (including medical director)	○ Working at my time of injury job ○ Working at modified or different job ○ Not Working	○ Yes ○ No

7. Describe how the reopening of medical benefits will keep you at work or return you to work.
Attach additional pages and supporting medical documents as needed.

Available only on the 5-year petition to reopen benefits

Challenges and potential solutions

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No medical records submitted

- 5-year – I have the petition form with an explanation from injured worker on how benefits will aid return to/stay at work

- 2-year – becomes more problematic
  - Is it true that there really aren't medical records (implying benefits haven't been necessary)? OR
  - Has medical care been ongoing, but records just weren't submitted (and benefits really are necessary)?

- Joint petitions – the most problematic
  - There are no records on file for the course of the claim

Potential solution: Ensure timely submission of medical records and include a letter to accompany the file

Work status challenges

5-year – can become problematic if marked “not working” on petition form.

2-year – I depend on medical records or letter to see if work status is mentioned.

Potential solution: Include a letter to accompany the file

Remember the statutory question, per § 39-71-717 MCA

> Are medical benefits may be reopened only if the worker's medical condition is a direct result of the compensable injury or occupational disease and requires medical treatment in order to allow the worker to continue to work or return to work.”

Prosthesis

39-71-116 MCA Definitions

(30) "Prosthetic device" or "prosthesis" means an artificial substitute for a missing body part.

Associated medical benefits "for the repair or replacement of a prosthesis furnished as a direct result of a compensable injury or occupational disease" are exempt from the reopening petition process, as per 39-71-704 MCA.

Benefits clearly necessary

Proposed surgical plan is clearly described in provider note.

Maintenance medical care that allows the individual to continue to work (e.g., medications, periodic injections)

Individual has not reached MMI

Potential solution: Consider a joint petition when appropriate

Uncertainty on MMI status

Uncertainty on maximum medical improvement status

Solution: Added this information to the insurer request and/or letter.

ACTION NEEDED: 1. Submit medical records to Maximus Federal by 07/16/2026
2. Indicate if injured worker has reached MMI

Injured worker has reached MMI
☐ Yes
☐ No

Summary

Submit medical records

Consider including a letter in the file for additional information

Mark MMI status on the insurer petition form

Munn vs. Montana State Fund (2026)

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

2026 MTWCC 3

WCC No. MSF-2026-0000003-MISC

HOLLY MUNN

Petitioner

vs.

MONTANA STATE FUND

Respondent/Insurer

Link: https://courts.mt.gov/external/wcc/m/Munn_2026MTWCC3.pdf

Questions?

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Links

Guidelines

- Montana Utilization and Treatment Guidelines
- Notification on 9th Edition Utilization & Treatment Guideline Updates

Independent Medical Review

Medical Status Form

Rethinking Return-to-Work: Introducing a Worker-Centric Framework YouTube