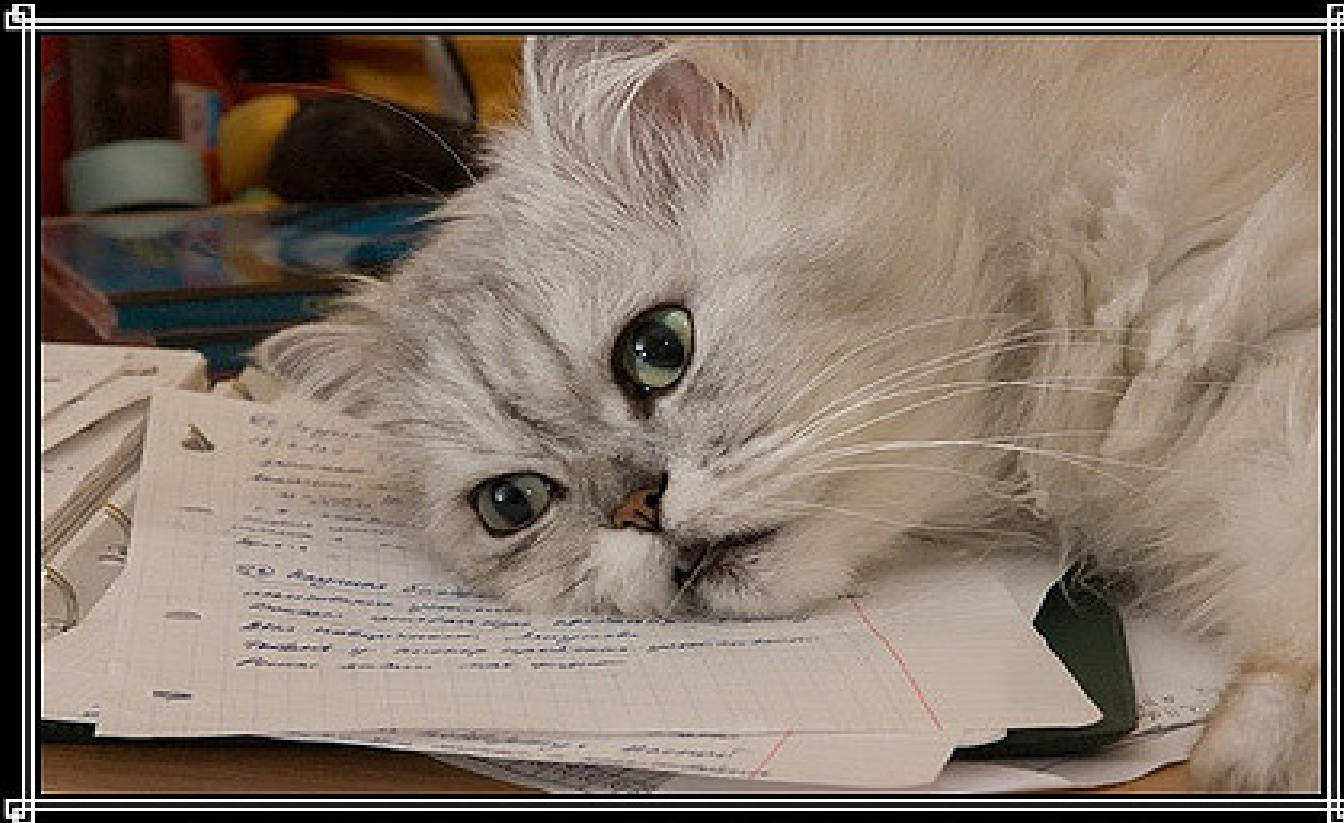


MAXIMIZING R-FORM USE TO AVOID PROBLEMS

Remember

what you hear - you forget
what you see - you remember
what you do - you can replicate



PAPERWORK

You'll never be able to avoid it,
even if you're reincarnated as a cat.

Plan for Success



<http://www.dli.mn.gov/WC/RehabProv.asp>

Workers' compensation -- Information for a rehabilitation provider

- [Become a rehabilitation provider](#)
- [Benefit and provider fee levels effective October 2015](#)
- [Claim characteristics](#)
- ➔ [Common benefits, rates, wage, maximum fee and expenses chart \(updated March 2016\)](#)
- ➔ [COMPACT newsletter](#)
- [Contact list](#)
- [Dispute resolution, mediation](#)
- ➔ [Email lists for DLI updates: archives, subscribe](#)
- ➔ [Frequently asked questions: rehabilitation provider](#)
- [Immigration issues and rehabilitation services](#)
- [Minnesota Rules 5220 Rehabilitation and compensation](#)
 - [Printable PDF](#)
- ➔ [Minnesota Statutes 176.102 Rehabilitation](#)
- [Online form submission for QRCs](#)
- [QRC/vendor lists](#)
- ➔ [Rehabilitation forms](#)
- [Rehabilitation provider training](#)
- ➔ [Rehabilitation training materials](#)
- [Reports, publications](#)
- [State Vocational Rehabilitation unit \(VRU\) referral](#)



Workers' compensation -- Forms

Workers' compensation forms -- Required

± Click to close or re-open this window

Form name	Version date	Notes
Plan Progress Report (PR01) -- Spanish version (informational, do not file)	January 2014 November 2014	
R-2 Rehabilitation Plan (RE01) -- more information	August 2015	Format changes
R-3 Rehabilitation Plan Amendment (RP01) -- more information	August 2015	Format changes
R-8 Notice of Rehabilitation Plan Closure (NR01)	November 2013	The changes were necessary due to a statute/law change effective Oct. 1, 2013, to 176.102, subd. 5(b).
Rehabilitation Consultation Report (RC01) -- Spanish version (informational, do not file)	May 2016 May 2016	Format changes
Rehabilitation Request (RQ03)	April 2012	New mailing address
Rehabilitation Response (RR03)	April 2012	New mailing address
Rehabilitation Rights and Responsibilities of the Injured Worker (IW05) -- Spanish version (informational, do not file)	October 2013 May 2016	Form overhaul First time translated
Report of Work Ability (RW01) -- more information	July 2010	
Request for Extension (QE03) -- more information	July 2010	
Request for Formal Hearing (RF03)	August 2012	New mailing address
Retraining Plan (EP04)	January 2014	
Statement of Attorney Fees and Costs (SA04)	June 2014	Corrected misinformation

Rehabilitation provider forms

- [Rehabilitation forms online submission](#)

Workers' compensation forms -- Rehabilitation provider

± Click to access forms; view update dates and notes

More information

- Rehabilitation plan [service codes and categories](#)
- [Vocational rehabilitation invoice form](#)
- For more information about workers' compensation forms, contact Kathy Hanson in the Compliance, Records and Training unit, at (651) 284-5299 or dli.wcrequest@state.mn.us.

5220.1802 COMMUNICATIONS. Subpart 1.

Req'd rehab reports and progress records shall:


- a) Be legible.
 - b) List the EE's name.
 - c) List **EE's WID** or **full social security number**.
 - d) List the date of injury.
- Including letters, RCR, R-2, and PPR narrative reports, monthly progress and final summary reports, fax cover sheets, etc.

[Reset](#)

Department of Labor and Industry
Workers' Compensation Division
PO Box 64221
St. Paul, MN 55164-0221
(651) 284-5032 or 1-800-342-5354
Fax: (651) 284-5731

Rehabilitation Rights and Responsibilities of the Injured Worker

Print in ink or type
Enter dates in MM/DD/YYYY format


DO NOT USE THIS SPACE

WID number or SSN	Date of injury
Employee name	

The purpose of vocational rehabilitation under Minnesota Statutes § 176.102 is to assist you so that you may return to your former job, to a job related to your former employment or to a job in another work field. The job should be physically appropriate and produce an economic status as close as possible to that which you would have enjoyed without disability.

The first step in this return-to-work process is a rehabilitation consultation, an in-person or telephone meeting with a qualified rehabilitation consultant (QRC) to determine if you qualify for rehabilitation services. If the QRC determines you are qualified, the next step is the development of a rehabilitation plan. Your QRC will help you develop and implement this plan and explain the rehabilitation services available to you. Consideration will be given to your former employment, average weekly wage, the current labor market and your qualifications, including transferable skills, previous work history, age, education and interests. You will not be billed for rehabilitation services.

Rights of the injured worker

Under Minnesota workers' compensation law, you have vocational rehabilitation rights.

