Work Comp Campus launch delayed as stakeholders prepare

The Department of Labor and Industry (DLI) is committed to the success of its Workers' Compensation Modernization Program (WCMP). In light of challenges facing the external stakeholder community – attorneys, health care providers, insurers, rehabilitation providers and others – DLI has made the decision to delay the launch of its new workers' compensation claims portal, Work Comp Campus, until Nov. 2.


This decision was made in response to direct feedback from DLI stakeholders that continue to be impacted by COVID-19 and require additional time to ensure their organizations are prepared for the business and technology transformation brought by the Campus implementation.

"We stand by the WCMP team members who have spent the past two years designing, developing and testing Campus," said Roslyn Robertson, DLI temporary commissioner. "We feel confident the system is ready to integrate into the stakeholder community. We will use this additional time to support our stakeholders through their business readiness plans, provide additional training and continue stakeholder engagement."

As an immediate next step, DLI engaged with its entire stakeholder community, through its Campus Answer Hour sessions, to gather additional feedback and assist businesses building readiness plans to ensure a successful transition to Campus on Nov. 2.

**Communication: Campus Answer Hours offered more often, weekly emailed newsletter**

WCMP has increased the cadence of its Campus Answer Hour sessions for each stakeholder group. Campus Answer Hours are regularly scheduled virtual question and answer sessions that provide opportunities to ask questions and get information about Campus. To join a Campus Answer Hour, visit the Campus webpage at www.dli.mn.gov/business/workers-compensation/work-comp-campus and click on the appropriate group in the boxes under "What will Campus mean for me?" If there are Campus Answer Hour sessions scheduled for that group, the calendar invitations will be posted on that group's webpage, with instructions about how to download the invitations and participate in the conversation.

In addition, WCMP is emailing weekly newsletters to its workers'-compensation-related subscriber lists. Subscribe to one (or more) of the DLI workers' compensation email lists at www.dli.mn.gov/about-department/news-and-media/sign-news-department-labor-and-industry to receive Campus announcements, training information, testing opportunities and more.

**Further training, retraining offered in October**

WCMP worked with the information it has gathered from each stakeholder group to determine further training and retraining needs, and has scheduled sessions beginning Oct. 12. Training materials and recorded videos from previous training sessions are also shared on the Work Comp Campus training webpage at www.dli.mn.gov/business/workers-compensation/work-comp-campus-training.

If you have questions, email dli.wcmp@state.mn.us.
Annual Workers’ Compensation System Report released:  
Long-term downward trends continue in number of claims and system cost

by David Berry, Research and Statistics

The number of paid workers’ compensation claims fell 51% relative to the number of full-time-equivalent (FTE) employees from 1998 to 2018, according to the 2018 Minnesota Workers’ Compensation System Report, just released by the Department of Labor and Industry.

Significant findings

- The number of paid claims fell from 8.4 per 100 FTE employees in 1998 to 4.1 in 2018.
- Adjusted for average wage growth, average medical benefits per claim were 67% higher in 2017 than in 1998; indemnity benefits per claim were 51% higher. Medical and indemnity benefits per claim have shown little net change relative to average wages since 2003.
- Despite higher benefits per claim since 1998, costs are down relative to payroll because of the falling claim rate. Compared to 1998, indemnity benefits per $100 of payroll were 29% lower in 2018 and medical benefits were 28% lower.
- The cost of the workers’ compensation system for 2018 amounted to $1.02 per $100 of payroll. In Minnesota and elsewhere, this cost follows a multi-year pricing cycle. However, comparable points in the cycle for Minnesota indicate a long-term downward trend averaging 2.1% a year.
- In 2018, on a current-payment basis, medical benefits accounted for an estimated 35% of total system cost, followed by insurer expenses at 31% and indemnity benefits other than vocational rehabilitation at 29%.
- The percentage of indemnity benefit claimants receiving vocational rehabilitation services rose from 16% in 1998 to 24% in 2018.
- The percentage of indemnity claims with a dispute of any type rose from 16% in 1998 to 21% in 2008, but has been stable since then.

