

## Workability **Network**

## **TWP Affiliate Program Referral Flow Chart**

## Worker released to **FULL DUTY!**

**REPORT OF INJURY -** If healthcare required, refer to TWP Affiliate Physician Physician certifies worker is **TOTALLY DISABLED** 

Fax Letter to Physician. If no

response, Request MCO

Assistance to facilitate Return

To Work with RESTRICTIONS

If worker or Attending Physician

will not cooperate with

recommended work restrictions

or therapy referrals, *Request* 

Therapy Case Review (may

include peer-to-peer contact

with Attending Physician)

If NO productive work available within worker's restrictions, consider *payment of* wage continuation and charitable donation of worker's labor to a non-profit organization. **Worker released to Return To Work** with TEMPORARY RESTRICTIONS

Assign worker to TRANSITIONAL WORK. If worker incurs lost-time, notify BWC if WAGE CONTINUATION will be paid.

If worker is not released to FULL DUTY within 4 weeks, Request MCO Assistance to facilitate referral for **Workability Injury** Workability Network therapy provider.

**Assessment** or **Work-Site Therapy** with a

If medical management issues are still unresolved, Schedule **Independent Medical Exam** (may include Functional **Capacities Evaluation**).

If worker is not released to FULL DUTY or RTW with TEMPORARY RESTRICTIONS after 4 weeks of Out-Patient Therapy, *Refer for* Vocational Rehab Services with TWP Affiliate

with a Workability Network therapy provider (includes objective, functional assessments of progress

at 2-4 week intervals).

Request MCO Assistance

to facilitate referral for

**Out-Patient Therapy**