Introduction

• Need a basic understanding of workers' compensation benefits and general questions.

• Refer client to their attorney, claim adjuster or the Alternative Dispute Resolution (ADR) unit at the Department of Labor and Industry (DLI) for answers to questions.

• ADR: 651-284-5032
  – in Duluth: 218-733-7810 or 800-342-5354, ext. 3
DLI resources for injured workers

Workers' compensation overview

• Workers' compensation is a no-fault system.

• A work-related injury can be a condition that is caused, aggravated or accelerated by employment activities.
Basic benefits

- Wage replacement
- Compensation for the loss of use of a part of the body
- Medical benefits
- Vocational rehabilitation services
Temporary total disability (TTD) benefits

- TTD benefits are payable when an employee is totally unable to work and is two-thirds of the employee's average weekly wage (AWW).
  - If the AWW is $300, multiply $300 by two, which equals $600. Then divide $600 by three, which equals $200 (TTD).

- TTD is nontaxable income

- For dates of injury occurring on or after Oct. 1, 2008, a maximum of 130 weeks of TTD are payable unless retraining is approved.

- **Discontinuance of TTD benefits** does not necessarily mean rehabilitation stops or is put on hold.
Temporary partial disability (TPD) benefits

• TPD wage-loss benefits are payable to employees who are back to work but earning less than their pre-injury wage.

• TPD benefits are payable at two-thirds of the difference between what the employee earned and their current earnings.
  – $600 (AWW) - $150 (light-duty wage) = $450.00 x 2 = 900 ÷ 3 = $300 (TPD paid to the employee by the insurer).

• TPD is nontaxable income.
Temporary partial disability (TPD) benefits

- For injuries from Oct. 1, 1992, through Sept. 30, 2018, TPD is limited to 225 weeks of paid benefits or 450 weeks after the date of injury.

- For injuries on or after Oct. 1, 2018, TPD is limited to 275 weeks of paid benefits or 450 weeks after the date of injury.

- Discontinuance of TPD does not mean rehabilitation stops or is put on hold.
Permanent partial disability (PPD) benefits

- Rating cannot exceed 100% of the whole body for any one injury.
- PPD benefits can be paid concurrently with TPD and permanent total disability (PTD) benefits, but not with TTD benefits.
Medical benefits

- Medical benefits include a course of treatment with: a physician; physical therapy; surgical procedures; prescriptions; chiropractic care; medications; chronic pain programs.

- Cessation or termination of other benefits, including rehabilitation services, does not automatically affect eligibility for medical coverage.
Employee's medical condition and rehabilitation benefits

• Medical treatment is governed by Minnesota Rules Chapter 5221.

• The employee's medical condition and work ability may affect his or her return to work with the date of injury (DOI) employer.

• Medical limitations, including permanent work restrictions, may impact other vocational goals, such as acquisition of suitable, gainful employment or a return to pre-injury economic status.
Maximum medical improvement (MMI) means "the date after which no further significant recovery from or significant lasting improvement to a personal injury can reasonably be anticipated, based upon reasonable medical probability, irrespective and regardless of subjective complaints of pain" (Minnesota Statutes 176.011).

MMI does not automatically stop rehabilitation services being provided to the employee.

The employee's TTD benefits may end 90 days after the employee is served by the insurer.

It is the claim adjuster's job to ask the physician for MMI, not the qualified rehabilitation consultant's (QRC's).
<table>
<thead>
<tr>
<th>1. WID or SSN</th>
<th>2. DATE OF INJURY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>09/04/2020</td>
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<table>
<thead>
<tr>
<th>3. EMPLOYEE NAME</th>
<th>4. EMPLOYEE ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAT WILLIAMS</td>
<td>411 MAIN STREET</td>
</tr>
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<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tbody>
<tr>
<td>PEACEFUL VALLEY</td>
<td>MN</td>
<td>55800</td>
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<tr>
<th>6. EMPLOYER</th>
<th>7. EMPLOYER CONTACT PERSON</th>
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<tbody>
<tr>
<td>COMPANY ABC</td>
<td>BOB ROBERTS</td>
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<table>
<thead>
<tr>
<th>9. INSURER/SELF-INSURER/TPA</th>
<th>12. TITLE OF JOB AT DATE OF INJURY</th>
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<tbody>
<tr>
<td>INSURANCE MUTUAL</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>10. INSURER ADDRESS</th>
<th>13. AVERAGE WEEKLY WAGE AT DATE OF INJURY</th>
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<tbody>
<tr>
<td>PO BOX 007</td>
<td>$600.00</td>
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<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
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<tbody>
<tr>
<td>MINNEAPOLIS</td>
<td>MN</td>
<td>55400</td>
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<table>
<thead>
<tr>
<th>11. INSURER CLAIM NUMBER</th>
<th>17. WILL THE DISABILITY LIKELY EXTEND BEYOND 13 WEEKS?</th>
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<tbody>
<tr>
<td>WC 0001-0404</td>
<td>(Check A or B)</td>
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<table>
<thead>
<tr>
<th>18. REASON FOR FILING THE DISABILITY STATUS REPORT: (Check A or B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a consultation requested?</td>
</tr>
<tr>
<td>□ NO</td>
</tr>
<tr>
<td>□ YES</td>
</tr>
</tbody>
</table>