This report, part of an annual series, presents data from 1998 through 2018 about Minnesota’s workers’ compensation system. The purpose of the report is to describe the current status and direction of the system and to offer explanations, where possible, for recent developments. It is available at www.dli.mn.gov/business/workers-compensation/work-comp-minnesota-workers-compensation-system-report.
New, dedicated workers’ compensation help desk taking your calls, email

The Department of Labor and Industry (DLI) launched its new Workers’ Compensation Division Help Desk on Tuesday, Aug. 25. The new help desk delivers high-quality customer service for workers’ compensation stakeholders and is staffed by three Workers’ Compensation Division staff members whose positions are dedicated to answering calls and responding to email messages.

The help desk is available from 8 a.m. to 4:30 p.m., Monday through Friday at:

- 651-284-5005 (press 3);
- 800-342-5354 (press 3); or
- helpdesk.dli@state.mn.us.

Those calling outside of help desk hours can leave a message and a staff member will respond the next business day.

Tracking questions to build division knowledge

The help desk staff will route a ticket for each correspondence. Tickets will be used to build a knowledge base so DLI will be poised to provide a more sophisticated software platform in the future. Every staff member in the Workers’ Compensation Division will have the ability to edit and initiate tickets.

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Minnesota Work Comp Forum rescheduled to 2021

The Minnesota Workers’ Compensation Insurers Association (MWCIA) and the Workers’ Compensation Reinsurance Association (WCRA) have teamed up to provide educational workshops relevant to the Minnesota workers’ compensation community. After closely monitoring the evolving situation with the COVID-19 pandemic, MWCIA and WCRA have rescheduled the event to Oct. 1, 2021.

- Learn more at www.mnworkcompforum.com.

Statistics shine spotlight on worker safety indicators

The Minnesota Safety Council has updated its Minnesota Workplace Safety dashboard to spotlight the most recent indicators related to worker safety and health.

The Department of Labor and Industry and the Department of Health produced the statistics.

The dashboard presents some of the most important occupational safety and health measures together in an easy-to-use format.

The dashboard is online at www.mnsafetycouncil.org/workplace/2020 MN Workplace Safety Dashboard FINAL.pdf.
Workers' compensation committee seeks new members

Current Rehabilitation Review Panel openings

The Rehabilitation Review Panel currently has openings for:

• one union labor member (four-year term);
• one employer member (four-year term);
• one insurer member (four-year term);
• two rehabilitation provider members (four-year term);
• one chiropractor/health care provider/rehabilitation provider alternate member (annual term);
• one union labor representative alternate member (annual term); and
• one employer/insurer alternate member (annual term).

To apply for one of the positions, visit www.sos.state.mn.us/boards-commissions on the Secretary of State website.

About the Rehabilitation Review Panel

The panel is composed of employer, insurer, rehabilitation, medical and labor representatives and:

• advises the Department of Labor and Industry (DLI) about workers’ compensation vocational rehabilitation issues;
• develops and recommends vocational rehabilitation rules;
• studies vocational rehabilitation services and their delivery;
• assists the DLI commissioner in accomplishing public education; and
• makes final decisions about certification approval or disciplinary matters of qualified rehabilitation consultants and vendors in conjunction with contested hearings.

Currently, panel members participate via Webex and members of the public may monitor the meetings by Webex but will be muted. This may change to in-person meetings dependent upon determination by DLI. The meetings are quarterly and generally last one to two hours. If issues warrant, meeting may occur more often. The panel’s meeting schedule, agendas and minutes are online at www.dli.mn.gov/about-department/boards-and-councils/rehabilitation-review-panel.

Elections are coming ... are you registered to vote?

The Minnesota Secretary of State website has everything you need to know about voting in Minnesota.

• You can check to see if you are registered to vote in Minnesota at mnvotes.sos.state.mn.us.

• You can register to vote at sos.state.mn.us/elections-voting/register-to-vote.

• You can see what is on your ballot at sos.state.mn.us/elections-voting/whats-on-my-ballot.

• You can see all of the ways to cast your vote – in person, by mail, early or on election day – at sos.state.mn.us/elections-voting/other-ways-to-vote.
New benefit, provider fee levels, fee schedules effective October 2020

The statewide average weekly wage (SAWW) effective Oct. 1, 2020, is $1,144, a 2.88% increase from the current SAWW of $1,112, which has been in effect since Oct. 1, 2019. The levels for minimum and maximum weekly benefit payments are presented in the table on page 7. The statewide average annual wage will change to $59,452 on Jan. 1, 2021.

