



Workers' Compensation Case Management Checklist Template

Initial Intake & Assessment

Steps for gathering initial information and assessing the injured worker's condition and needs.

Employee Name

Write something...

Employer Name

Write something...

Date of Injury

Enter date...

Description of Incident

Write something...

Employee ID

Enter a number...

Body Part Affected

- ☐ Head
- ☐ Neck
- ☐ Back
- ☐ Arm
- ☐ Leg
- ☐ Other

Witness Statements (if applicable)

Write something...

Medical Management

Tracking medical treatment, appointments, and reports, ensuring proper care and documentation.

Date of Initial Medical Evaluation

Enter date...


Physician's Diagnosis and Treatment Plan

Write something...

Number of Physical Therapy Sessions Scheduled

Enter a number...

Uploaded Medical Report (e.g., MRI, X-ray)

 Upload File

Physician's Opinion on Return to Work

- ☐ Full Duty
- ☐ Modified Duty
- ☐ No Return to Work

Next Medical Appointment Date

Enter date...

Notes from Medical Provider (e.g., progress, concerns)

Write something...

Benefits Administration

Managing wage replacement, medical payments, and other benefits eligibility and payments.

Claimant's Average Weekly Wage (AWW)

Enter a number...

Benefit Payment Amount

Enter a number...

First Benefit Payment Date

Enter date...

Last Benefit Payment Date

Enter date...

Total Benefit Payments Made

Enter a number...

Benefit Payment Frequency

- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Monthly

Payment Method

- ☐ Direct Deposit
- ☐ Check

Benefit Payment Notes

Write something...

Communication & Coordination

Maintaining consistent communication with the injured worker, employer, medical providers, and legal representatives.

Date of Communication

Enter date...

Communication Method

- ☐ Phone Call
- ☐ Email
- ☐ Mail
- ☐ In-Person Meeting

Summary of Communication

Write something...

Recipient

- ☐ Injured Worker
- ☐ Employer
- ☐ Medical Provider
- ☐ Legal Representative

Contact Person (if applicable)

Write something...

Phone Number (if applicable)

Enter a number...

Notes/Follow-Up Actions

Write something...

Return to Work Planning

Developing and monitoring a return-to-work plan, including modified duty options.

Date of Initial Return-to-Work Discussion

Enter date...

Modified Duty Available?

☐ Yes

☐ No

Description of Modified Duty Restrictions (if applicable)

Write something...

Percentage of Work Available (if modified duty)

Enter a number...

Scheduled Return-to-Work Date

Enter date...

Communication with Employer Regarding Return-to-Work Plan

Write something...

Return-to-Work Plan Approved?

☐ Yes

☐ No

Date of First Day Back to Work

Enter date...

Legal & Regulatory Compliance

Ensuring compliance with state workers' compensation laws and regulations.

Claim Filing Date

Enter date...

State Jurisdiction

- ☐ California
- ☐ Texas
- ☐ Florida
- ☐ New York
- ☐ Illinois

Claim Number

Enter a number...

Applicable Statute of Limitations

- ☐ 1 Year
- ☐ 2 Years
- ☐ 3 Years
- ☐ Other

Summary of Legal Review/Consultation

Write something...

Date of Legal Consultation (if applicable)

Enter date...

Case Closure & Finalization

Steps for formally closing the case and documenting final outcomes.

Case Closure Date

Enter date...

Summary of Case Outcome & Resolution

Write something...

Final Case Status


- ☐ Closed - Accepted Claim
- ☐ Closed - Denied Claim
- ☐ Closed - Compromise Settlement
- ☐ Closed - Returned to Work Full Duty
- ☐ Other

Total Benefits Paid (USD)

Enter a number...

Case Manager Signature

Final Settlement Agreement (if applicable)

 Upload File

Notes Regarding Closure (e.g., outstanding issues, future considerations)

Write something...

Record Keeping & Documentation

Maintaining accurate and complete records of all case activities.

Case Notes

Write something...

Document Creation Date

Enter date...

Scanned Documents (e.g., medical reports, correspondence)

 Upload File

Page Count of Case File

Enter a number...

Document Storage Location (Physical/Digital)

☐ Physical File

☐ Digital Storage (Specify System)

Last File Review Date

Enter date...