If yes, consultation requested by:
- Insurer
- Employer
- Employee

- A. The employee is being referred for a rehabilitation consultation. Insurer must send a copy of this Disability Status Report, the First Report of Injury, and the treating physician's work ability report to the QRC before the rehabilitation consultation.

Name of QRC: RITA RULE

- B. A waiver of the rehabilitation consultation is being requested. An offer of suitable gainful employment signed by the date-of-injury employer and the treating physician's work ability report are attached. (NOTE: A waiver will not be granted if a consultation has been requested pursuant to Minn. Stat. § 176.102, subd. 4(a)).

Projected return to work date

Name of insurer representative completing form:

- Phone number: (612) 111-1111
- Extension: 325

Date served on employee: 11/26/2020
# Report of Work Ability

This form must be provided to the employee. (Minn. Rules 5621.0412, subc. 6)

**NOTICE TO EMPLOYEE:** YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER, WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE.

<table>
<thead>
<tr>
<th>IRS number or SSN</th>
<th>Date of Injury</th>
<th>Date of Return</th>
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<tbody>
<tr>
<td>12345</td>
<td>09/04/2020</td>
<td>03/21/2020</td>
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**Employee:**
**PAT WILLIAMS**

**Employer:**
**COMPANY ABC**

**Insurance/Insurer-TPA:**
INSURANCE MUTUAL

**Insurer claim number:**
WC 0601-04004

Date of most recent examination by this office: 11/18/2020

Select the appropriate option(s) below and fill in the applicable dates.

1. □ Employee is able to work without restrictions as of (date) _______.

2. □ Employee is able to work with restrictions, from (date) _______ to (date) _______.

   The restrictions are:

3. ☑ Employee is unable to work from (date) _______ to (date) _______.

   The next scheduled visit is: ○ as needed

**Name (Type or Print):**
Dr. Crunch

**Address:**
444 OTHER STREET

**City:**
PEACEFUL VALLEY

**State:**
MN

**ZIP code:**
55060

**License #/Registration #:**

**Phone # (include area code):**

**Date signed:** 11/18/2020

Print in Ink or type.

Enter dates in MM/DD/YYYY format.

**DO NOT USE THIS SPACE**

www.dli.mn.gov
Permanent total disability (PTD) benefits

• **Vocationally permanent** – QRCs or vocational experts need to consider both medical and vocational factors.

• **Medically permanent** – A doctor saying it is medically permanent does not mean the employee will receive TTD benefits through age 67 or age 72. So closing rehabilitation based on this, may not be appropriate.

• **Job search** – While not required, it is most often used regarding determinations of permanent total impairment.
Permanent total disability (PTD) benefits

New statutory language

• Minnesota Statutes 176.101, subdivision 4, was changed to: "Permanent total disability shall cease at age 67 because the employee is presumed retired from the labor market, except that if an employee is injured after age 67, permanent total disability benefits shall cease after five years of those benefits have been paid." This became effective Oct. 1, 2018.

• **Note**: This applies only to dates of injury on or after Oct. 1, 2018.
Dependency benefits and rehabilitation

Where an injury results in the death of an injured worker, rehabilitation benefits may be provided to the dependent surviving spouse who is in need of rehabilitation assistance to become self-supporting.
Time limit to request retraining

- For dates of injury occurring from Oct. 1, 2000, through Sept. 30, 2008, a request for retraining must be filed with the department before the insurer has paid 156 weeks of TTD and/or TPD benefits.