- You may obtain a list of registered QRCs in your area by visiting the department's website at www.dli.mn.gov/WC/QrcData.asp. For a rehabilitation consultation, the insurer may refer you to a QRC or you may choose your own. If you did not choose the QRC for your consultation, you have up to 60 days after a rehabilitation plan is filed to request a different QRC. You may be entitled to change QRCs at other times as well; call the Alternative Dispute Resolution (ADR) unit at (651) 284-5032 or 1-800-342-5354 if you would like more information.
- When a QRC first meets or writes to contact you, he or she is required to disclose to you in writing any affiliation or ownership interest between the QRC (or the QRC firm) and your employer, any workers' compensation insurer or adjusting company. The QRC is also required to disclose to you and all parties to a case any affiliation or business referral arrangement, documented or not, between the QRC (or the QRC firm) and any other parties to the case, including attorneys and doctors.
- A vocational rehabilitation plan may include training and/or formal education.
- You may request a change in your rehabilitation plan.
- Your QRC needs your permission to: attend, schedule or cancel medical appointments; discuss your medical care and treatment with your health care providers; or obtain medical records from your health care providers.
- You may withdraw your permission for your QRC to: attend, schedule or cancel medical appointments; discuss your medical care and treatment with your health care providers; or obtain medical records from your health care providers.
- The QRC must provide copies of your rehabilitation plan, required rehabilitation reports and progress records, including correspondence prepared or received by the QRC, to you and the other parties and attorneys. An exception is that progress records need to be sent to the employer only upon the employer's request.

(over)

MN IW05 (10/13)

WID number or SSN 7654321	Date of injury 10/18/2015	Employee name Dolly Labor
------------------------------	------------------------------	------------------------------



- You have the right to request assistance regarding rehabilitation services and other claims issues from the Department of Labor and Industry. If you have questions about vocational rehabilitation services, call the ADR unit at (651) 284-5032 or 1-800-342-5354. If there is a dispute about your eligibility for statutory rehabilitation services or the rehabilitation plan, you may file a Rehabilitation Request form and the department may schedule an administrative conference to resolve the dispute.

Responsibilities of the injured worker

Under Minnesota workers' compensation law, you have vocational rehabilitation responsibilities.

- You must make a good faith effort to participate in your rehabilitation plan. Failure to do so may result in suspension or termination of your workers' compensation benefits.
- You must advise your QRC and insurance company of your wage, hours, employer and job title when you return to work with any employer and when your hours or wages change. This is necessary to accurately calculate your wage-loss benefits and to ensure rehabilitation services are appropriate. Failure to accurately report wages earned while receiving workers' compensation benefits may result in civil or criminal consequences.
- You must cooperate with reasonable medical and rehabilitation examinations and evaluations as ordered by the commissioner or a compensation judge. Failure to do so may result in suspension or termination of your workers' compensation benefits.

Disclosure

The statements below are to verify whether you received the documents listed and that the information on this form has been explained to you. You are not required to provide the information requested below or sign this form. Your workers' compensation benefits will not be affected if you choose not to provide the information or sign this form. This form will be filed with the Minnesota Department of Labor and Industry and may also be provided to the Office of Administrative Hearings and law enforcement agencies.

Employee, check all that apply:

- The above information has been explained to me and I have been provided with a copy of this form.
- I have received written notification from the QRC disclosing: 1) any affiliation, ownership interest or business referral arrangement, whether documented or not, the QRC or QRC firm may have with the employer, workers' compensation insurer, adjusting or servicing company; and 2) any affiliation, business referral or other arrangement with any party, attorney or health care provider in my case.
- The QRC has informed me that the QRC and the QRC firm do not have any affiliation, ownership interest, business referral or other arrangements with any of the persons described above.

Employee sig	<i>Reviewed form with Dolly who declined to sign it.</i>		Date
QRC signa	QRC #	Date	QRC intern supervisor signature
<i>Betty Kant</i>	313	01/06/2016	<i>Kenny Makeit, QRC #101</i>
			Date
			01/06/2016

The QRC must sign and date this form at the first in-person or telephone meeting with the employee. A copy of the form must be provided to the employee, insurer and received by the Department of Labor and Industry within 14 days of the first in-person or telephone meeting.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minn. Stat. § 609.52, subd. 3.

This material can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

Mail or fax to:
Department of Labor and Industry
Worker's Compensation Division
PO Box 64221
St. Paul, MN 55164-0221
(651) 284-5032 or 1-800-342-5354 Fax:
(651) 284-5731

Rehabilitation Consultation Report

PRINT IN INK or TYPE
ENTER DATES IN MM/DD/YYYY FORMAT



DO NOT USE THIS SPACE

1. WID or SSN 7654321		2. DATE OF INJURY 10/18/2015				
3. EMPLOYEE NAME Dolly Labor						
4. EMPLOYEE ADDRESS 1001 Lois Lane						
CITY Lino Lakes		STATE MN	ZIP CODE 55014	5. EMPLOYEE PHONE # (651) 123-1234		
6. EMPLOYER NAME WHYAMIHERE LOGISTICS			7. EMPLOYER CONTACT Sally Forth		8. EMPLOYER PHONE # (651) 123-0000	
9. INSURER CLAIM NUMBER WC 65434455			14. QRC NAME Betty Kant, QRC Intern/Ken Makeit, QRC Supervisor			
10. INSURER/SELF-INSURER/TPA Midwest Solutions Insurance			15. QRC FIRM Makeit Rehabilitation, LLC			
11. INSURER ADDRESS 22 Twain Avenue			16. QRC ADDRESS 101 Ways Blvd.			
CITY Minneapolis		STATE MN	ZIP CODE 55415	CITY Tubedone	STATE MN	ZIP CODE 55447
12. CLAIM REPRESENTATIVE Dee Nile		13. CLAIM REP PHONE # (612) 222-3344		17. QRC # 313	18. QRC FIRM # 0200	19. QRC PHONE # (612) 414-4455
20. In my opinion, the employee is permanently precluded or likely to be permanently precluded from engaging in the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
21. In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
22. In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion of the employee's work ability. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
23. I have consulted with the date-of-injury employer regarding the above issues. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
24. Check Box A, B or C as applicable:						
<input type="checkbox"/> A. In my opinion the employee is a "qualified employee" and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp. 22.						
<input type="checkbox"/> B. In my opinion the employee is not a qualified employee and "is not" eligible to receive rehabilitation services at this time according to Minn. Rules 5220.0100, subp. 22.						
<input checked="" type="checkbox"/> C. The parties have informed me that they wish to initiate statutory rehabilitation services at this time.						

ATTACH A NARRATIVE REPORT EXPLAINING THE BASIS FOR YOUR DETERMINATION

25. Date of first in-person or telephone meeting 01/08/2016	QRC Signature or QRC Supervisor (if applicable) Kenny Makeit, QRC # 101	QRC Intern Signature (if applicable) Betty Kant, 2RC Intern # 313
--	--	--

QRC: This form, along with a narrative report and the Rehabilitation Rights and Responsibilities of the Injured Worker form, must be received by the Department of Labor and Industry within 14 days of the date in Box 25 (the first in-person meeting or the first telephone conference) (Minn. Rule 5220.0130). If the employee is eligible for rehabilitation services, a Rehabilitation Plan (R-2) must be developed and circulated to the parties within 30 days of the initial meeting and filed with the Department within 45 days of the initial meeting (Minn. Rule 5220.0410).

Employee: If you disagree with or have questions about the information provided on this form, you are encouraged to contact the QRC and insurer to discuss any concerns. If your concerns are not resolved, you may call the Department at (651) 284-5032 or 1-800-342-5354, or request a determination by filing a Rehabilitation Request with the Department.

This material can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354/Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

REHABILITATION CONSULTATION REPORT

➔ Re: Dolly Labor Report Date: 01/08/2016
WID: 7654321 Meeting Date: 01/06/2016
DOI: 10/18/2015 QRC Intern #: 313
Insurer: Midwestern Solutions Employer: WHYAMIHERE LOGISTICS

On 10/18/2015, Ms. Labor injured her low back while working as a Loginator, a medium duty position, at Whyamihere Logistics. On 11/09/2015, her treating physician Dr. Bones performed a L4-S1 discectomy. Following recovery, Ms. Labor participated in physical therapy.

On 01/11/2016, Dr. Bones released Ms. Labor to return to work with sedentary duty limitations. The doctor recommended additional physical therapy and projected eventual permanent limitations of light duty work in three to four months.

Through contact with Ms. Sally Forth, HR Director-Whyamihere Logistics, it was determined the company had laid off several employees, due to the economy. As Ms. Labor was in that group of employees, Ms. Forth recommended and that job placement assistance to help Ms. Labor secure a job with a different employer.

In consideration of the above, I find Ms. Labor to be a qualified employee. Additionally, the insurer has requested that statutory rehabilitation services be provided, which Ms. Labor has agreed to. Due to this, an R-2 Rehabilitation Plan will be developed on her behalf.

If any of the parties are in disagreement or have questions please don't hesitate to contact me.

