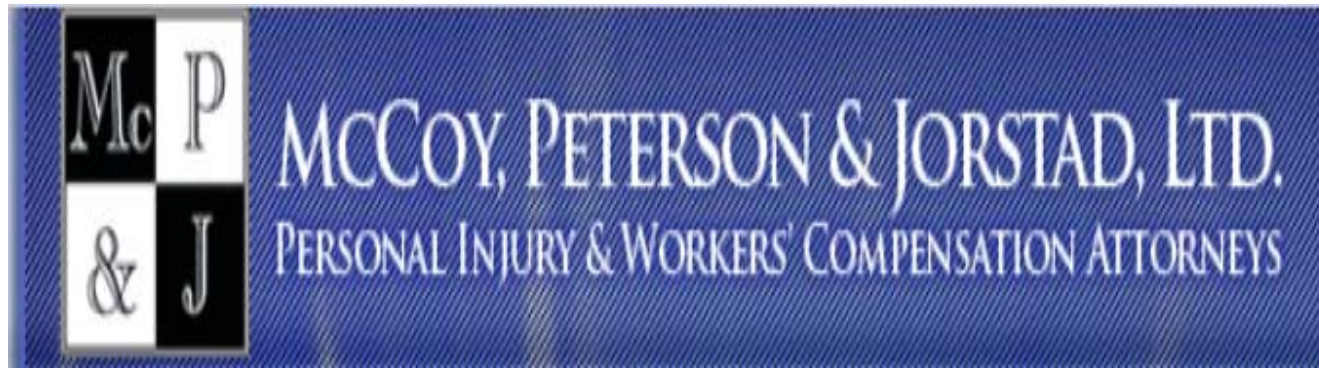


# **EFFECTIVE COURT TESTIMONY**



## **Retraining Fact Summary**

- 26 Year Old Male
- Lumbar Disc Herniation – 05-01-14
- Professional football player whose injury precludes return to work at pre-injury employment
- Pre-injury contract at \$500,000.00 per year

## **Retraining Fact Summary Cont'd**

- BA in Business with a GPA of less than 3.0
- No other significant work experience
- Medical History:
  - Multiple orthopedic joint injuries limiting him to “light to medium” work activities.

# Retraining Plan

- Master's Degree in Sports Administration
- Total Cost of Plan, inclusive of retraining payments to the employee, \$260,000.00
- Aptitude testing shows average capabilities
- Has not yet applied nor been accepted in any graduates degree program.

# **Permanent Total Disability Fact Summary**

- 55 year old male at date of injury in 2012
- GED and some college courses, but no degree
- Six years in the military as a missile gunner
- Employment history primarily as a mechanic, but obtained CDL and drove truck for the year before his injury
- Multiple injuries on 11-15-12, including closed head injuries and orthopedic injuries to jaw/teeth and neck.

## **Permanent Total Disability Fact Summary Cont'd**

- Transferrable skills are all heavy to very heavy
- No release to return to work by the treating doctor, but the insurance examiner found the capacity to work at light duty
- TTD benefits exhausted
- PPD threshold has been met with the employee at MMI


# Rehabilitation Plan

- No services other than medical management and counseling.

Mail or fax completed copy to:  
 Department of Labor and Industry  
 Workers' Compensation Division  
 PO Box 64221  
 St. Paul, MN 55164-0221  
 (651) 294-5250 or 1-800-342-6354  
 Fax: (651) 294-6731

**RESET**

**R-3**  
**Rehabilitation Plan Amendment**  
Print in ink or type  
 Enter dates in MM/DD/YYYY format

  
 DO NOT USE THIS SPACE

1. WID number or SSN		2. Date of injury	
3. Date of first consultation in person or telephone meeting (#29 on R-2)			
4. Employee name		8. QRC name	
5. Insurer/self-insurer/TPA		9. QRC address	
6. Insurer claim number		City State ZIP code	
7. Employer name		10. QRC # 11. QRC firm # 12. QRC phone number	
13. Change of QRC <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Withdrawal of QRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous QRC #		New QRC #	
15. Proposed amendment and rationale (attach separate sheet as necessary)			
16. Employee comments (if any)			
17. QRC is to complete all service areas to be provided during the period covered by this R-3			
Service category	Description	Projected cost	Projected completion date
01 - Medical Management			
02 - On-Site Job Analysis			
03 - Coordinate RTW/same ER			
04 - Job Modification			
05 - Functional Capacities Evaluation			
06 - Transferable Skills Analysis			
07 - Work Evaluation			
08 - Work Hardening/ Adjustment			