M-1 DIAGNOSTIC MEDICAL REPORT
MAINE WORKERS' COMPENSATION BOARD

EMPLOYEE NAME:	EMPLOYEE SSN (last 4 digits only): XXX-XX-	EMPLOYEE DOB:	EMPLOYEE PHONE:
EMPLOYER NAME:	EMPLOYER ADDRESS:		
DATE OF INJURY:	TIME OF INJURY: ☐ AM ☐ PM	DID INJURY OCCUR ON EMPLOYER PREMISES? ☐ YES ☐ NO IF NO, LIST PLACE OF INJURY	
SUPERVISOR'S NAME	SUPERVISOR'S PHONE:	EMPLOYER FAX:	

NATURE/CAUSE OF INJURY:

DATE OF THIS EXAMINATION : _____ ☐ INITIAL ☐ PROGRESS ☐ FINAL

ICD-9/10 **DIAGNOSIS** CODES:_____

IN MY OPINION, THESE DIAGNOSES ARE ☐ WORK RELATED ☐ NOT WORK RELATED ☐ NOT YET IDENTIFIED AS TO CAUSE

HAVE DIAGNOSTIC TESTS BEEN PERFORMED? ☐ YES ☐ NO, IF YES, LIST: _____

IS TREATMENT TO CONTINUE? ☐**YES,** IF YES, DATE TO BE SEEN AGAIN:_____ ☐**NO**, IF NO, PATIENT AT MMI? ☐ YES ☐ NO

ESTIMATED LENGTH OF TREATMENT _____

TREATMENT PLAN: _____

_____

OFFICE PROCEDURES: _____

MEDICAL REFERRAL SPECIALTY: _____CONSULTANT: _____

DOES TREATMENT INCLUDE MEDICATION THAT PREVENTS PATIENT FROM DRIVING OR PERFORMING SAFETY SENSITIVE WORK ? ☐ YES ☐ NO

IF YES, LIST ALL MEDICATIONS: _____

WORK CAPACITY: ☐ REGULAR DUTY ☐ NO WORK CAPACITY- IF CHECKED, ESTIMATED DATE OF RETURN : _____

☐ MODIFIED WORK (DESCRIBE RESTRICTIONS BELOW OR ON REVERSE)

IF CHECKED, ESTIMATED LENGTH OF RESTRICTIONS? _____

BODY REGION(S) THAT RESTRICTIONS APPLY TO: _____

RESTRICTIONS RECOMMENDED*: **List Below** **OR** ☐ **See side 2 of form for detailed restrictions**

*Restrictions are provided at the professional recommendation of the medical provider. Actual functional testing may not have been performed to validate employee's ability.

_____ _____

SIGNATURE OF HEALTH CARE PROVIDER DATE

PRINT NAME _____ ADDRESS _____ TELEPHONE _____

GUIDELINES FOR COMPLETING THE M1 FORM

ESTIMATED LENGTH OF TREATMENT: describe in days, weeks, or months
TREATMENT PLAN: INCLUDE items like REST, MEDICATION, EXERCISE, or other forms of treatment
OFFICE PROCEDURES: INCLUDE Items like CAST, SPLINT, STRAPPING, INJECTIONS, SUTURES, etc.
MEDICAL REFERRALS: INCLUDE items like THERAPY, SURGEON, CHIROPRACTIC, etc.
MODIFIED WORK: INDICATE RIGHT or LEFT as appropriate; FREQUENCY (Never, Occasional <33% use) and DURATION of activities allowed

SPINE/SHOULDER

NECK

Never	Occ	Freq	
☐	☐	☐	Over Shoulder Work
☐	☐	☐	awkward neck positions
☐	☐	☐	Reaching
☐	☐	☐	Jerking/Tugging
☐	☐	☐	Ladders
☐	☐	☐	
☐	☐	☐	

SHOULDER

Never	Occ	Freq	
☐	☐	☐	Use of ___Arm
☐	☐	☐	Over Shoulder Reaching
☐	☐	☐	Forward Reaching
☐	☐	☐	Ladders
☐	☐	☐	Jerking/Tugging
☐	☐	☐	
☐	☐	☐	