The new SAWW is based on 2019 payroll and employment figures supplied by the Minnesota Department of Employment and Economic Development and the calculation procedure in Minnesota Statutes § 176.011, subdivision 1b. The change in SAWW is the basis for the Minn. Stat. § 176.645 annual benefit adjustment. The time and amount of the adjustments are limited by Minn. Stat. § 176.645.

Vocational rehabilitation maximum hourly fee adjustments

Annual maximum hourly rehabilitation fee adjustments — Pursuant to Minnesota Rules, part 5220.1900, subpart 1b:  
• the maximum qualified rehabilitation consultant hourly rate will be increased by 2.88% to $112.53 for rehabilitation services provided on or after Oct. 1, 2020; and  
• the maximum hourly rate for rehabilitation job development and placement services, whether provided by rehabilitation vendors or by qualified rehabilitation consultant (QRC) firms, will increase by 2.88% to $90.13 on Oct. 1, 2020.

Relative value medical fee schedule adjustments

The following annual adjustments to the workers’ compensation medical fee schedule conversion factors in Minn. R. 5219.0500, subp. 4, have been approved by an administrative law judge. The rule amendments, which are effective for services provided on or after Oct. 1, 2020, are available on DLI’s website at www.dli.mn.gov/about-department/rulemaking/rulemaking-docket-minnesota-rules-chapter-5221-2020.

Minnesota Statutes § 176.136, subd. 1a, paragraph (c) (1), provides for annual adjustments of the medical fee schedule conversion factors by no more than the percent change in the SAWW. As in previous years, the conversion factors are adjusted by the percent change in the federal Department of Labor’s Producer Price Index for Offices of Physicians (PPI-P) for 2019 (annual-average basis).¹ The change is 0.89%. Therefore, for services provided on or after Oct. 1, 2020, the new conversion factors will be:  
• for medical/surgical services described in Minn. R. 5221.4030.............................................. $70.86  
• for pathology and laboratory services described in Minn. R. 5221.4040.................................. $60.10  
• for physical medicine/rehabilitation services described in Minn. R. 5221.4050.................. $58.68  
• for chiropractic services described in Minn. R. 5221.4060............................................. $50.70

Independent medical examination fee adjustment

Minnesota Rules, part 5219.0500, subp. 4, provides for adjustment of the maximum fees for independent medical examinations (IMEs) in the same manner as the adjustment of the conversion factors. Therefore, the maximum fees will be increased by 0.89% for IME services provided on or after Oct. 1, 2020.

A table of the maximum IME fee adjustments from Dec. 1, 1993, to present is available on DLI’s website at www.dli.mn.gov/business/work-comp-ime-fees.
Hospital catastrophic injury threshold adjustment

The threshold for payment of inpatient hospital services, articles and supplies provided to patients with catastrophic, high-cost injuries is adjusted pursuant to Minn. Stat. § 176.362, subd. 2. For hospital discharges on or after Oct. 1, 2020, the threshold amount is $226,888. If a hospital’s usual and customary charges exceed this amount, payment is 75% of the hospital’s charges instead of the MS-DRG amount calculated according to the PC Pricer. This and previous threshold amounts are corrected from those listed Oct. 1, 2019. Details about the correction are available on DLI’s website at www.dli.mn.gov/business/workers-compensation/work-comp-pc-pricer-tool-inpatient-hospital-bills.

Notice of availability of PC Pricer program under Minn. Stat. 176.1362, subd. 1

On Oct. 1, 2020, the applicable PC Pricer program to be used to calculate payment for workers’ compensation inpatient hospital services, articles and supplies based on the Medicare MS-DRG system under Minn. Stat. § 176.1362, subd. 1, is the 2020 fiscal-year PC Pricer program, version INPC20C, available on DLI’s website at www.dli.mn.gov/business/workers-compensation/work-comp-pc-pricer-tool-inpatient-hospital-bills.

This PC Pricer program is the most recent version available on the Medicare website as of July 1, 2020. It is the PC Pricer program to be used to calculate payment of inpatient hospital charges for patients discharged on or after Oct. 1, 2020, unless the charges exceed the catastrophic injury $226,888 threshold amount listed above.