Submitted by,

Betty Kant

Kenny Makeit

➔ Betty Kant, QRC Intern #313

Kenny Makeit, QRC Intern Supervisor # 101

➔ CC: Dolly Labor
Sally Forth, Whyamihere Logistics
Department of Labor & Industry

Brain Teaser

What if the EE doesn't want to meet with you for a consultation and doesn't want rehabilitation services?

MAKEIT REHABILITATION

101 Ways Boulevard

Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

Ms. Dee Nile
Midwest Solutions Insurance
22 Twain Avenue
Minneapolis, MN 55415

RE: Dolly Labor
WID: 7654321
DOI: 10/18/2015
Claim: WC 64534455

Report Date: 01/08/2016
Contact Date: 01/06/2016
QRC Intern #: 313
Employer: WHYAMIHERE LOGISTICS

Dear Ms. Nile:

On 01/06/2016, I contacted Ms. Labor to schedule a rehabilitation consultation and determine if she was a qualified employee to receive rehabilitations services.

Through this call, Ms. Labor informed me that she is scheduled to meet with her treating physician on February 12, 2016. She expects to be released at that time to her regular duty job. Due to this Ms. Labor has declined participation in a rehabilitation consultation.

I informed Ms. Labor that all parties would be informed of her decision. We also discussed that if she is unable to return to work after the medical appointment that she could request a rehabilitation consultation by me, contact Midwest Solutions Insurance to have another QRC assigned or select a QRC listed on the Minnesota Department of Labor & Industry's website by calling them at (800)342-5354.

Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #101

CC: Dolly Labor
John Doe, Esq.
Mark Law, Esq.
Dept. of Labor & Industry

Brain Teaser

You've received a referral for an EE who received a blow to the head and has a right shoulder tear. When you meet with the EE and spouse you learn the EE has difficulty focusing on conversations, making informed decisions, etc.

As they have been married for twenty years, the spouse feels she can answer any questions you have about the EE. At this point, what question(s) should you ask and/or actions should you take?

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447
Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

Ms. Dee Nile
Midwest Solutions Insurance
22 Twain Avenue
Minneapolis, MN 55415

RE: Dolly Labor
WID: 7654321
DOI: 10/18/2015
Claim: WC 64534455

Report Date: 01/08/2016
Contact Date: 01/06/2016
QRC Intern #: 313
Employer: WHYAMIHERE LOGISTICS

Dear Ms. Nile:

On 01/06/2016, I met with Ms. Labor at the hospital to perform a rehabilitation consultation and determine if she was a qualified employee to receive rehabilitations services. Ms. Labor was injured on October 18, 2015, which included a right shoulder tear and blow to the head.

Through contact with Ms. Labor it was determined she has difficulty focusing on conversations, making informed decisions, and recalling events. As a result of this the Rehabilitation Rights and Responsibilities of the Injured Worker form could not be completed nor the consultation.

I informed Ms. Labor's family that when her medical condition has improved that she may request a rehabilitation consultation from me, contact Midwest Solutions Insurance to have another QRC assigned or select a QRC listed on the Minnesota Department of Labor & Industry's website by calling them at (800) 342-5354.

Should you have any questions please feel free to contact me.

Sincerely,

|

Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #101

CC: Dolly Labor
John Doe, Esq.
Mark Law, Esq.
Dept. of Labor & Industry

Brain Teaser

What if through the consultation you find the EE qualified to receive rehabilitation services, but they don't want them?

REHABILITATION CONSULTATION REPORT

RE: Dolly Labor
WID: 7654321
DOI: 10/18/2015
Claim: WC 64534455

Report Date: 01/08/2016
Contact Date: 01/06/2016
QRC Intern #: 313
Employer: WHYAMIHERE LOGISTICS

On 10/18/2015, Ms. Labor injured her low back while working as a Loginator, a medium duty position, at Whyamihere Logistics. On 11/09/2015, her treating physician Dr. Bones performed a L4-5 discectomy. Following recovery, Ms. Labor participated in physical therapy.

On 01/11/2016, Dr. Bones released Ms. Labor to return to work with sedentary duty limitations. The doctor recommended additional physical therapy and projected eventual permanent limitations of light duty work in three to four months.

Through contact with Ms. Sally Forth, HR Director – Whyamihere Logistics, it was determined the company had laid off several employees due to the economy. As Ms. Labor was in that group of employees, Ms. Forth recommended job placement assistance to help Ms. Labor secure a job with a different employer.

In consideration of the above, I find Ms. Labor to be a qualified employee. However, in discussing this with Ms. Labor and rehabilitation services to be provided, Dolly reported she did not feel the need to have a QRC work with her at this time.

Based on this, Ms. Labor and I discussed that while I believe her to be eligible for services that I would indicate on the rehabilitation form that **she is not qualified**, as she has turned down services at this time. We further discussed that if Dolly should change her mind that she could request another rehabilitation consultation through myself, by contacting Midwest Solutions Insurance, or selecting a QRC listed on the Minnesota Department of Labor & Industry's website by contacting them at (800) 342-5354.

Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #101

CC: Dolly Labor
John Doe, Esq.
Mark Law, Esq.
Dept. of Labor & Industry

R-2 Rehabilitation Plan

Typical Errors

- **Visual Clutter:** Listing services you don't plan to provide.
- **Service Category Overload:** Assuming you can use one rehab service to cover multiple services. (i.e. "medical management" for coordinating RTW with ER, a job analysis, vocational counseling, writing reports, mileage).
- **Turn Around:** Each party (including EE's) has "15 days" upon receipt to return the plan.
- **Failure to File Evidence:** Forgetting to attach the cover letter, e-mail or fax sheet demonstrating the R-2 and initial evaluation report was sent to the party who didn't sign or return the R-form.

Mail or fax to:
 Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5032 or 1-800-342-5354
 Fax: (651) 284-5731

R-2 Rehabilitation Plan

Print in ink or type
 Enter dates in MM/DD/YYYY format



DO NOT USE THIS SPACE

1. WID number or SSN 7654321		2. Date of injury 10/18/2015	
3. Employee name Dolly Labor			
4. Employee address 1001 Lois Lane			
City Lino Lakes		State MN	ZIP code 55014
5. Employee phone number (651) 123-1234		6. Date of birth 03/17/1982	
7. Employer name WHYAMIHERE LOGISTICS		8. Employer contact Sally Forth	9. Employer phone number (651) 123-0000
10. Insurer claim number WC 64534455		15. QRC name Betty Kant QRC Intern/Kenny Makeit QRC Supervisor	
11. Insurer/self-insurer/TPA Midwest Solutions Insurance		16. QRC firm Makeit Rehabilitation, LLC	
12. Insurer address 22 Twain Avenue		17. QRC address 101 Ways Blvd.	
City Minneapolis		State MN	ZIP code 55415
13. Claim representative Dee Nile		14. Phone number (612) 222-3344	
21. Occupation at time of injury Loginator		22. Pre-injury AWW 1,240.00	
23. Occupational demands <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very heavy			
24. Job at date of injury <input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time			
25. Employee's current work status <input checked="" type="checkbox"/> a. Off work from DOI to start of rehabilitation <input type="checkbox"/> b. Some work between DOI and start of rehabilitation, not working at start of rehabilitation <input type="checkbox"/> c. Working at start of rehabilitation			
26. Vocational goal <input type="checkbox"/> a. RTW same employer <input checked="" type="checkbox"/> b. RTW different employer			
18. QRC # 313		19. QRC firm # 0200	20. QRC phone number (651) 414-4455
27. Highest grade completed (select one) <input type="checkbox"/> a. No high school diploma or GED <input type="checkbox"/> b. High school diploma or GED <input checked="" type="checkbox"/> c. Some post-secondary course work <input type="checkbox"/> d. Post-secondary vocational/technical program <input type="checkbox"/> e. Bachelor's degree <input type="checkbox"/> f. Master's, Ph.D. or professional degree			
28. Employee may require an interpreter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. Date of first consultation in person or telephone meeting (#25 on RCR) 01/06/2016			

QRC comments
 The DOI employer does not have a job for Dolly to RTW. Ms. Labor will participate in ABE classes to brush up on her academic skills for employment exams. Job placement will be initiate to facilitate a RTW to suitable employment.

Complete all service areas to be provided during this plan

Service category	Description	Projected cost	Projected completion date
00 - Rehabilitation Consultation	Report actual consultation costs in the "projected cost" box	\$ 650.00	N/A
01 - Medical Management	Attend medical appointments, med related communications, etc.	300.00	05/31/2016
02 - On-Site Job Analysis	Possible: Related to job search or OJT	300.00	05/31/2016
03-Coordinate RTW/same ER			

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

INITIAL EVALUATION REPORT

Re:	Dolly Labor	Report Date:	01/13/2016
WID:	7654321	R-2 Date:	05/30/2016
DOI:	10/18/2015	QRC Intern #:	313
Claim:	WC 6453445	Employer:	WHYAMIHERE LOGISTICS

VOCATIONAL GOAL:

Return to work, different employer, same or different job.

