

Rehabilitation Review Panel
Jan. 23, 2014
Meeting minutes

RRP members present

Duane Butorac
Carl Crimmins
Dr. Russell Gelfman
Steve Hollander
Laura Jerde
Carol Norris
Alissa O'Hara
Dr. Joseph Sweere
Mary Wells

Voting members excused

Michael Hawthorne
Bobbi Pearson
Calandra Theisen
May Vang
Lisa Weed

Nonvoting members excused

William Martin

Visitors, DLI staff members present

Kris Eiden, deputy commissioner
Sonya Herr, executive secretary
Mike Hill, business liaison
Sandy Barnes
Phil Moosbrugger
Chris Leifeld
Jessica Stimac
Joyce Leipold for Meg Kasting

Call to order

Chairman Dr. Joseph Sweere called the meeting to order at 1:03 p.m. Introductions were made. A quorum was met.

Approval of minutes

Carl Crimmins moved to approve the Oct. 3, 2013, meeting minutes as presented and Duane Butorac seconded. All voted in favor. Motion carried.

Approval of agenda

A unanimous decision was made by the panel to approve the agenda as presented.

Deputy commissioner's update

- The commissioner re-appointed members: Sweere, Laura Jerde, Crimmins, Lisa Weed and Mary Wells. Carol Norris has been appointed as the new alternate panel member representing the chiropractor/health care provider/rehabilitation provider position.
- Deputy Commissioner Kris Eiden responded to a question raised at the most recent meeting about the effect of the statutory change requiring administrative conferences for rehabilitation requests to be scheduled within 21 days of the request. Eiden confirmed insurers and other payers must compensate qualified rehabilitation consultants (QRCs) for reasonable and necessary services provided through the conference.
- The patient advocate introduced at the most recent RRP meeting has accepted a new position outside of the department. Clayton Overmire has now accepted that role and can be reached at (651) 284-5202 or dli.ombudsman@state.mn.us.

- Chris Leifeld, Alternative Dispute Resolution (ADR) director, addressed the panel regarding DLI's progress to meet the 21-day deadline to schedule rehabilitation conferences. Typically, conferences are scheduled on the day the request is received. Most conferences are held on the 18th day. Sixty-seven percent are held within 21 days. Decision and orders have been reduced from an average of 57 days in 2012 to 43 days during November/December 2013. A typical reason for a conference being rescheduled beyond the 21-day deadline is unavailability of outside attorneys and other parties to the dispute.
- Leifeld also addressed the panel about the online filing of medical and rehabilitation requests process, stating it has been successfully implemented.

Rehabilitation related

Retraining plan outcomes – Mike Hill gave an overview of the 2012/2013 retraining plan submissions. He indicated there was a significant increase of submissions in 2013. Sixty-two plans were received in 2013, compared to 46 in 2012. Approximately two-thirds of the plans were disputed in both years with half of the disputed plans settled. Interest was expressed by the panel about the outcomes of those settled plans. Hill reported that while there was no current information about this, the department published a settlement study in 2013 that determined most injured workers did not go on to school and were unemployed.

Professional conduct and accountability outcomes – Hill gave an overview of typical outcomes of complaints that get filed against a rehabilitation provider. He provided a handout with data compiled from 2008 to 2013, with a table showing the number and source of complaints and another table showing professional conduct and accountability outcomes. The data shows that in 2012, 56 complaints were filed, compared to 14 in 2013, a significant drop. With respect to professional conduct and accountability closures in 2013, there were three stipulated agreements and 19 letters of instruction given.

Revision of rehabilitation forms – Workers' Compensation Division Supervisor Sandy Barnes discussed revisions to the R-2, R-3 and R-8 rehabilitation forms due to statutory changes that became effective Oct. 1, 2013. The forms were being modified to differentiate between job placement and job development. The forms are available on the department's website as PDF versions and online submission versions. Additionally, the Planned Progress Report form was slightly revised to add a QRC signature line. Barnes went on to report the following.

- **Rights and responsibilities form:** The form was modified to clarify the process of selection of a QRC, to address when rehabilitation providers can attend and schedule medical appointments, and when they can review medical records. Additional language also clarifies that consultations can be done in-person or by telephone and that stylistic changes regarding the failure of an employee to cooperate with reasonable medical and rehabilitation evaluations could result in suspension or termination of benefits.
- **For all rehabilitation provider registration forms:** A Tennessee warning (used when the state collects private or confidential data, so the individual can decide whether to disclose the information) was added.
- **R-22, R-24 forms:** For the vendor and QRC firm application forms, changes were made to so they would flow better. The forms now ask for the legal business name as listed with the Secretary of State's office to lessen processing time.

- **R-20 form:** A new QRC intern form was created for initial registration, renewal and reinstatement of QRC interns to reduce confusion. Official school transcripts are now requested instead of “educational data.”
- **R-25 form:** A new QRC form was created exclusively for initial QRC registration, renewal and reinstatement.

Other business

- It was questioned why the department’s Patient Advocate Program services are brought in so late in the process for employees with spinal injuries when more conservative modalities might have better results? Phil Moosbrugger, DLI ombudsman, explained that letters have been sent only to injured workers who meet specific criteria approximately 90 days after their injury. He reported QRCs, insurers and others have been asked to refer injured workers to the program. Dr. Russell Gelfman suggested this subject be considered for presentation at DLI’s next workers’ compensation summit.
- Sweere asked the panel members if they would like to consider changing the date of the July 3 meeting because it falls in a holiday week. An alternate date will be discussed at the next meeting.
- Agenda items for the next meeting: Retraining statistics results, what happened in the 2012 and 2013 settled cases with approved plans? Did people complete their retraining program? Did they find jobs? Were goals met with regard to similar average weekly wage? The panel thought this information would be helpful in determining if retraining program predictive factors are creating successful outcomes.

Adjournment

Sweere moved to adjourn, which was seconded and approved by all members.

Next meeting date (tentative): April 3, 2014, 1 to 3 p.m.