Notice of availability of ambulatory surgical center addenda

The fee schedule for workers’ compensation ambulatory surgical center (ASC) services is based on the Medicare Ambulatory Surgical Center Payment System (ASCPS) Addenda AA, BB and DD1, available on the Medicare website, and the corresponding Medicare rules and claims processing manual. Payment for workers’ compensation procedures and services is 320% of the ASCPS amount or the ASC’s actual charges, whichever is less. See Minn. Stat. § 176.1363.

The June 29, 2020, Addenda AA, BB and DD1 are the most recent ASCPS addenda available on the Medicare website as of July 1, 2020. Links to Addenda AA, BB and DD1, are the corresponding Medicare rules and claims processing manual, are available on the DLI website at www.dli.mn.gov/business/workers-compensation/work-comp-medical-fee-schedules-ascps. They are effective for services provided by an ASC on or after Oct. 1, 2020.

Notice of availability of hospital outpatient fee schedule


HOF S provides two separate payment rates, one for hospitals with more than 100 licensed beds and one for non-Critical Access Hospitals with 100 or fewer licensed beds.

HOF S does not apply to Medicare-designated Critical Access Hospitals, which continue to be paid at the Critical Access Hospital’s usual and customary charge, unless the commissioner or compensation judge determines the charge is unreasonably excessive.

1The PPI, produced by the U.S. Bureau of Labor Statistics, measures the average change over time in the selling prices received by producers for their output. The annual PPI-P and the associated annual changes (using industry code 62111 – offices of physicians) are available at www.bls.gov/ppi/data.htm.
**Compensation rates as of Oct. 1, 2020**

*Statewide average weekly wage (SAWW) = $1,144*

*Percentage change in SAWW from previous year = 2.88%*

*(Apply Minnesota Statutes § 176.645 adjustment as necessary based on date of injury.)*

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<th>Minimum (20%)</th>
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*Maximum under Minn. Stat. § 176.101, subd. 1(b)(1)*

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<th>Minimum (20%)</th>
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*Supplementary benefits under Minn. Stat. § 176.132*  
*(Minnesota Statutes 1994)*  
*and permanent total minimum under Minn. Stat. § 176.101, subd. 4*  
*(for injuries 10-1-95 and later)*

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<th>Minimum (rounded)</th>
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*Setting applies to supplementary benefits.*
Recordkeeping training offered via webinar in January

Maintaining an accurate OSHA log of recordable work-related injuries and illnesses is an important skill that benefits employers, workers, safety professionals and government agencies. The Department of Labor and Industry is offering free introductory-level training sessions about OSHA recordkeeping in January. **Registration is required.**

**Dates**

- **Jan. 15** – Webinar only, 8:30 to 11:30 a.m.
- **Jan. 22** – Webinar only, 8:30 to 11:30 a.m.

**Topics**

- Recordability of injuries and illnesses
- Differences between OSHA cases and workers’ compensation claims
- Classifying cases
- Counting time
- Privacy cases
- How many logs to keep
- Maintaining logs
- Creating a log summary
- Reporting log data to OSHA
- Recording COVID-19 cases

**Registration, more information**


**Turn to Office of Workers’ Compensation Ombudsman for help with claims**

The Department of Labor and Industry’s Office of Workers’ Compensation Ombudsman informs, assists and empowers injured workers and small businesses having difficulty navigating the workers’ compensation system.

**The ombudsman assists injured workers by:**

- providing information to help them protect their rights and to pursue a claim;
- contacting claims adjusters and other parties to resolve a dispute;
- assisting in preparing for settlement negotiations or mediations; and
- making appropriate referrals to other agencies or entities if needed.

**The ombudsman assists small businesses by:**

- providing information about what to do when an employee is injured;
- directing them to appropriate resources for assistance in obtaining and resolving issues regarding workers’ compensation insurance; and
- responding to questions pertaining to employers’ responsibilities under Minnesota’s workers’ compensation law.

The Office of Workers’ Compensation Ombudsman also recommends statute or rule changes to improve the effectiveness of the workers’ compensation system.

