

Patient's Last Name:		First:	Middle:	Referring Physician:		Date of Injury:	
Social Security Number:			Date of Birth:		Height:	Weight:	
Employer:				Employer Address:			
Phone:		FAX:					
Insurance Carrier:				Provider:			
Address:				Address:			
Adjuster Name:				Provider Discipline <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DC <input type="checkbox"/> PT <input type="checkbox"/> OT			
				Tax ID Number:			
Phone:		FAX:		Phone:			
				FAX:			
Diagnosis Specific to Industrial Claim:				Other Conditions or Complicating Factors that May Affect Recovery:			
List from the patient's essential job functions, measurable objective requirements needed to return to work without restrictions (i.e.: lifting, carrying, grip, reaching overhead, standing or sitting duration, bending, etc.):*				Capabilities Recorded on First Visit	Capabilities on 8 th Visit	Capabilities on 14 th Visit	Capabilities on 20 th Visit
				Date: _____	Date: _____	Date: _____	Date: _____
Floor-Waist Max Lb. _____ Freq. _____				Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____
Waist-Shoulder Max Lb. _____ Freq. _____				Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____
Overhead Max Lb. _____ Freq. _____				Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____
Carrying Max Lb. _____ Freq. _____				Max. Lb. _____ Ft _____	Max. Lb. _____ Ft _____	Max. Lb. _____ Ft _____	Max. Lb. _____ Ft _____
Push/Pull Horizontal force Lb. _____							
Functional ROM O=overhead, S=shoulder, H=horizontal, K=knee, F=floor				O <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> F <input type="checkbox"/>	O <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> F <input type="checkbox"/>	O <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> F <input type="checkbox"/>	O <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> F <input type="checkbox"/>
Stairs _____				Stairs _____	Stairs _____	Stairs _____	Stairs _____
50 ft. speed walk _____				50 ft. _____ sec.	50 ft. _____ sec.	50 ft. _____ sec.	50 ft. _____ sec.
6 min. walk test _____				6 min. _____ ft.	6 min. _____ ft.	6 min. _____ ft.	6 min. _____ ft.
LEFS							
Knee Outcome							
Hours required to work per shift / Day				Hrs working / Day	Hrs working / Day	Hrs working / Day	Hrs working / Day
Patient's Reported Average Pain Intensity (0 to 10 Scale)				/10	/10	/10	/10
Patient's Reported Average Pain Frequency (% of the Day: 0-10-20-30-40-50-60-70-80-90-100%)				%	%	%	%
Treatment Plan: (Visits 1-8, include frequency) <input type="checkbox"/> Manual Therapy <input type="checkbox"/> Manipulation <input type="checkbox"/> Therapy Exercise <input type="checkbox"/> Ultrasound <input type="checkbox"/> Electrical Stim <input type="checkbox"/> FCE Testing <input type="checkbox"/> ADL Instruction <input type="checkbox"/> Neuromuscular Re-education <input type="checkbox"/> Others (List):				(Visits 9-14)	(Visits 15-20)	(Visits 15-20)	Visits (21-26)
Expected number of visits to reach stated functional goals:							
Attended/Prescribed Visits (Prescribed visits are those that should have been scheduled as per the plan of care)							
Provider Comments:							
Provider signature: _____ Date: _____							
Payor: Approval for Future Visits <input type="checkbox"/> Yes <input type="checkbox"/> No				(Visits 9-14) <input type="checkbox"/>	(Visits 15-20) <input type="checkbox"/>	(Visits 15-20) <input type="checkbox"/>	Visits (21-26) <input type="checkbox"/>
Payor Signature: _____ Date: _____							
Payor Comments							



Official Form 221c Revised 7/12

State of Utah * Labor Commission * Division of Industrial Accidents – 160 East 300 South * P O Box 146610 Salt Lake City, UT 84110-6610 * Phone (801) 530-6800 * Fax (801) 530-6804 * Toll Free (800) 530-5090 * www.laborcommission.utah.gov