BACKGROUND:

On 01/04/16, I received a call from Ms. Dee Nile, Midwestern Solutions Insurance requesting a rehabilitation consultation for Ms. Dolly Labor, who had been released to return to work with sedentary duty limitations. The consultation was performed on 01/06/16, which included contact with HR Representative Sally Forth at WHYAMIHERE LOGISTICS, Inc.

Ms. Forth stated Ms. Labor's job was at medium duty and there were no sedentary or light duty jobs available. She further indicated the company had recently laid off several employees due to the economy, of which Ms. Labor was part of that group. As other employees had greater seniority, Ms. Forth stated they would be called back first and that Dolly should be provided job placement assistance to obtain employment outside of the company. Due to this, Ms. Labor was determined to be a qualified employee.



MEDICAL STATUS:

On 10/15/2015, Ms. Labor stated she and a co-worker were unloading heavy oversized containers from a truck at the shipping dock. Dolly indicated that as they were carrying a container, to a table, she tripped forward on some cardboard, which had been left in the aisle. In addition to trying to prevent herself from falling Dolly continued to hold onto the container so the contents would not be broken.

Ms. Labor reported feeling a "pulling sensation" in her lower back followed by a sharp pain which caused her to drop to her knees. Dolly stated that after a few minutes she was able to get up and then reported the injury to her supervisor, John Smith. Ms. Labor proceeded to complete her shift on tasks other than unloading the truck.

Ms. Labor went home at the end of the day and reported took aspirin for her low back pain. Dolly indicated that as the night progressed her low back symptoms increased to the point that she went to the Lino Lakes Hospital emergency room for treatment. There she met with on-call physician Felix Fixit, MD. The doctor reported she had a possible lumbar strain/sprain and provide medication for her symptoms. Dr. Fixit indicated that if Dolly's symptoms did not improve after seven days to schedule an appointment with her family doctor.

On 10/19/15, Ms. Labor met with family physician Samuel Johnson, MD who, following an examination, recommended a lumbar MRI scan. Following a review of the MRI scan results, Dr. Johnson recommended an orthopedic evaluation.

Ms. Labor met with orthopedist, Dr. Bryan O. Bones, on 10/21/15, who provided a diagnosis of 1) L4-5 degenerative disc disease and 2) partial right sided disc herniation at L4-5 levels. Dr. Bones recommended a discectomy be performed and that Dolly remain off work through that period. Surgery was performed on 11/19/2015.

On 12/01/15, Ms. Labor saw Dr. Bones who recommended she participate in physical therapy at 2-3 times per weeks. The doctor also released to return to part time sedentary duty work effective 12/15/15. Ms. Labor reported that through contact with Ms. Forth that the work release could not be accommodated and she has remained off work.



VOCATIONAL HISTORY:

Ms. Labor reported working for Whyamihere Logistics since 2003. Her recent duties included information integration, customer services, material handling, inventory, freight scheduling, forklift operation, material packaging, computer entry, and operation of a flux capacitor. She earned an average weekly wage (AWW) of \$1,204.00 or \$30.00 per hour.

Prior to this, Ms. Labor reported working for Loon Distributing, Roseville, MN for three years as a dispatcher earning an AWW of \$769.23. Her duties included coverage for Operations Manager when absent, radio/cell phone communications, assigning routes, GPS tracking, handling customer complaints, reporting delivery outcomes on spreadsheets.

Ms. Labor stated that prior to the above jobs she worked for her father's company assisting with office work, bill collections, running errands, etc. She earned an AWW of \$400.00.

→ EDUCATION:

Ms. Labor attended Anoka-Ramsey Community College for one year in the management/marketing program. Dolly reported that between the cost of school and work demands that she suspended her program. Dolly's goal is to eventually complete an AAS degree in Management/Marketing. Prior to this, Ms. Labor received her high school diploma through Lakes High School in June 2000.

→ SOCIAL HISTORY:

Ms. Labor is single and rents an apartment. While Dolly drove to work each day, her residence is located near a bus line.

→ ECONOMIC FACTORS:

Ms. Labor is currently off work and receiving temporary total disability benefits. She is paying off a student loan and would like to return to work as soon as possible.

→ TRANSFERABLE SKILLS:

Ms. Labor's basic work abilities include: customer service, basic office skills, scheduling, radio/telephone communications, problem solving, bill collections, putting up orders, and handling customer complaints.

→ EMPLOYMENT BARRIERS:

Due to her high pre-injury wage, current education, and physical limitations it will be difficult to obtain suitable employment without some type of skills enhancement.

→ RECOMMENDATIONS:

1. Using Ms. Labor's basic job skills to perform a formal transferable skills analysis to identify potential job goals. In the event suitable job goals can't be identified and/or are rapidly exhausted to conduct a formal vocational evaluation.
2. Initiate job seeking skills training to enhance Dolly's participation in the job search process.
3. That the vendor Perfect Placement Services be used to assist Ms. Labor to secure suitable employment.

4. To meet with Ms. Labor and the vendor to develop a job placement plan and then meet with the parties on a periodic basis to review their progress.
5. An R-2 has been circulated with this report. For the parties to review, sign, and return the R-2 plan as soon as possible. And, if there are any questions or concerns to contact me so the issues may be resolved.

Submitted by,

Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

**Kenny Makeit,
QRC Intern Supervisor # 101**




CC: Dolly Labor
Dee Nile, Midwest Solutions
Department of Labor & Industry

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000


January 13, 2016

 Ms. Dee Nile
Midwestern Solutions Insurance
22 Twain Avenue
Minneapolis, MN 55415

RE: Dolly Labor – R-2 Rehabilitation Plan
WID: 7654321
DOI: 10/18/2015
Claim: WC 64534455

Dear Ms. Nile:

Enclosed you will find an R-2 Rehabilitation Plan and initial evaluation report for Ms. Dolly Labor. The plan has a projected completion date of 05/30/2016. I would appreciate your review of the plan and encourage you to let me know if any revisions are necessary.

 If you are in agreement with the plan, please sign and return it within the next 15 days. Or, you may choose to not return it and it will be assumed approved according to Minn. Rule 5220.0410. Should you disagree with the proposed plan please file a Rehabilitation Request for Assistance form with the Department of Labor & industry so the issue may be resolved in a timely manner.

Thank you for taking the time to review this rehabilitation form and return it.


Sincerely,


Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #101

 CC: Dolly Labor

ENC: R-2 Pan and Initial Report 

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

January 19, 2016

Minnesota Department of Labor & Industry
Workers' compensation Division
PO Box 64221
St. Paul, MN 55155-4315

RE: Dolly Labor – R-2 Rehabilitation Plan
WID: 7654321
DOI: 10/18/2015
Claim:WC 64534455

Dear Department:

Enclosed you will find an initial evaluation report and R-2 Rehabilitation Plan. Ms. Labor signed the R-2 Plan and the insurer did not return the plan nor notify me of any objections.

As such, the rehabilitation plan is presumed approved according to Minn. Rule 5220.0410, subp. 6.

Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor # 101

CC: Dolly Labor
Dee Nile, Midwestern Solutions insurance

ENC: R-2 Pan and Initial Report
R-2 Letter to Insurer

5220.1900, Subp. 1a. Billing

A. identifying information on the insurer, rehabilitation providers, employee and employer, including the insurer file number;

B. information about the cost and duration of the rehabilitation plan, including the date the plan was filed and cost-to-date amounts billed by the qualified rehabilitation consultant firm, job placement vendor, and previous qualified rehabilitation consultant firms and job placement vendors;

C. a listing of the services billed, including date of service, service description, service category code, time units, mileage, and expenses. Service category codes are available from the department upon request; and

D. a summary of the charges billed, including a total of the professional services provided, the professional hourly rate, a total of the nonprofessional services provided, the nonprofessional hourly rate, the number of miles driven, the mileage rate, and the total expenses.

Billing information on job placement costs shall be provided to the QRC (by the Vendor) who shall report those costs on a monthly basis on the vocational rehabilitation invoice. The job placement vendor shall bill the insurer directly.

