



Program Performance: 2020 Case Studies

1. Employee's attorney called the program to report that the employee is working for a new employer at a wage loss but the insurer is not paying temporary partial disability (TPD) benefits. He had left messages for the claims adjuster but received no response and wanted to request Facilitation. The program contacted the adjuster and informed her of the dispute. The adjuster contacted the new employer and old employer to verify employment status and obtain wage records. She confirmed that TPD was owed and promptly made payment to the employee. The intervention by the program resulted in payment of wage loss to the employee without further delay or litigation.
2. A bricklayer strained his back picking up stone. He went to a doctor who prescribed medication. The employee went back to work with only minor relief. His supervisor suggested that he see a chiropractor. The employee looked on our website where he found a chiropractor within the program's exclusive provider organization. The insurer refused to authorize a change of provider or treatment with the chiropractor. The employee contacted the program regarding his treatment. The program contacted the adjuster to discuss the employee's right to change treating providers. The adjuster agreed to authorize the change of provider and treatment. The intervention by the program resulted in authorization for treatment within 24 hours of the call by the employee. The employee lost no time from work for this injury.
3. A carpenter suffered a cut to his middle finger that severed a tendon. The employer was not able to provide work within the restrictions provided by the treating physician. The insurer paid the employee wage loss benefits as a result of the injury. The employee contacted the program questioning the insurer's average weekly wage calculation believing that it unfairly reduced his weekly benefit. The program called the adjuster to review the wage records. After a short discussion regarding the calculation, the adjuster realized the mistake made in the calculation. The adjustment to the wage calculation was made. The intervention of the program resulted in payment at the appropriate benefit rate and reimbursement for underpayment of benefits to the employee.
4. A glazier sustained an admitted work-related injury. Following surgery, the employee could not return to his pre-injury position due to permanent restrictions. The employer and employee both wanted employment to continue. The employer, employee and assigned qualified rehabilitation consultant contacted the program for assistance. The program suggested that the employer have an Occupational Therapist specializing in ergonomics evaluate the position to determine if modifications could be made to the workstation to allow for his permanent restrictions. Following the evaluation, modifications were made and the employee was able to continue in his pre-injury position within his permanent restrictions. Due to the successful modification of the employee's workstation, the employer hired the Occupational Therapist to evaluate and modify all other workstations to reduce potential injuries to other employees. The intervention of the program helped an employee remain at his pre-injury position following a serious injury and prevent future injuries.



5. A union carpenter was hanging sheetrock when the scaffold he was on rolled into a large hole throwing him forward. His head hit the floor and he felt immediate pain in his neck that went into both of his arms. He was taken to a hospital by ambulance and underwent an emergency surgery resulting in a fusion of the C6-7 disc.

A Network Qualified Rehabilitation Consultant (QRC) was placed on the file. When he was released by his surgeon to light duty the QRC assisted in his return to the employer who provided light duty work. The QRC attended the medical appointments keeping the employee, employer and insurer informed about the recovery.

When it seemed that the treatment was not improving his condition the QRC made an appointment with the surgeon who agreed that physical therapy was not working. The physical therapist had suggested that chronic pain might be the problem, but the doctor disagreed recommending instead a work-hardening program.

Everyone agreed that work-hardening would give the injured worker his best hope for a recovery and successful return to the trade. The QRC found a program that was close to the employer's office so that light duty work could be provided during the work-hardening process. The employee was able to meet his physical goals and return to his pre-injury position with no permanent restrictions.

6. An operating engineer injured his right shoulder and required surgery. A program QRC assisted in scheduling the surgery with an EPO surgeon who specialized in shoulder repair. The doctor performed arthroscopic surgery and provided discharge instructions restricting the injured worker from doing any work.

The QRC immediately faxed the restrictions to the contractor that same day. The contractor informed the QRC that they could provide one-armed work accommodating the sedentary restrictions. The QRC presented the surgeon with a written job description from the contractor and he made a referral to an occupational medicine doctor. The doctor approved the one-handed work, and the employee returned to one-armed work at full wages and fringe benefits after missing only two days of work.

7. A teamster was driving his truck over a railroad crossing that had no warning signals. As he began to cross an oncoming train hit the backend of the truck. He survived the accident, but required multiple surgeries. The medical team and the program's QRC worked closely with the employee, his family and the employer.

Eventually he was released to light duty and the employer accommodated the restrictions as he progressed through work hardening. Everyone worked very hard to return him to his pre-injury job, but they were unsuccessful.

An agreement was reached at Mediation that allowed the injured worker to move on with his life and maintain his family's lifestyle. The employer and the employee agreed to discontinue the light duty work, but also to maintain their contact regarding his progress.



8. This case used every level of our dispute resolution system: facilitation, mediation, and binding arbitration. The Findings and Order was appealed to the Workers' Compensation Court of Appeals, and on May 15th was appealed to the MN Supreme Court.

An employee claimed a work-related injury to his left shoulder on March 23, 2016. As he was leaving his shift, he exited the site through the gate onto the public street and was struck by a vehicle owned by a company providing services to the construction site.

After conducting an investigation the insurer denied primary liability, citing the employee sustained injuries while going to or away from the premises of employment and was therefore not entitled to workers' compensation benefits. The employee retained an attorney who requested facilitation.

After failing to achieve resolution at facilitation, the employee did not pursue the claim. The employee obtained treatment from an orthopedic specialist (Dr. Becker) who performed a shoulder surgery that resolved the employee's complaints and released him from care. Medical treatment was paid for by the Health and Welfare Fund under a subrogation agreement. More than a year passed. The employee began treating for neck and back conditions. The employee retained a new attorney, claiming the neck and back conditions were a result of the original injury. A Dispute Resolution Exam (DRE) was requested to determine the causation and reasonableness of treatment to the shoulder, neck and back conditions in relation to the incident of March 23, 2016. The neutral doctor (a spine specialist) found that the back and neck conditions were not related to the original injury; but declined to comment on the shoulder condition, instead deferring to the treating orthopedic shoulder specialist, Dr. Becker.

Following the result of the DRE, mediation was held. Settlement was unsuccessful and arbitration was requested. The arbitrator found the employee's left shoulder injury arose out of and in the course of his employment, but that the neck and back conditions were not related to that injury. The arbitrator did not adopt Dr. Becker's opinion, treatment rendered or bills for care because he was not a member of the program's Exclusive Provider Organization (EPO).

Both parties filed an appeal of the arbitrator's order to the Workers' Compensation Court of Appeals (WCCA). The WCCA affirmed the arbitrator's findings that the left shoulder injury was compensable, and that the neck and back conditions were not related to the original injury. They reversed the finding regarding Dr. Becker's ability to be a non-EPO treating physician, and instead adopted his medical opinion as to the nature, extent, and need for care of the employee's left shoulder injury. Finally, they reversed the arbitrator's denial of Dr. Becker's bills for care due to his non-EPO status.

The Employer/Insurer filed a Petition for Writ of Certiorari with the MN Supreme Court to review the Decision of the WCCA: did the WCCA ere in finding that the left shoulder injury arose out of and in the course of his employment; and did they ere by reversing the findings that Dr. Becker's opinion cannot be adopted due to his non-EPO status and the resulting denial of his bills for treatment.