LUMBAR SPINE

Never	Occ	Freq	
☐	☐	☐	Sitting
☐	☐	☐	Bending and Twisting
☐	☐	☐	Prolonged seated position
☐	☐	☐	Kneeling/Crouching/Crawling
☐	☐	☐	Ladders
☐	☐	☐	Stairs
☐	☐	☐	Jerking/Tugging
☐	☐	☐	

THORACIC SPINE

Never	Occ	Freq	
☐	☐	☐	Bending and Twisting
☐	☐	☐	Prolonged seated position
☐	☐	☐	Kneeling/Crouching/Crawling
☐	☐	☐	Ladders
☐	☐	☐	Stairs
☐	☐	☐	Jerking/Tugging
☐	☐	☐	
☐	☐	☐	

UPPER EXTREMITY

ELBOW

Never	Occ	Freq	
☐	☐	☐	Use of ___ Arm
☐	☐	☐	Forceful/Repetitive Use of Arm
☐	☐	☐	Forceful Gripping
☐	☐	☐	Repetitive Gripping
☐	☐	☐	Palm-Down Lifting
☐	☐	☐	Pronation/supination
☐	☐	☐	Reaching
☐	☐	☐	Ladders
☐	☐	☐	Jerking/Tugging
☐	☐	☐	
☐	☐	☐	

WRIST

Never	Occ	Freq	
☐	☐	☐	Use of ____ Hand
☐	☐	☐	Forceful/Repetitive Gripping
☐	☐	☐	Forceful/Repetitive Pinching
☐	☐	☐	Use of Vibratory Tools
☐	☐	☐	Awkward wrist positions
☐	☐	☐	Pronation/supination
☐	☐	☐	Ladders
☐	☐	☐	Holds
☐	☐	☐	Patient Transfers
☐	☐	☐	Jerking/Tugging

HAND

Never	Occ	Freq	
☐	☐	☐	Use of ___ Hand
☐	☐	☐	Forceful/Repetitive Gripping
☐	☐	☐	Forceful/Repetitive Pinching
☐	☐	☐	Use of Vibratory Tools
☐	☐	☐	Ladders
☐	☐	☐	Jerking/Tugging
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	

LOWER EXTREMITY

ANKLE

Never	Occ	Freq	
☐	☐	☐	Seated Work Only
☐	☐	☐	Ladders
☐	☐	☐	Stairs
☐	☐	☐	Kneeling/Squatting/Crawling
☐	☐	☐	Use of Foot Controls, affected foot
☐	☐	☐	
☐	☐	☐	

FOOT

Never	Occ	Freq	
☐	☐	☐	Seated Work Only
☐	☐	☐	Ladders
☐	☐	☐	Stairs
☐	☐	☐	Kneeling/Squatting/Crawling
☐	☐	☐	Use of Foot Controls, affected foot
☐	☐	☐	
☐	☐	☐	

HIP

Never	Occ	Freq	
☐	☐	☐	Seated Work Only
☐	☐	☐	Ladders
☐	☐	☐	Stairs
☐	☐	☐	Kneeling/Squatting/Crawling
☐	☐	☐	
☐	☐	☐	

KNEE

Never	Occ	Freq	
☐	☐	☐	Seated Work Only
☐	☐	☐	Kneeling/Squatting/Crawling
☐	☐	☐	Ladders
☐	☐	☐	Stairs
☐	☐	☐	
☐	☐	☐	

General

Never	Occ	Freq	
☐	☐	☐	Walking
☐	☐	☐	Standing
☐	☐	☐	Sitting
☐	☐	☐	Push/Pull

Other Activity Restriction Suggestions

LIFT / CARRY

Never	Occ	Freq	
			Lifting
☐	☐	☐	Lifting to 5 Lbs
☐	☐	☐	Lifting to 10Lbs
☐	☐	☐	Lifting to 15 Lbs
☐	☐	☐	Lifting to 20 Lbs
☐	☐	☐	Lifting to 25 Lbs
☐	☐	☐	Lifting to 30 Lbs
☐	☐	☐	Lifting to 35 Lbs
☐	☐	☐	Lifting to 40 Lbs
☐	☐	☐	Lifting to 50 Lbs