Reset

Vocational Rehabilitation Invoice

Instructions on reverse
Page _____ of _____ pages

Claim number		Activity dates
Provider file number	Invoice number	From:
Date plan filed	Invoice date	To:

Insurer name	Employee
Address	WID number or SSN
City	Date of injury
State	Employer
ZIP code	

Insurer claim representative	Summary of costs to date
Provider firm name	Cost of prior QRC firm services other than placement \$
Reg. #	Cost to date of current QRC firm services other than placement \$
Address	Cost of any job placement and job development provided by prior QRC firm \$
City	Cost to date of any job placement and job development provided by current QRC firm \$
State	Cost to date of job placement/job development by registered rehab vendor(s) (including CARF) \$
ZIP code	Cost to date of other rehabilitation services (retraining, on-the-job training, relocation, testing) \$
Telephone number	Total cost to date of rehabilitation services \$
Federal ID# or SSN	
Job placement vendor firm name	
Reg. #	

Vocational Rehabilitation Services

Date	Code	Service description	Professional time	Travel/wait	Mileage	Expenses

Totals			
Prof.	hours at	/hr. = \$	
Trav/wait:	hours at	/hr. = \$	
Mileage:	miles at	/mi. = \$	
Expenses = \$			
		Previous balance \$	
		Total this page \$	
		Total this bill \$	
		Pay this amount \$	

Claim Number:
Activity dates: 10/23/2015 - 11/9/2015

Report #: 1
Invoice Date: 11/9/2015

Provider File #:
Invoice #

Insurer Claim Representative Insurer Company / Address XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	Employee Employee Name Social Security Number XXX-XX-6568 Date of Injury 2/18/2015 Employer XXXXXXXXXXXXXXXXXXXX
Provider Provider Name Reg # Firm Name / Address MN 55 Fed ID/SSN	Cost To Date Previous Firm Current Firm \$0.00 Total Including This Bill \$1,046.57

Invoice Data		ActivityCode	Prof Time	Non-Prof Time	Waiting Time	Milage	Expenses
10/23/2015	Phone call from DCM	09	0.20				
10/23/2015	Email insurer confirm RFS/records request	09	0.10				
10/26/2015	Email DCM employee inquiry	09	0.10				
10/26/2015	Email from DCM inquiry response	09	0.10				
10/26/2015	Email DCM confirm	09	0.10				
10/26/2015	Phone call employee msg	09	0.00				
10/27/2015	Email from insurer employee direction	09	0.10				
10/27/2015	Email insurer confirm direction	09	0.10				
10/27/2015	Phone call DCM	09	0.10				
11/2/2015	Email from insurer rehab direction	09	0.10				
11/2/2015	Email insurer confirm	09	0.10				
11/2/2015	Email from insurer direction/mrs	09	0.10				
11/2/2015	Email insurer confirm	09	0.10				
11/5/2015	Phone call employee msg	09	0.00				
11/5/2015	Phone call from employee	09	0.10				
11/6/2015	Phone call employee msg	09	0.00				
11/6/2015	Phone call from employee	09	0.20				
11/9/2015	Email DCM/insurer mtg update	09	0.10				
11/9/2015	Email insurer employee update/mrs request	09	0.10				
11/9/2015	Email from insurer employee records/info	09	0.10				
11/9/2015	Email insurer confirm/direction	09	0.10				
11/9/2015	Initial consult employee	09	1.50				
11/9/2015	Travel	09	0.00	2.00		68.00	6.00
11/9/2015	Consult employer	09	0.50				

Critical Thinking

Be prepared for
what's ahead.



Mail or fax to:
 Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5032 or 1-800-342-5354
 Fax: (651) 284-5731

Plan Progress Report



Print in ink or type
 Enter dates in MM/DD/YYYY format

DO NOT USE THIS SPACE

1. Date of this report 07/06/2016					
2. WID number or SSN 7654321		3. Date of injury 10/18/2005			
4. Employee name Dolly Labor					
5. Employee address 1001 Lois Lane					
City Lino Lakes		State MN	ZIP code 55014		6. Date of rehabilitation consultation: (#29 on R-2) 01/06/2016
7. Employer name WHYAMIHERE LOGISTICS			8. Employer contact person Sally Forth		9. Phone number (651) 414-4455
10. Insurer claim number WC 65434455			15. QRC name Betty Kant - QRC Intern/Kenny Makeit QRC Supervisor		
11. Insurer/self-insurer/TPA Midwest Solutions Insurance			16. QRC firm Makeit Rehabilitation, LLC		
12. Insurer address 22 Twain Avenue			17. Address 101 Ways Blvd.		
City Minneapolis		State MN	ZIP code 55415		City Tubedone
State MN		ZIP code 55447			
13. Claim representative Dee Nile		14. Phone number (612) 222-3344		18. QRC # 313	19. QRC firm # 0200
				20. Phone number (612) 414-4455	
21. Is the employee released to return to work? <input checked="" type="checkbox"/> Yes, with restrictions <input type="checkbox"/> Yes, without restrictions <input type="checkbox"/> No					Medical report date 02/12/2016
22. Current work status: <input checked="" type="checkbox"/> Not working <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal layoff					If working, is this a temporary job? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is the plan still current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
24. Costs		Plan costs to date \$ 11,475.80	Other costs necessary to complete plan + \$ 5,300.30	Estimated total cost = \$ 16,776.10	
25. Plan duration from plan filing date (in weeks)		Duration to date 26	Expected additional duration to plan completion + 16	Estimated total duration = 42	
26. Do barriers to successful completion of the rehabilitation plan exist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list these on a separate sheet along with the measures to be taken to overcome those barriers, and attach it to this form.					
Name <i>Betty Kant, 2RC Intern # 313</i>		Date 07/06/2016		QRC firm representative <i>Kenny Makeit, QRC # 101</i> 07/06/2016	

This form is required to be filed 6 months after filing the R-2 (unless an R-3 is filed 15 days before or after 6 months have passed since the R-2 filing date). See Minnesota Rules 5220.0450, subp. 3 A. Send copies to the employee, insurer and attorney(s). Send to the date-of-injury employer if the goal of the rehabilitation plan is to return to work with that employer.

This form and access to the electronic submission format is located at www.dli.mn.gov/WC/WcForms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.

Service category	Description	Projected cost	Projected completion date
09 - Job Seeking Skills Training			
10A - Job Development (See instructions to QRC)			
10B - Job Placement (See instructions to QRC)			
11 - Post Placement/Follow-up			
12 - Technical/Academic Skills Improvement			
13 - Vocational Counseling/Guidance			
14 - Vocational Testing			
15 - On-the-Job Training			
16 - Labor Market Survey			
17 - Explore Retraining/Formal Retraining			
18 - Administrative			
19 - Preparation/Attend conference/hearing			
20 - Expenses/Other			

18. Costs Plan costs to date + Projected additional costs to completion = Estimated total cost

19. Plan duration from Weeks to date + Projected additional weeks to completion = Estimated total weeks
 plan filing date (in weeks)

20. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5220.0450, subp. A)? Yes No
 (complete #21 to 23)

21a. Is the employee released to return to work? Yes, with restrictions Yes, without restrictions No 21b. Medical report date

22a. Current work status Not working Part time Full time Seasonal layoff 22b. If working, is this a temporary job? Yes No

23. Do barriers to successful completion of the rehabilitation plan exist? Yes No

If yes: List the barriers and the measures to be taken to overcome the barriers on a separate sheet and attach the list to this form.

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

PLAN PROGRESS REPORT NARRATIVE –Item #26

Re: Dolly Labor Report Date: 07/06/2016
Claim#: WC 64534455 QRC Intern #: 313
DOI: 10/18/2015 Employer: WHYAMIHERE LOGISTICS
Insurer: Midwestern Solutions

BARRIERS TO SUCCESSFUL COMPLETION OF THE REHABILITATION PLAN:

- 1) Due to the economy, the pre-injury employer laid Ms. Labor off. HR Representative Ms. Forth recommended job placement assistance to help Dolly find a new job.
- 2) The recommended computer skills enhancement classes have been denied thus far, which would make Dolly more competitive when applying for work.
- 3) Prior to the injury Ms. Labor performed medium duty work. She is released to return to work now at light duty, which has reduced the number of available job opportunities.

MEASURES TO BE TAKEN TO OVERCOME THESE BARRIERS:

- 1) As the transferable skills analysis identified jobs have been exhausted through job placement vocational interest and aptitude testing will be conducted.
- 2) The insurer will be re-contacted regarding approval of computer classes to enhance Ms. Labor's transferable skills.
- 3) Once vocational testing is completed an OASYS transferable skills analysis will be run, incorporating the vocational test results, current physical limitations and past work history to identify new job goals to return Ms. Labor to suitable, gainful employment.

Should you have any questions please feel free to contact me.

Submitted by,

Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor # 101

CC: Dolly Labor
Department of Labor & Industry

R-3 Rehabilitation Plan Amendment

Typical Errors

- **Visual Clutter:** Listing services you don't plan to provide.
- **Service Category Overload:** Assuming you can use one rehab service to cover multiple services. (i.e. "medical management" for coordinating RTW with ER, a job analysis, vocational counseling, writing reports, mileage).
- **Same Rehab Services:** Do not write "No Change." List each of the services, costs, etc. to be provided.
- **Turn Around:** Each party (including EE's) has "15 days" upon receipt to return the plan.
- **Failure to File Evidence:** Forgetting to attach the cover letter, e-mail or fax sheet demonstrating the R-3 form was sent to the party who didn't sign or return the R-form.

