

# Medical Clinic Policy

Prepared by: UNICO Group Inc.

Location: (Insert Location)

Effective Date: (Date)

Revision Number: 1

## Purpose

This policy is a service commitment to empower its employees and (Name of Clinic) to improve the workers' compensation delivery process, ensure high quality care, improve access to specialists, reduce time lost from work and enhance communication between all involved parties

## POLICY GUIDELINES

(Name of Clinic) agrees to the following performance standards:

- To complete a problem-focused medical, functional and occupational history and physical exam commensurate with the employee's condition.
- To formulate a diagnosis and assessment of the employee's condition.
- To form an analysis of causation and consider the following: strength of association, consistency, specificity, temporal relationship, biological plausibility, medical models, reasoning by analogy, resultant change in exposure, dose response and coherence of evidence.
- To discuss the following by telephone or in person with the patient, employer and insurer: work-relatedness, work capacity and work restrictions.
- To communicate any treatment plans to the injured employee, the employer and the insurer (with notes).
- To perform functional capacity exams (FCEs) when requested as related to aspects of work injury or disability
- To determine degree of impairment within two days of last office visit
- To review all prior treatment and any documents provided by the employer, employee or insurer related to prior medical status or treatment
- To provide drug screening results to the employer within 24 hours (if clinic has appropriate staff to interpret drug tests - otherwise, up to 72 hours may be allowed).
- To make every attempt to return the injured employee to work, communicating physical restrictions to the employer.
- To refer employees to a specialist evaluation and recommendations only. The clinic primary care physician will then guide and direct all care necessary and appropriate for the injured worker.
- To request authorization for specialty care from the insurer (physical/occupational therapy, surgery, pain management) after discussion and agreement with the patient/employee.

Prepared by:

Date:

Approved by:

Date:

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If you have any uncertainty or questions regarding the content of this policy, you are required to consult your contract. This should be done prior to signing and agreeing to this policy.

I have read and understand (Company Name)'s Medical Clinic Policy, and I understand the requirements and expectations of me and my organization, (Name of Clinic). I agree to adhere to all provisions and procedures outlined in the policy, and I understand that failure to do so will result in disciplinary action.

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*Signature, Medical Director* *Date*

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*Signature, Marketing Manager/Business Manager* *Date*

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*Signature, Nurse Manager* *Date*