To request assistance, contact the Office of Workers’ Compensation Ombudsman at 651-284-5013, 800-342-5354 or dli.ombudsman@state.mn.us.
**CompFact:**

First responder claims for PTSD increase under new statute

*By Brian Zaidman, Research and Statistics*

Minnesota Statutes chapter 176.011, subd. 15(e), effective for injuries on or after Jan. 1, 2019, provides certain first responders, public safety dispatchers and specified employees in secure government facilities with a rebuttable presumption of work-relatedness for post-traumatic stress disorder (PTSD) claims when diagnosed by a licensed psychologist or psychiatrist according to the Diagnostic and Statistical Manual of Mental Disorders. For injuries from Oct. 1, 2013, through Dec. 31, 2018, all employees had the burden of proving their claims were work related. Prior to Oct. 1, 2013, PTSD was compensable only if the employee could show that it resulted from or caused a physical injury.

This article examines the number of claims for indemnity benefits filed for mental disorders, such as anxiety, stress and PTSD, on the basis of their description filed on the first report of injury (FROI) and coded into the Department of Labor and Industry (DLI) workers’ compensation claims database. It is possible that additional claims for PTSD injuries have been filed using claim petitions, which sometimes result in the injury characteristics not being coded. Although the statute only applies to PTSD, mental illnesses described as anxiety and stress disorders are included because the FROI description is often not based on a diagnosis; many claims initially described as anxiety and stress disorders are evaluated for compensability as PTSD claims.

Claim-filing behavior for the five years before the first responder presumption became effective are compared with claims data for the 17 months after the law changed. Information about claim-year 2020 should be regarded as preliminary; additional claims are likely to be filed and many of the already-filed claims are active in the dispute resolution process, so their payment status is subject to change.

PTSD claim filing is also a topic of interest because of news reports that Minneapolis police officers have been filing PTSD claims for workers’ compensation and Public Employees Retirement Association benefits. An examination of workers’ compensation PTSD claims by month of FROI filing during 2020 shows that during June and July, police officers filed 58 PTSD claims, compared with four claims for other first responders and 15 claims filed by all other workers (Figure 1). In total, 77 PTSD claims were filed during June and July, compared with 61 claims for the previous five months of 2020.

![Figure 1. PTSD claims for indemnity benefits by month of illness, 2020 (preliminary)](chart)

Figure 2 shows that more PTSD claims for indemnity benefits occurred in 2019 than any previous year. There were 28 more claims in 2019 than in 2018, a 19% increase and a 44% increase over the 2017 total. Before the PTSD presumption became effective, first responders filed fewer PTSD claims than did workers in all other occupations; following the law change, this difference has disappeared, despite the overwhelming number of workers who are not first responders.
While the presumption may have led to an increase in claim filing, the number of first responder PTSD illnesses increased in 2018, before the presumption law became effective. The decrease in PTSD claims for all other workers might also be an effect of the coronavirus pandemic, with its resultant drop in employment and working hours.

Figure 2. Number of PTSD claims for indemnity benefits by year of illness

![Figure 2](image-url)

*2020 includes injuries dated Jan. 1 through July 31. Lighter shaded colors indicate illnesses dated from May 25 through July 31.

Figure 3 shows the percentages of PTSD claims that were denied benefits by the insurer or self-insured employer, with 2020 claims limited to those on or before May 25. The percentage of filed claims that are currently denied benefits increased from 68% of claims between 2014 and 2018 to 87% of claims in 2019 and 2020. Many of the claims filed for illnesses since the first responder presumption became effective are still in litigation, so this percentage is likely to change. Presently, 89% of first responder PTSD claims from 2019 and 2020 are denied, compared with 51% of the claims from 2014 through 2018.

Figure 3. Percentage of PTSD claims for indemnity benefits denied primary liability

![Figure 3](image-url)

*2020 only includes illness dates through May 25.
Workers' compensation events calendar

Note: Event dates may change. Always check the online calendar at www.dli.mn.gov/about-department/about-dli/events-workers-compensation.

October 2020

Oct. 8          Medical Services Review Board meeting
Oct. 9          Campus Answer Hour for Rehabilitation Providers
Oct. 13         Campus Answer Hour for Employers
Oct. 13         Campus Answer Hour for Law Firms
Oct. 14         Campus Answer Hour for Insurers, Self-insurers, Third-party Administrators and Trading Partners
Oct. 16         Campus Answer Hour for Rehabilitation Providers
Oct. 20         Campus Answer Hour for Employers
Oct. 20         Campus Answer Hour for Law Firms
Oct. 21         Campus Answer Hour for Insurers, Self-insurers, Third-party Administrators and Trading Partners
Oct. 23         Campus Answer Hour for Rehabilitation Providers

November 2020

Nov. 10         Campus Answer Hour for Employers
Nov. 10         Campus Answer Hour for Law Firms
Nov. 13         Campus Answer Hour for Rehabilitation Providers

Arising out of and in the Course Of – Going to and from Work

Substantial evidence supports the arbitrator’s finding that the employee’s injury arose out of and in the course of employment where the employee was injured on a street while leaving a worksite through an exit that led directly onto a street.

