

## Practice Directive 24

### Physician's Progress Report – Form 11

Date: May 10, 2000

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#### Background:

Section 56 of the *Workers Compensation Act* sets out the duty of physicians or qualified practitioners to submit prompt, adequate and accurate reports to the Workers' Compensation Board regarding the work injury. This requirement is also discussed in Policy items #74.10 and #95.00 of the Rehabilitation Services & Claims Manual (RSCM).

The Form 11, Physician's Progress Report, contains valuable information about a worker's treatment plan and the progress of recovery from a work-related injury. As well, once a full return to work or other return to work arrangement can occur, the Form 11 contains information about the plan, any limitations, and any further treatment needed.

Policy item #95.31 of the RSCM provides in part that:

“Wage-loss compensation is normally paid on the basis of medical evidence supporting a disability. This medical evidence is usually in the form of a signed medical report from a physician or a qualified practitioner”

Board practice has been to routinely request a physician to submit a Form 11 every two weeks for proof of ongoing disability. The Board pays for reports submitted more frequently than every two weeks only if significant new medical information is reported or the worker is cleared to return to work. The Rehabilitation and Compensation Services Division realizes that for certain claims, due to the nature of the injury or other treatment provided, a routine Form 11 is not helpful in claims management.

The Board's 1999 Agreement with the British Columbia Medical Association (BCMA), effective from April 1, 1999 to March 31, 2000, was recently signed. This agreement highlights the need for complete and legible Form 11 reports. As well, it confirms that Form 11 reports can be submitted less frequently than every 2 weeks at the discretion of the Board. The contents of this directive will be communicated to BCMA members.

#### Purpose of Directive:

This directive is to advise Board staff not to request or approve payment of Form 11 reports that are not required for the ongoing adjudication of a claim.

This advice is necessary to reduce the significant costs of obtaining and processing these reports and to reduce the workload on attending physicians so that they may

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provide the Board with a Form 11 report that contains timely, necessary and useful information. This information will assist in the treatment and return to work of injured workers.

This directive is not intended to restrict physician follow up visits that are clinically appropriate to evaluate progress or manage a change in medical status. In the cases outlined in this directive, however, the routine scheduling of biweekly office visits intended only to facilitate a Form 11 report will not be necessary.

### **Form 11 Reports Required:**

1. Initially, the Form 11 reports are valuable for conveying the treatment plan or additional information about a treatment plan outlined on the Form 8, Physician's First Report. As well, the initial Form 11 reports may contain information about the course of recovery and/or any additional factors affecting return to work.
2. During the claim, if any change in the worker's disability occurs which may impact the length of recovery, the attending physician must submit a Form 11.
3. During the claim, a Board Officer can request that the worker visit the attending physician in order to receive a Form 11 that includes information on the worker's recovery. The Board Officer must document Form 11 requests in a log entry on the claim. The Board will not generally require that the physician submit a Form 11 every two weeks.
4. When a return to work or early return to work to modified or graduated duties can occur, a Form 11 is required which outlines the plan, any limitations and any further treatment needed.

### **Form 11 Reports Not Required:**

1. Form 11 reports are not required when a worker is taking part in any of the Board-sponsored rehabilitation programs that require regular submission of progress reports, unless there is additional information that needs to be communicated to the Board.
2. Form 11 reports are not required when the work injury results in a lengthy but appropriate period of recovery, the length of recovery is documented in the initial Form 11 or other report, and no deviation from the recovery plan is expected. The Board Officer should request, or the attending physician should submit, Form 11 reports where it appears that the worker's recovery is prolonged due to non-compensable factors.

A fracture is an example of an injury that results in a lengthy recovery. The course of recovery typically includes 3 - 6 weeks in a cast, followed by physiotherapy to mobilize and return to work at 10 weeks. In this situation, an initial Form 11 report, perhaps followed by a Form 11 progress report update and a final report before return to work would be appropriate. If the original treatment plan changes, the

physician can submit additional reports. It is not expected, however, that the physician will submit the Form 11 every two weeks.

3. Form 11 reports are not required after claim closure or implementation of a pension award unless there is a notable change in the worker's compensable condition that will require review by a Board Officer.

**Additional Form 11 Guidelines:**

Board Officers are reminded that follow up with the attending physician is essential when consecutive Form 11 reports are received which indicate no change in the worker's medical or return to work status. The Board Officer should inquire into whether any further treatment or rehabilitation is required, whether the worker is ready to commence a return to work, or whether a referral to vocational rehabilitation is appropriate.