Mail or fax completed copy to:
 Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5030 or 1-800-342-5354
 Fax: (651) 284-5731

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 7654321	2. Date of injury 10/18/2015		
3. Date of first consultation in person or telephone meeting (#29 on R-2) 01/06/2016			
4. Employee name Dolly Labor	8. QRC name Betty Kant QRC Intern/Kenny Makeit QRC Supervisor		
5. Insurer/self-insurer/TPA Midwest Solutions Insurance	9. QRC address 101 Ways Blvd.		
6. Insurer claim number WC 64534455	City State ZIP code Tubedone MN 55447		
7. Employer name WHYAMIHERE LOGISTICS	10. QRC # 11. QRC firm # 12. QRC phone number 313 0200 (612) 414-4455		
13. Change of QRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Withdrawal of QRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Previous QRC # N/A	New QRC # N/A		
15. Proposed amendment and rationale (attach separate sheet as necessary) To extend the rehabilitation plan date and cost. Ms. Labor has been released to RTW with sedentary duty limitations. Job development, by agreement, and placement will be continued using Perfect Placement Services. The insurer has been recontacted about approval of computer classes to enhance Dolly's job skills.			
16. Employee comments (if any) The computer programs I am familiar with are long outdated and not in use today, which puts me at a disadvantage when applying for jobs. Updated classes would allow me to better compete for jobs.			
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	Attend medical appointments, med related communications, etc.	\$ 100.00	08/31/2016
02 - On-Site Job Analysis	Possible: Related to job search or OJT	\$ 300.00	08/31/2016
03 - Coordinate RTW/same ER			
04 - Job Modification			
05 - Functional Capacities Evaluation			
06 - Transferrable Skills Analysis			
07 - Work Evaluation			
08 - Work Hardening/ Adjustment			
09 - Job Seeking Skills Training			
10A - Job Development (See instructions to QRC)	Review job opportunities. Conduct telephone, electronic, and in-person contacts with prospective ER's to identify jobs and to schedule interviews for EE @ 12-15 hours every other month.	\$ 2,265.30	08/31/2016
10B - Job Placement (See instructions to QRC)	Follow up w/EE to review job search including ER contacts, interviews, and follow-up. Provide guidance as needed to enhance job search.	\$ 850.00	08/31/2016

Service category	Description	Projected cost	Projected completion date
11 - Post Placement/Follow-up			
12 - Technical/Academic Skills Improvement	EE in ABE classes. Rec. Word & Excel classes at Globe University	\$ 300.00	08/31/2016
13 - Vocational Counseling/Guidance	Coordinate delivery of services, address questions and requests.	\$ 300.00	08/31/2016
14 - Vocational Testing			
15 - On-the-Job Training	To be discussed with prospective ERs to enhance employability.	\$ 450.00	08/31/2016
16 - Labor Market Survey			
17 - Explore Retraining/Formal Retraining			
18 - Administrative	Progress reports, R-forms, Correspondence, Updates, etc.	\$ 400.00	08/31/2016
19 - Preparation/Attend conference/hearing			
20 - Expenses/Other	Mileage, parking, travel & wait time, etc.	\$ 335.00	08/31/2016

18. Costs	Plan costs to date \$ 5,324.00	Projected additional costs to completion + \$ 5,300.30	=	Estimated total cost \$ 9,265.12
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19. Plan duration from plan filing date (in weeks)	Weeks to date 20	Projected additional weeks to completion + 13	=	Estimated total weeks 33
--	---------------------	--	---	-----------------------------

20. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5220.0450, subp. A)? Yes (complete #21 to 23) No

21a. Is the employee released to return to work? Yes, with restrictions Yes, without restrictions No

21b. Medical report date

22a. Current work status Not working Part time Full time Seasonal layoff

22b. If working, is this a temporary job? Yes No

23. Do barriers to successful completion of the rehabilitation plan exist? Yes No

If yes: List the barriers and the measures to be taken to overcome the barriers on a separate sheet and attach the list to this form.

Employee signature <i>Dolly Labor</i>	Date 06/06/2016	Claim representative signature <i>Dee Nile</i>	Date 06/13/2016
QRC signature <i>Betty Kant, 2RC Intern # 313</i>	Date 05/30/2016	QRC intern supervisor signature <i>Kenny Makit, QRC # 101</i>	Date 06/02/2016

To the parties:
If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the department on a Rehabilitation Request form.

Rehabilitation plan privacy and confidentiality
Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Departments of Revenue and Health; and the Workers' Compensation Reinsurance Association.

Rehabilitation form availability
This form and access to the electronic submission format is located at www.dli.mn.gov/WC/Wcforms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

Intent to commit fraud
Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.

Change of QRC

Newly assigned QRC files the R-3 form indicating the change of QRCs, only.

Previous QRC should send copy of rehab file to new QRC with a letter listing individual rehabilitation services provided and each of their costs.

Previous QRC should copy DLI on the letter to new QRC which lists the individual rehabilitation services/costs.

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447
Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

February 16, 2016

Mr. Jimmy Doolittle, QRC
200 ABC Avenue
Chilly, MN 55000

RE: Dolly Labor – Change of QRC
WID: 7654321
DOI: 10/18/2015
Claim: WC 64534455

Dear Mr. Doolittle:

Enclosed you will find a copy of the rehabilitation file for Ms. Dolly Labor. I believe you will enjoy working with Dolly as she is very motivated to resolve her medical condition and return to work.

With respect to rehabilitation expenses, the following was incurred:

Rehabilitation Consultation	\$600.00
Medical Management	\$ 27.30
Vocational Counseling	\$ 72.80
Job Seeking Skills Training	\$325.00
Administrative	\$ 45.50
Expenses	\$ 29.40
Total Plan costs to date:	\$ 1100.00

I wish Ms. Labor a successful return to suitable gainful employment. Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor # 101

CC: Dolly Labor
Dee Nile, Midwest Solutions Insurance
John Doe, Esq.
Mark Law, Esq.
Department of Labor & Industry

ENC: Employee File (New Assigned QRC only)

Mall or fax completed copy to:
 Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-6030 or 1-800-342-6364
 Fax: (651) 284-6731

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 7654321	2. Date of injury 10/18/2015		
3. Date of first consultation in person or telephone meeting (#29 on R-2) 01/06/2016			
4. Employee name Dolly Labor		8. QRC name James Doolittle	
5. Insurer/self-insurer/TPA Midwest Solutions Insurance		9. QRC address 200 Pushme Avenue	
6. Insurer claim number WC 64534455		City Chilly	State ZIP code MN 55000
7. Employer name WHYAMIHERE LOGISTICS		10. QRC # 007	11. QRC firm # 2012
		12. QRC phone number (952) 667-3422	
13. Change of QRC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Previous QRC # 313 New QRC # 007		14. Withdrawal of QRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Proposed amendment and rationale (attach separate sheet as necessary) Ms. Labor exercised her right to change QRCs. Ms. Labor will participate in vocational testing to determine suitable job goals. Job search has been initiated to return her to suitable employment using our in-house placement staff.			
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	Attend medical appointments, med related communications, etc.	\$ 100.00	06/30/2016
02 - On-Site Job Analysis			
03 - Coordinate RTW/same ER			
04 - Job Modification			
05 - Functional Capacities Evaluation			
06 - Transferrable Skills Analysis			
07 - Work Evaluation			
08 - Work Hardening/ Adjustment			
09 - Job Seeking Skills Training			
10A - Job Development (See instructions to QRC)	Review job opportunities. Conduct telephone, electronic, and in-person contacts with prospective ER's to identify jobs and to schedule interviews for EE @ 20 hours every other month	\$ 3,020.40	06/30/2016
10B - Job Placement (See instructions to QRC)	Follow up w/EE to review job search including ER contacts, interviews, and follow-up. Provide guidance as needed to enhance job search.	\$ 1,200.00	06/30/2016

Service category	Description	Projected cost	Projected completion date
11 - Post Placement/Follow-up			
12 - Technical/Academic Skills Improvement			
13 - Vocational Counseling/Guidance	Coordinate delivery of services, address questions and requests.	\$ 100.00	06/30/2016
14 - Vocational Testing	Differential Aptitude Test, CAI, Meyers-Briggs and Skillstran Prog.	\$ 700.00	06/30/2016
15 - On-the-Job Training			
16 - Labor Market Survey			
17 - Explore Retraining/Formal Retraining			
18 - Administrative	Progress reports, R-forms, Correspondence, Updates, etc.	\$ 450.00	06/30/2016
19 - Preparation/Attend conference/hearing			
20 - Expenses/Other	Mileage, parking, travel & wait time, etc.	\$ 250.00	06/30/2016

	Plan costs to date	Projected additional costs to completion	Estimated total cost
18. Costs	\$ 1,325.00	+ \$ 5,820.40	= \$ 7,145.40

	Weeks to date	Projected additional weeks to completion	Estimated total weeks
19. Plan duration from plan filing date (in weeks)	7	+ 17	= 24

20. Is this form being filed in lieu of a Plan Progress Report form (Minn. Rules 5220.0450, subp. A)? Yes (complete #21 to 23) No

21a. Is the employee released to return to work? Yes, with restrictions Yes, without restrictions No

22a. Current work status Not working Part time Full time Seasonal layoff

22b. If working, is this a temporary job? Yes No

23. Do barriers to successful completion of the rehabilitation plan exist? Yes No

If yes: List the barriers and the measures to be taken to overcome the barriers on a separate sheet and attach the list to this form.