Other

- ☐ Keep Load Close to Body
- ☐ Keep Load in Knee-Chest Range
- ☐
- ☐

MISC

Other

- ☐ No Driving
- ☐ No Work at Unprotected Heights
- ☐ No Work on Roof
- ☐ Work as Splint Allows
- ☐ Driving To and From Work Only
- ☐ Tool Modification
- ☐ Work Station Evaluation/Modification
- ☐ Holds/Restraints
- ☐ Patient Transfers
- ☐
- ☐
- ☐

PUSH / PULL

Never	Occ	Freq	
☐	☐	☐	No Push/Pull
☐	☐	☐	Push/Pull to 25 Lbs
☐	☐	☐	Push/Pull to 50 Lbs
☐	☐	☐	Push/Pull to 75 Lbs
☐	☐	☐	Push/Pull to 100 Lbs
☐	☐	☐	Avoid Jerking/Tugging

HOURS

☐	☐	☐	May Work 4 Hrs/Day
☐	☐	☐	May Work 6 Hrs/Day
☐	☐	☐	May Work 8 Hrs/Day
☐	☐	☐	May Work 10 Hrs/Day
☐	☐	☐	No Overtime
☐	☐	☐	No Double Shifts
☐	☐	☐	Brief Rest/Stretch Break Every 1-2 Hrs
☐	☐	☐	Rotate Job Tasks if Possible

DUTIES OF HEALTH CARE PROVIDERS

Pursuant to 39-A M.R.S.A. § 208(2), duties of health care providers are as follows:

- Except for claims for medical benefits only, within 5 business days from the completion of a medical examination or within 5 business days from the date notice of injury is given to the employer, whichever is later, the health care provider treating the employee shall forward to the employer and the employee a diagnostic medical report, on forms prescribed by the board, for the injury for which compensation is being claimed. The report must include the employee's work capacity, likely duration of incapacity, return to work suitability and treatment required. The board may assess penalties up to $500 per violation on health care providers who fail to comply with the 5-day requirement of this subsection.
- If ongoing medical treatment is being provided, every 30 days the employee's health care provider shall forward to the employer and the employee a diagnostic medical report on forms prescribed by the board. An employer may request, at any time, medical information concerning the condition of the employee for which compensation is sought. The health care provider shall respond within 10 business days from receipt of the request.
- A health care provider shall submit to the employer and the employee a final report of treatment within 5 working days of the termination of treatment, except that only an initial report must be submitted if the provider treated the employee on a single occasion.
- Upon the request of the employee and in the event that an employee changes or is referred to a different health care provider or facility, any health care provider or facility having medical records regarding the employee, including x rays, shall forward all medical records relating to an injury or disease for which compensation is claimed to the next health care provider. When an employee is scheduled to be treated by a different health care provider or in a different facility, the employee shall request to have the records transferred.
- A health care provider may not charge the insurer or self-insurer an amount in excess of the fees prescribed in §209-A for the submission of reports prescribed by this section and for the submission of any additional records.
- An insurer or self-insurer may withhold payment of fees for the submission of any required reports of treatment to any provider who fails to submit the reports on the forms prescribed by the board and within the time limits provided. The insurer or self-insurer is not required to file a notice of controversy under these circumstances, but must notify the provider that payment is being withheld due to the failure to use prescribed forms or to submit the reports in a timely fashion. In the case of dispute, any interested party may petition the board to resolve the dispute.

Other reminders:

- Except for the header information, the remainder of the M-1 form must be completed by the health care provider. This information is vital to the administration of the claim and the employee’s return to work.
- The M-1 form is not submitted to the board.
- Pursuant to Board Rules Chapter 5, a health care provider may charge a fee for completing the initial M-1.
- The attachment of narratives is optional; however, an employer/insurer may request, at any time (for a fee), medical information concerning the condition of the employee for which compensation is sought. The health care provider shall respond within 10 business days from receipt of the request. Pursuant to 39-A M.R.S.A. § 208(1) a medical release is not necessary if the information pertains to an injury claimed to be compensable under the Act (whether or not the claim is controverted/denied).