



Best Practice 4 | Functional Recovery

Assessing barriers to return to work

Best Practice

MEASURE: 80% of claims on the Health Services Coordinator's (HSC's) Functional Recovery Questionnaire (FRQ) work list receive an FRQ within 6 weeks from claim established date.

How to Meet this Best Practice:

Health Services Coordinator (HSC) is considered an extension of the provider and administers the FRQ to identified workers needing additional treatment support on the provider's behalf.

Notes

- The Department will still reimburse for completion of a Barriers to Return to Work Assessment (L&I Code 1068M); however the Assessment no longer counts towards this Best Practice.
- Refer to a COHE Advisor for treatment plan assistance at www.vmfh.org/cohe.
- See COHE Fee Schedule (Ini.wa.gov/cohe) for appropriate billing information.

Purpose of the FRQ

The FRQ is a validated scale used to identify workers that are at high-risk of not returning to work within 1 year following a musculoskeletal injury.

QUESTIONS 1-3

- Determine the overall FRQ score, positive or negative.
- **FRQ positive means a worker is 20 times more likely to be disabled in 1 year.**
- Health Services Coordinator refers FRQ positive claim to the attending provider (AP) for appropriate treatment plan, for example:
 - Focus on increasing activity,
 - Track functional improvement goals and progress, or
 - Consider referrals such as SIMP, Physical Therapy, Occupational Therapy, Activity Coaching (PGAP), and Vocational Recovery.

QUESTIONS 4 - 6

- Determine work accommodation, recovery expectation, and fear-avoidance, which helps identify specific worker psychosocial issues.
- Claim Manager work items are generated from FRQ questions 4 and 5, regardless of whether or not the FRQ is positive.