Employee signature	Date	Claim representative signature	Date
QRC signature <i>James Doolittle, QRC # 007</i>	02/26/2016	QRC intern supervisor signature	Date

To the parties:
If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the department on a Rehabilitation Request form.

Rehabilitation plan privacy and confidentiality
Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Departments of Revenue and Health; and the Workers' Compensation Reinsurance Association.

Rehabilitation form availability
This form and access to the electronic submission format is located at www.dli.mn.gov/WC/Wcforms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

Intent to commit fraud
Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.

Primary Denial of Liability

- Attach a copy of IR's written denial or e-mail to the R-3 Rehab Plan Amendment.
- Indicate a "change and withdrawal of QRC."
- Proposed amendment/rationale section: Indicated this was due to 1) a primary denial of liability, 2) that the EE is disputing the denial, and 3) the file is being sent to DLI's – Voc. Rehab. Unit.
- Send R-3 to all parties and DLI. Also send R-3, with copy of the rehab file, and cost breakdown letter to the:

Vocational Rehabilitation Unit
PO Box 64223
St. Paul, MN 55164-0223
Fax: (651) 284-5734

MAKEIT REHABILITATION

101 Ways Boulevard
Tubedone, Minnesota 55447

Office: (612) 414-4455 makeitrehab@cando.com Fax: (612) 414-4000

February 16, 2016

Vocational Rehabilitation Unit
Minnesota Department of Labor & Industry
PO Box 64223
St. Paul, MN 55164-0223

RE: Dolly Labor – Withdrawal of QRC and Referral to DLI - VRU
WID: 7654321
DOI: 10/18/2015
Claim: WC 64534455

To Whom It May Concern:

Enclosed you will find a copy of the rehabilitation file for Ms. Dolly Labor who was recently issued a notice of primary denial of liability. Ms. Labor reported she has filed a claim petition disputing the primary denial.

I believe you will enjoy working with Dolly as she is very motivated to resolve her medical condition and return to work. With respect to rehabilitation expenses, the following was incurred:

Rehabilitation Consultation	\$600.00
Medical Management	\$ 27.30
Vocational Counseling	\$ 72.80
Administrative	\$ 45.50
Expenses	\$ 29.40
Plan costs to date:	\$ 775.00

I wish Ms. Labor a successful return to suitable gainful employment. Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant

Betty Kant, QRC Intern #313

Kenny Makeit

Kenny Makeit, QRC Intern Supervisor #101

CC: Dolly Labor
Dee Nile, Midwest Solutions Insurance
John Doe, Esq.
Mark Law, Esq.
Dept. of Labor & Industry

ENC: Employee File (VRU QRC only)
R-3 form, Insurer NOLPD

Mail or fax completed copy to:
 Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5030 or 1-800-342-5354
 Fax: (651) 284-5731

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 7654321	2. Date of injury 10/18/2015		
3. Date of first consultation in person or telephone meeting (#29 on R-2) 01/06/2016			
4. Employee name Dolly Labor		8. QRC name Betty Kant QRC Intern/Kenny Makeit QRC Supervisor	
5. Insurer/self-insurer/TPA Midwest Solutions Insurance		9. QRC address 101 Ways Blvd.	
6. Insurer claim number WC 64534455		City State ZIP code Tubedone MN 55447	
7. Employer name WHYAMIHERE LOGISTICS		10. QRC # 313	11. QRC firm # 0200
		12. QRC phone number (612) 424-4455	
13. Change of QRC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Withdrawal of QRC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Previous QRC # 313		New QRC # VRU QRC	
15. Proposed amendment and rationale (attach separate sheet as necessary) Ms. Labor was determined to be a qualified employee and an R-2 was developed. The insurer recently filed a primary denial of liability, which Ms. Labor has filed a claim petition in objection to. The file is being referred to DLI's- VRU Unit so there is not an interruption in rehabilitation services to return Dolly back to a suitable job.			
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 - Transferrable Skills Analysis			
07 - Work Evaluation			
08 - Work Hardening/ Adjustment			
09 - Job Seeking Skills Training			
10A - Job Development (See instructions to QRC)			
10B - Job Placement (See instructions to QRC)			

Notice of Insurer's Primary Liability Determination

See instructions on reverse side.
PRINT IN INK or TYPE
Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

Amended

WID or SSN 7654321	DATE OF INJURY 10/31/2008	DATE OF DEATH (if applicable)
EMPLOYEE (last, first, mi) LABOR, DOLLY		
EMPLOYER WIAMIHERE LOGISTICS		
INSURER/SELF-INSURER/TPA MIDWESTERN SOLUTIONS INSURANCE		
INSURER CLAIM NUMBER WC 64221		

First date of lost time 10/31/2008	Date employer notified of this lost time 11/01/2008	Initial date of return to work	Average weekly wage at date of injury \$1,204.00
--	---	--------------------------------	--

If the initial return to work was followed by a new period of lost time, complete the following information:
 First date of new period of lost time: _____ Date employer notified of this lost time: _____

1. Your claim is ACCEPTED and wage loss benefits will be paid.

Benefit type: <input type="checkbox"/> Temporary Total (TTD) <input type="checkbox"/> Temporary Partial (TPD) <input type="checkbox"/> Permanent Total (PTD) <input type="checkbox"/> Dependency (DEP)			
Date of payment	Amount of payment	Time period covered with this payment Date from _____ Date through _____	Compensation rate
Any ongoing payments will be made on _____ (day of week) at _____ (weekly, biweekly, etc.) intervals.			
Check all that apply	<input type="checkbox"/> Full wage continuation by the employer under M.S. § 176.221, subd. 9.		
	<input type="checkbox"/> TPD payment made according to the wage loss verification received by the insurer on _____ (date).		
	<input type="checkbox"/> Fatality with dependents. Payment is being made according to dependent information, which must be ATTACHED .		
	<input type="checkbox"/> Fatality with no dependents. Payment is being made to the estate or the Special Compensation Fund.		

2. Your claim is ACCEPTED. However, wage loss benefits will not be paid at this time for the following reason:

Check only one	<input type="checkbox"/> A. Injury did not cause lost time from work beyond the three calendar day waiting period. If employee's work schedule is not Monday through Friday, explain: _____
	<input type="checkbox"/> B. Verification of reduced wages for TPD has not been received from the employee or employer.
	<input type="checkbox"/> C. Other reason (include legal and factual basis): _____

3. Primary liability is DENIED for the claimed work related injury and/or death. (Check one or both)

Reason for denial (include legal and factual basis): ***** See attached *****
--

NAME OF THE PERSON MAKING THIS DETERMINATION (print) DEE NILE	PHONE NUMBER (area code) (651) 222-3344	EXTENSION	DATE SERVED (must be completed) 12/01/2008
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Temporarily Suspension of Rehab Plan Using an R-3 Rehabilitation Plan Amendment

- Identify the reason why the plan is suspended (i.e. EE recovering from non-work related condition) – Don't just say "The file is on hold."
- Specify the period (i.e. 08/09/16 – 09/20/16) the plan is to be suspended. It is suggested the plan completion date be extended (i.e. 12/31/16) so the plan doesn't expire on you.
- List the rehab services (e.g. med management, job placement, voc counseling) to be provided – rather than blank services - when plan resumes.