- For dates of injury occurring on or after Oct. 1, 2008, a request for retraining must be filed with the department before the insurer has paid 208 weeks of TTD and/or TPD benefits (Minn. Stat. 176.102, subd. 11(c)).
Notification to injured worker for a request for retraining

- The employer or insurer must notify the employee of the limitation in writing.

- For dates of injury on or after Sept. 1, 1995: Before 80 weeks of TTD or TPD benefits have been paid.

- If the notice is not given, the time period to request retraining is extended by the number of days the notice is late.

- In no event may the employee's request be filed later than 225 weeks of any combination of TTD and TPD benefits.
Rehabilitation provider fees Oct. 1, 2019

• The QRC rate is $109.38 an hour.

• The QRC intern rate is $99.38 an hour.

• The vendor rate is $87.61 an hour.

• What qualifies as nonprofessional time:
  – half of hourly rate for wait time; and
  – three-quarters of the hourly rate for travel time.

• The insurer payment of QRC or vendor bills should be 30 calendar days after receipt.
Rehabilitation provider fees are online at www.dli.mn.gov/sites/default/files/pdf/annladj.pdf

<table>
<thead>
<tr>
<th>Effective date</th>
<th>Rehabilitation annual adjustment for hourly fees</th>
<th>Max QRC hourly fee (pay this fee or provider rate, whichever is lower)</th>
<th>Max job development and placement fee (pay this fee or provider rate, whichever is lower)</th>
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<tbody>
<tr>
<td>10/1/2018</td>
<td>3.00%</td>
<td>$106.19</td>
<td>$85.06</td>
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<tr>
<td>10/1/2019</td>
<td>3.00%</td>
<td>$109.38</td>
<td>$87.61</td>
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<table>
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<tr>
<th>Effective date</th>
<th>Cents per mile</th>
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<tbody>
<tr>
<td>1/1/2015</td>
<td>57.5</td>
</tr>
<tr>
<td>1/1/2016</td>
<td>54.0</td>
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<tr>
<td>1/1/2017</td>
<td>53.5</td>
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<tr>
<td>1/1/2018</td>
<td>54.5</td>
</tr>
<tr>
<td>1/1/2019</td>
<td>58.0</td>
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QRC R-form penalties

• Minnesota workers' compensation law requires R-forms to be filed.
  – Keep your rehabilitation plan up to date.
  – Use a "tickler" system so R-forms and reports get filed on time.
• Contact DLI regarding missing or incorrect R-forms.
August 1, 2018

RE: Employee: xxxxxxxx

Dear xxxxxxxx,

You filed a [REPORTED] on [DATE REPORTED].

The following required rehabilitation form(s) have not been filed:

- R-2 Rehabilitation Plan form and initial evaluation report (Minn. R. 5220.0410 and 5220.1803, subp. 5)
- Plan Progress Report (PPR) or R-3 form used as a PPR (Minn. R. 5220.0450)
- R-3 Rehabilitation Plan Amendment form (Minn. R. 5220.0510)
- R-4 Rehabilitation Plan Closure and summary report, if the plan is closed. (Minn. R. 5220.0510, subp. 7)

If the Department does not receive the above required form(s) within 21 days of this request, you may be subject to a penalty up to $300.00 (Minn. Stat. § 176.234, subd. 10, and Minn. R. 5220.2010, subp. 2).

Repeated failure to file forms with the Department may result in a referral for discipline (Minn. Stat. § 176.102, subd. 3a, and Minn. R. 5220.1006).

Sincerely,

Jocelyn Jacobson, Rehabilitation Registration Specialist
Workers' Compensation Division
Phone: (651) 284-5459
Fax: (651) 284-5731

445 Lafayette Road N., St. Paul, MN 55155 • (651) 284-5005 • www.dli.mn.gov
Minnesota Rules 5220.2830: DLI may assess a penalty for failure to file a required report

<table>
<thead>
<tr>
<th>Filed/received past due date (required form)</th>
<th>Penalty assessed</th>
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<tr>
<td>More than 30 days</td>
<td>$125</td>
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<tr>
<td>More than 90 days</td>
<td>$375</td>
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<tr>
<td>More than 180 days</td>
<td>$500</td>
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<table>
<thead>
<tr>
<th>Filed/received past due date (report on a form request by DLI)</th>
<th>Penalty assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 21 days</td>
<td>$125</td>
</tr>
<tr>
<td>Failure to respond to second request</td>
<td>$375</td>
</tr>
<tr>
<td>Failure to respond to a subsequent request</td>
<td>$500</td>
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Thank you.