

**M-1 DIAGNOSTIC MEDICAL REPORT
MAINE WORKERS' COMPENSATION BOARD**

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|------------------------|-----------------|---------------------------------------------------------------------------------|-----------------------------------------------|-----------------|
| EMPLOYEE NAME: | | EMPLOYEE DOB: | EMPLOYEE SSN (last 4 digits only): XXX-XX- | EMPLOYEE EMAIL: |
| EMPLOYEE PHONE: | | EMPLOYEE ADDRESS: | | |
| EMPLOYER NAME: | | EMPLOYER ADDRESS: | | |
| EMPLOYER CONTACT NAME: | | EMPLOYER CONTACT PHONE: | EMPLOYER FAX/EMAIL: | |
| DATE OF INJURY: | TIME OF INJURY: | DID INJURY OCCUR ON EMPLOYER PREMISES? YES NO IF NO, LIST PLACE OF INJURY | | |

CAUSE AND NATURE OF THE INJURY/ILLNESS (EXAMPLE – CUT FINGER; THE KNIFE SLIPPED WHILE CUTTING LEMONS.)

DATE OF THIS EXAMINATION: _____ INITIAL PROGRESS FINAL

DIAGNOSIS: _____

IN MY OPINION, THE INJURY DESCRIBED ABOVE IS A CAUSE OF THE DIAGNOSIS? YES NO UNCLEAR

TREATMENT: IS TREATMENT TO CONTINUE: NO YES

IF YES, DATE OF NEXT APPOINTMENT: _____ IF YES, EST. LENGTH OF TREATMENT: _____

TREATMENT PLAN:

WORK CAPACITY:

REGULAR DUTY NO WORK CAPACITY IF CHECKED, ESTIMATED RETURN TO WORK DATE: _____

MODIFIED WORK (LIST BELOW OR DETAIL ON REVERSE) IF CHECKED, EST. LENGTH OF RESTRICTIONS: _____

BODY REGION(S) THAT RESTRICTIONS APPLY TO: _____

RESTRICTIONS RECOMMENDED*: **List Below (PLEASE BE AS SPECIFIC AS POSSIBLE)**

*Restrictions are provided at the professional recommendation of the provider; actual functional testing may not have been performed.

SIGNATURE OF HEALTH CARE PROVIDER: _____ DATE: _____

PRINT NAME: _____ PHONE: _____

PROVIDER ADDRESS: _____

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.
- Except as set forth in § 1.06(5) of this rule, 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).