

**BACKGROUND**

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. Completion of the Medical Status Form is statutorily required following each visit, as per [MCA 39-71-1036](#). An insurer may request additional information from the healthcare provider not contained in the form. The Department offers three versions of the Medical Status Form, each meeting the minimum statutory requirements for form content. Only one version should be completed following the medical visit.

**EMPLOYEE/PROVIDER INFORMATION (SECTION 1, ALL VERSIONS)**

Enter Patient/Employee name, date of birth, claim number and date of injury. Enter the provider name, clinic location, and phone number. Complete the fields requesting the injured body part to which the restrictions apply and the current employer.

**WORK CAPACITY (SECTION 2, ALL VERSIONS)**

This section allows the provider to opine on the individual's current work capacity and the expected duration of this capacity assessment. The "From" field indicates the date of the medical visit where capacity is assessed. The "To" field is the estimated or known date of the follow up visit when work capacity will be reassessed. The current work capacity is classified in several ways, as outlined below.

- "Released to full duty" – in this case, there are no work restrictions and the user completes the date fields and proceeds to Section 4 of the form.
- "Released to modified duty" – in this case, the user completes the date fields and advances to Section 3 to elaborate on the individual's modified work abilities.
- "Employee may work limited hours" – in this case, the user marks the number of hours the individual can work each day. If there are no modifications to work activities, the user proceeds to Section 4. If the individual is working reduced hours *and* requires modified work abilities, the user should complete both applicable fields in this section and proceeds to Section 3.
- "Not released to work" – in this case, the provider opines that work, even with modified activities, is not possible. The user proceeds to Section 4.

**MODIFIED WORK ABILITIES (SECTION 3, ALL VERSIONS)**

All forms include an option for the provider to request a copy of the individual's job description. If the provider marks "yes," the employer or insurer should provide a copy of the job description so the provider has enough information to write meaningful work restrictions. Instructions for this section of the form depend on the version of the DLI form the provider selects. If a field is blank, this indicates there is no restriction.

- VERSION 1: The provider completes the modified work abilities with respect to activities and frequency. For each activity, check the box that corresponds with the appropriate frequency (e.g., continuous, frequent, occasional, seldom, or never). Certain activities include handedness and weight considerations. There is a free text box for other items.
- VERSION 2: The provider completes the modified work abilities with respect to the number of hours of each activity can be performed daily; whether the individual can safely perform certain activities; and safe weight capacity. There are free text boxes for other items.
- VERSION 3: The provider writes detailed work restrictions that will allow the employer to accommodate the injured worker in the workplace. The restrictions should address all the following elements in free text format and/or by completing the table.
  - ***specific activities*** (e.g., sit, stand, walk, crawl, kneel, squat, climb, pinch/grip, reach, drive, operate heavy equipment), ***AND***
  - ***frequency*** (times per hour) of activities ***AND***
  - ***duration*** (hours per day) ***AND***
  - ***sidedness*** (left or right), ***AND***
  - ***force*** (lifting, carrying, pushing, pulling).

**STATUS UPDATES (SECTION 4, ALL VERSIONS)****WORK STATUS**

All versions of the form allow the provider to indicate when to anticipate a trial of full duty. The provider can mark "not applicable" if the injured worker has already returned to full duty.

**MAXIMUM MEDICAL IMPROVEMENT (MMI) AND IMPAIRMENT RATING STATUS**

All versions of the form allow the provider to indicate whether the individual has reached maximum medical improvement (MMI). If the injured workers is not at MMI, the provider can indicate when they anticipate the individual will reach MMI. There are two check boxes for providers who would like to request an independent medical evaluation (IME) or an impairment rating (IR).

**FOLLOW UP**

All versions of the form have a field for the provider to indicate when the injured work will return to clinic. This may be a specific date or it may be expressed as a duration for follow up.

**TREATING PHYSICIAN OR DESIGNEE**

All versions of the form include a field for the treating physician (as defined in MCA 39-71-116) or designee to sign the form, as statutorily permitted in MCA 39-71-1036.