Restorative Services Authorization/Denial - LOWER EXTREMITY

Glossary of Terms

List the Essential Job Functions: Use specific, functional, and measurable terms (pounds, degrees of motion, length of reach or carry, minutes of tasks, etc.) to describe tasks the individual needs to perform in order to return to their full duty work position. Clinicians can also identify those essential job functions that currently limit the client's ability to perform his or her usual duties. Clinicians are encouraged to discuss the physical demands of the position with both the client and the employer. The job description should then be compared to the client's current physical demands in order to identify the essential job functions that will be used as goals to ascertain whether or not the client is making acceptable progress with the treatment being given in returning to work. The goals should be described in objective, measurable, and functional terms. Examples include: 1) occasional lifts of 30 lbs. from floor to shoulder height, 2) able to perform light assembly work above eye level for up to 20 minutes at one time and 2 ½ hours a day, 3) able to be up on their feet for up to 2 hours at one time and 6 hours throughout the day and 4) able to type for 45 minutes at one time without increased symptoms." Improvement in stated functional goals, hours worked, and subjective pain ratings will be used to determine whether or not further treatment will be authorized.

Patient's Essential Job Functions: Measurable objective requirements to return to work which is listed as maximum weights able to be lifted from floor to waist, waist to shoulder, and to overhead levels; maximum weight able to be carried; and maximum horizontal force to push/pull.

Functional Range of Motion: This indicates the ability the individual has to functionally reach overhead, shoulder height, reach out horizontally, to knee height, and to the floor.

Stairs: Assess the ability to ascend and descend stairs.

50 Foot Speed Walk: Start the 50-foot walk test (25 feet out and 25 feet back) and the timer on the command "go." The goal is to walk as quickly as possible to the 25 foot mark and back. The timer is stopped when the participant returns to the initial line. A score of 8 seconds to walk 50 feet is considered "normal" pace.

6 Minute Walk Test: This standardized test assesses the ability of an individual to walk as far as possible in six minutes. The test is conducted on a hard, flat surface at a self selected pace.

Balance Test: Assess the individual's ability to stand in single-leg stance for 30 seconds and tandem (heel-toe-heel-toe) walking. Balance can also be assessed during functional tasks of climbing, walking, lifting, and carrying.

Lower Extremity Functional Scale: This standardized perceived ability questionnaire assesses the ability or difficulty an individual has participating in and completing various daily activities. The following link is a copy of the Lower Extremity Functional Scale and how to score the form:

[http://www.physio-pedia.com/Lower_Extremity_Functional_Scale_\(LEFS\)](http://www.physio-pedia.com/Lower_Extremity_Functional_Scale_(LEFS))

Knee Outcome Survey: This standardized questionnaire includes a survey of activities of daily living (ADLs) and a survey for sports activity. The survey for ADLs is appropriate for individuals who have not returned to sports activity or those who do not engage in recreational sports. The sports activity survey assesses higher levels of physical function. The following link is a copy of the Knee Outcome Survey and how to score the form:

http://academic.regis.edu/clincaleducation/pdfs/knee_outcome_survey_ADL.pdf

Hours Required to Work Per Shift/Day: This should reflect the pre-injury average hours required per shift the patient was required to work for a full day's work. On the 8, 14 and 20th visits, list the average numbers of hours per day the individual is currently working.

Pain Intensity: The individual will rate their pain on a 10 centimeter visual analog scale with "0" being no pain and "10" being worst imaginable.

Pain Frequency: Individuals rate what percentage of the day their pain is present, i.e. 0-10-20-30-40-50-60-70-80-90-100% of the day.

Expected Number of Visits to Reach Stated Goals: The clinician is to estimate from their experience treating patients with a similar condition, the number of visits required to meet the treatment goals.

Treatment Plan: General description of the indented plan of care for the patient. Changes to the program should be noted on the 8, 14 and 20th visits requests for authorization.

Attended/Intended Visits: The number of visits that the patient has attended divided by the number of visits the patient should have attended according to the treatment plan. In other words, if the patient should be receiving treatment three times a week but has only attended four times in the past three weeks, the result would be 4 (visits attended) with 9 (visits intended).

Provider Comments: Space is provided for the clinician to provide additional information regarding the patient not covered by previous sections.