

# IDAHO INDUSTRIAL COMMISSION



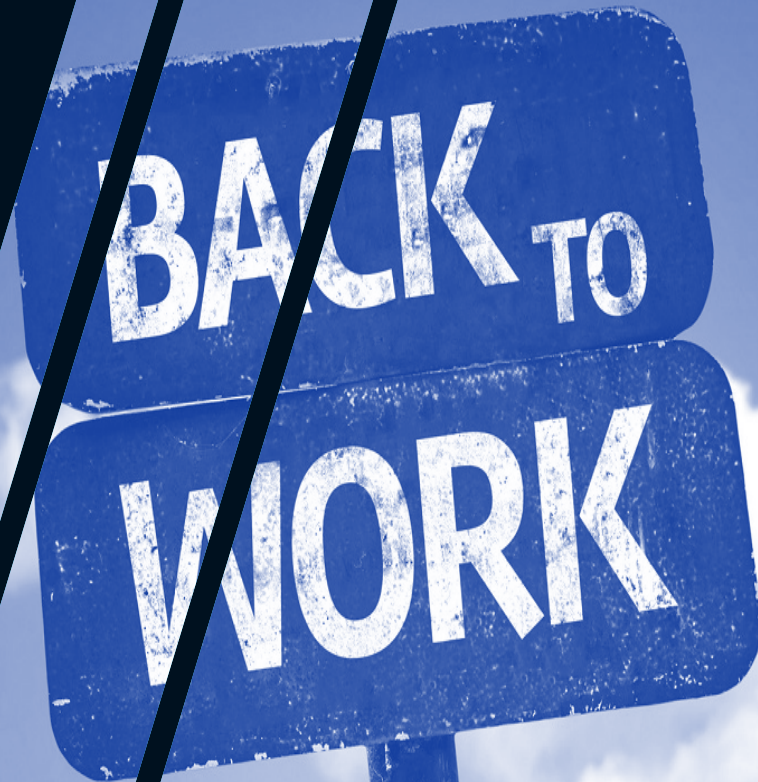
# Benefits Compensation Division

- **Regulate workers compensation activities in Idaho, including companies licensed to issue workers' compensation policies**
- **Provide specialized training for certification in Idaho Workers Compensation**

# Rehabilitation Division

Acting as a neutral party we support return to work utilizing current medical information and an injured worker's professional skills to outline an appropriate employment plan as close as possible to their pre-injury status and wage.

Without adding cost to the claim.



# Who is a Good Candidate For ICRD Services?



An injured worker who:

- Is receiving or soon to be receiving time loss benefits
- Unable to return to their time of injury position
- Anticipate upcoming medical treatment that may prevent the injured worker from returning to work

# How To Make A Referral

## Online:

[https://iic.idaho.gov/wp-content/uploads/sites/111/2017/08/ic\\_9030\\_referral.pdf](https://iic.idaho.gov/wp-content/uploads/sites/111/2017/08/ic_9030_referral.pdf) -

## Phone

- Call any of our field offices to refer

## In-person

- Stop by and speak with our staff to refer

Idaho Industrial Commission  
Rehabilitation Division  
**Referral Form**

<i>Internal Use Only</i>
IC Claim # _____
Rehab # _____
Consultant: _____

To make a referral, please complete this form and fax it to (208) 334-3711 or e-mail it to [rehabreferrals@iic.idaho.gov](mailto:rehabreferrals@iic.idaho.gov). You may also send it to a rehabilitation office in your area. Locations are listed on the Industrial Commission website [www.iic.idaho.gov](http://www.iic.idaho.gov). If available, please include the accident report and medical information with this form.

(Please print)

<b>Claimant</b>	
Name: _____	
E-mail: _____	
Street Address: _____	
Mailing Address: _____	
City: _____ State: _____ ZIP: _____	
Home Phone: _____ Cell Phone: _____	
Date of Injury: _____ Type of Injury: _____	
Is Claimant working? <input type="checkbox"/> - Yes <input type="checkbox"/> - No Claimant Occupation: _____	
<b>Employer</b>	
Business Name: _____	
Contact Name: _____	
Address: _____	
City: _____ State: _____ ZIP: _____	
Business Phone: _____ Cell Phone: _____	
<b>Surety</b>	
Name: _____	
Examiner Name: _____	
E-mail: _____ Business Phone: _____	
IC Claim #: _____ Surety Claim #: _____	
Wage: \$ _____ per <input type="checkbox"/> - hour; <input type="checkbox"/> - week; <input type="checkbox"/> - Other TTD: \$ _____	
<b>Treating Physician</b>	<b>Nurse Case Manager</b>
Name: _____	Name: _____
Business Phone: _____	Business Phone: _____
<b>Attorney</b>	
Name: _____	
Business Phone: _____	
<b>Referral Information</b>	
Name (referred by): _____ Date: _____	
Representing: <input type="checkbox"/> - Surety <input type="checkbox"/> - Employer <input type="checkbox"/> - Medical Provider <input type="checkbox"/> - Claimant	
<input type="checkbox"/> - Other _____	
Has the claimant been notified of this referral? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
Reason for Referral/Comments: _____	
_____	

# Re-employment Model



**Our goal is to return the injured worker back to the labor market as close as possible to the pre-injury status and wage**

- Identify transitional / light duty position with pre-injury employer
- Assist in job placement if return to work with the time of injury employer is not possible
- On-the-job training with new employer
- Formal re-training to update skills

# How do we do it?

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1

Job Site Evaluation



2

Initial Interview



3

Vocational Services



# Benefits of Using ICRD:

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- Nearly 75% of referred injured workers return to employment
- 96% of rehabilitated workers return to earn their pre-injury wage
- Zero increase in cost to the claim





# Idaho Industrial Commission

Boise Office:  
208-334-6000

Benefits Division:  
800-950-2110