Evidence – Expert Medical Opinion

Inaccuracies in an employee’s medical history as reported by a doctor do not render that doctor’s opinion inadmissible for lack of foundation where the arbitrator noted the errors and found the opinion persuasive based on other relevant evidence.

Evidence – Admission; Evidence – Unopposed Medical Opinion

Rules established under a union alternative dispute resolution system pursuant to Minnesota Statutes § 176.1812, which state that only medical providers on an approved list may be paid under that system, do not limit the admissibility of an opinion from a provider who is not on that list.

Affirmed in part, reversed in part, vacated in part and modified in part.

Melkam Kinde v. Healtheast/Fairview Health Services, May 15, 2020

Vacation of Awards – Fraud

There is no evidence of fraud either to require reversal or to support a petition to vacate the Findings and Order of the compensation judge.

Affirmed.

Sergio Medina v. Paymasters, Inc., May 15, 2020

Appeals – Interlocutory Order

An order denying a motion to dismiss a claim petition is not appealable under Minnesota Statutes § 176.421, subdivision 1.

Dismissed.
Margaret Leuthard v. Independent School District 912 – Milaca, May 26, 2020

Medical Treatment and Expense – Treatment Parameters

Where the employee is experiencing improvement in activities of daily living from treatment, application of the treatment parameters requires that the compensation judge: 1) assess whether the parameter is met; 2) determine if a departure is appropriate under Minnesota Rules 5221.6050, subpart 8; and 3) determine if the rare case exception applies as set forth in Jacka v. Coca Cola Bottling Co., 580 N.W.2d 27, 58 W.C.D. 395 (Minn. 1998).

Medical Treatment and Expense – Reasonable and Necessary

Substantial evidence in the record does not support the compensation judge’s denial of claimed medical treatment according to whether the claimed medical treatment was reasonable and necessary.

Vacated in part, remanded.

Lori A. Schallock v. Battle Lake Good Samaritan Center, June 8, 2020

Causation – Substantial Evidence

Substantial evidence, including expert medical opinion, supports the compensation judge’s finding that the employee’s work injury was a substantial contributing factor of her ongoing symptoms and disability.

Affirmed.

Lisa Borucki Vukelich v. Rise, Inc., June 12, 2020

Attorney Fees – Edquist Fees

An intervenor who is awarded reimbursement as a result of its own efforts and risks to establish primary liability at a Parker/Lindberg hearing need not pay an Edquist fee to the employee’s attorney.

Reversed.

Vern W. Heling v. Black Horse Carriers, Inc., June 12, 2020

Medical Treatment and Expense – Surgery

Substantial evidence, including expert medical opinion, supports the compensation judge’s award of the expenses of the employee’s surgery.

Affirmed.

William Johnson v. Darchuks Fabrication, Inc., June 18, 2020

Medical Treatment and Expense – Treatment Parameters

Rare Case Exception

Application of the rare case exception in Jacka v. Coca-Cola Bottling Co., 580 N.W.2d 27, 58 W.C.D. 395 (Minn. 1998), is reviewed under the substantial evidence standard set out in Hengemuhle v. Long Prairie Jaycees, 358 N.W.2d 54, 59, 37 W.C.D. 235, 239 (Minn. 1984). Substantial evidence supported the compensation judge’s award of payment for medication where the employee suffered from long-term intractable pain, showed no evidence of abusing that medication, was carefully monitored by the treating physician and experienced a reduction in pain from the medication.

Affirmed.
Daniel M. Ansello v. Wisconsin Central, Ltd., June 19, 2020

Attorney Fees – Excess Fees

The compensation judge did not abuse his discretion in determining the amount of additional attorney fees awarded where he applied the Irwin factors and awarded an amount within a reasonable range given the record.

Affirmed.