Mall or fax completed copy to:
 Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5030 or 1-800-342-5354
 Fax: (651) 284-5731

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 7654321	2. Date of injury 10/18/2015		
3. Date of first consultation in person or telephone meeting (#29 on R-2) 01/06/2016			
4. Employee name Dolly Labor		8. QRC name Betty Kant QRC Intern/Kenny Makeit QRC Supervisor	
5. Insurer/self-insurer/TPA Midwest Solutions Insurance		9. QRC address 101 Ways Blvd.	
6. Insurer claim number WC 64534455		City Tubedone	State ZIP code MN 55447
7. Employer name WHYAMIHERE LOGISTICS		10. QRC # 313	11. QRC firm # 0200
		12. QRC phone number (612) 424-4455	
13. Change of QRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Withdrawal of QRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Previous QRC #		New QRC #	
15. Proposed amendment and rationale (attach separate sheet as necessary) Due to a non-work related health condition Ms. Labor is off work and unable to participate in her rehabilitation plan. The parties have agreed to temporarily suspend the plan from 08/09/16 through 09/20/16. Job search activities will be resumed after that period to return Ms. Labor to full employment.			
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	Attend medical appointments, med related communications, etc.	\$ 100.00	12/31/2016
02 - On-Site Job Analysis	Possible: Related to job search or OJT	\$ 300.00	12/31/2016
03 - Coordinate RTW/same ER			
04 - Job Modification			
05 - Functional Capacities Evaluation			
06 - Transferrable Skills Analysis			
07 - Work Evaluation			
08 - Work Hardening/ Adjustment			
09 - Job Seeking Skills Training			
10A - Job Development (See instructions to QRC)	Review job opportunities. Conduct telephone, electronic, and in-person contacts with prospective ER's to identify jobs and to schedule interviews for EE @ 12-15 hours every other month.	\$ 2,265.30	12/31/2016
10B - Job Placement (See instructions to QRC)	Follow up w/EE to review job search including ER contacts, interviews, and follow-up. Provide guidance as needed to enhance job search.	\$ 850.00	12/31/2016

Expired or Missing R-forms

5220.2830

DLI will send a request letter to you:

21 days to send form (or) \$125 initial penalty

21 days to send form (or) \$375 added penalty
- 2nd letter sent, if no response.

Now total of: \$500

21 days to send form (or) \$500 added penalty
- 3rd letter sent, if no response.

Now total of: \$1,000



June 17, 2016

«QRC_Number»

«Firm_Number»

«QRC_Name»
«Firm»
«Address»
«City_State_zip»

RE: Multiple Rehabilitation Form/Document Requests

Dear QRC «QRC_Name»:

As you know, QRCs are required to file rehabilitation documents with the Minnesota Department of Labor & Industry (DLI) according to specific time lines specified in Minn. R. chapter 5220.

Pursuant to Minn. R. 5220.2830, DLI may immediately assess QRCs a penalty for rehabilitation forms that are late or not filed with DLI. This rule further allows DLI to give QRCs an opportunity to file their rehabilitation forms or reports within 21 days of a request from DLI, to avoid a series of penalties.

If a pattern of negligence is identified and remains uncorrected, a referral can be made for a professional conduct and accountability (PCA) complaint in conjunction with Minn. R. 5220.1806.

Since «Since_date», DLI has contacted you «Number_of_requests» times requesting past due required forms and/or reports. The attached sheet lists the contacts and those in bold print indicate DLI has yet to receive a response. This is considered excessive and grounds for a PCA complaint. (In addition to rules specifying forms and reports that must be filed, see Minn. R. 5220.1803, subp. 2, 5220.1801, subp. 9 E, and 5220.1802.)

It is my expectation that your practice of not filing rehabilitation forms or reports and/or filing rehabilitation forms and reports after they are due will be discontinued immediately so a PCA complaint is not necessary.

Should you have any questions about this letter or our concerns please feel free to contact me at (651) 284-5226. Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink that reads "Ralph Hapness".

Ralph Hapness, Supervisor
Compliance, Records and Training

Mail or fax to:
 Department of Labor and Industry
 Worker's Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5032 or 1-800-342-5354
 Fax: (651) 284-5731

R-8 Notice of Rehabilitation Plan Closure



DO NOT USE THIS SPACE

Print in ink or type
 Enter date in MM/DD/YYYY format

1. Date of first consultation in person or telephone meeting (#29 on R-2) 01/06/2016				
2. WID number or SSN 7654321		3. Date of injury 10/18/2015		7. Insurer claim number WC 64534455
4. Employee name Dolly Labor			8. Date of injury employer WHYAMIHERE LOGISTICS	
5. Employee address 1001 Lois Lane			9. QRC name James Doolittle	
City Lino Lakes	State MN	ZIP code 55014	10. QRC # 007	11. QRC firm # 2012
12. QRC phone number (952) 667-3422			13. Name of last placement vendor Perfect placement Services	
14. Vendor # 10000			15. Employment status at plan closure (check one)	
<input type="checkbox"/> a. Employee RTW with DOI employer <input checked="" type="checkbox"/> b. Employee RTW with different employer <input type="checkbox"/> c. Released without physical limitations/effects of work injury and is unemployed (Skip to item 21) <input type="checkbox"/> d. Employee not employed – Other (Skip to item 21)			<input checked="" type="checkbox"/> a. Plan completed (employee returned to suitable gainful employment) <input type="checkbox"/> b. Award on stipulation/mediation <input type="checkbox"/> c. Commissioner or compensation judge <input type="checkbox"/> d. Employee and insurer have agreed to close the plan without a stipulation, mediation or order <input type="checkbox"/> e. Unable to locate employee <input type="checkbox"/> f. Death of employee <input checked="" type="checkbox"/> g. QRC withdrawal	
Complete items 16 to 20 if employee returned to work				
16. Name of employer at plan closure Riteway Projects				
17. Job title at plan closure Fleet Manager				
18. Gross AWW at plan closure \$ 1,100.00		19. RTW date 11/07/2016		22. Did employee have an attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20a. Return to work job <input type="checkbox"/> Same job <input type="checkbox"/> Modified job <input checked="" type="checkbox"/> Different job			23. If plan suspended by R-3 or order, indicate the number of weeks suspended Seven	
20b. Occupational demands <input checked="" type="checkbox"/> Sed. <input type="checkbox"/> Light <input type="checkbox"/> Med <input type="checkbox"/> Heavy <input type="checkbox"/> Very heavy			24. Training services (check all that apply) <input type="checkbox"/> Retraining plan submitted – DLI/OAH did not approve <input type="checkbox"/> Retraining plan submitted, award on stipulation/mediation <input type="checkbox"/> Retraining commenced or completed <input checked="" type="checkbox"/> Skills enhancement (such as short-term classes) <input checked="" type="checkbox"/> On-the-job training commenced or completed	
25. Total number of previous assigned QRCs involved in this rehabilitation plan: <u>One</u>				
26. Costs by service area and rehabilitation provider				
	Prior placement firm costs	Current placement firm costs	Prior QRC firm costs	Current QRC firm costs
00 - Rehabilitation Consultation	N/A	N/A	\$ 600.00	\$ 150.00
01 - Medical Management	N/A	N/A	\$ 27.00	\$ 150.00

	Prior placement firm costs	Current placement firm costs	Prior QRC firm costs	Current QRC firm costs
02 - On-Site Job Analysis				\$ 300.00
03 - Coordination of RTW/Same Employer	N/A	N/A		
04 - Job Modification				
05 - Functional Capacities Evaluation	N/A	N/A		
06 - Transferable Skills Analysis				\$ 150.00
07 - Work Evaluation	N/A	N/A		
08 - Work Hardening/Adjustment	N/A	N/A		
09 - Job Seeking Skills Training	\$ 325.00			\$ 500.00
10A - Job Development (See instructions to QRC)				\$ 30,204.00
10B - Job Placement (See instructions to QRC)				\$ 11,234.00
11 - Post Placement Activity/Follow-up				\$ 225.00
12 - Technical/Academic Skills Improvement	N/A	N/A		\$ 300.00
13 - Vocational Counseling/Guidance	N/A	N/A	\$ 72.00	\$ 1,500.00
14 - Vocational Testing				\$ 750.00
15 - On-the-Job Training				\$ 475.00
16 - Labor Market Survey				
17 - Retraining	N/A	N/A		
18 - Administrative			\$ 45.50	\$ 1,200.99
19 - Preparation/Attendance Legal Proceeding				
20 - Expenses/Other			\$ 29.40	\$ 1,235.00
Total costs of each column	\$ 325.00	\$ 0.00	\$ 773.90	\$ 48,223.99
	Sum of column totals above			\$ 49,322.89

By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

QRC signature <i>James Doolittle, QRC # 007</i>	Date 12/15/2016	QRC intern supervisor signature	Date
--	--------------------	---------------------------------	------

Employee

If you have questions about the closure of this rehabilitation plan, call the Department of Labor and Industry at (651) 284-5032 or 1-800-342-5354.

Rehabilitation form availability

This form is located at www.dli.mn.gov/WC/Wcforms.asp and can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

DOOLITTLE REHABILITATION

200 ABC Avenue
Chilly, Minnesota 55000

Office: (366) 548-8530 doolittle_rehab@gmail.com Fax: (366) 548-8531

SUMMARY CLOSURE REPORT

Re:	Dolly Labor	Report Date:	07/06/2016
WID	7654321	R-8 Date:	12/16/2016
DOI:	10/18/2015	QRC #:	007
Claim:	WC 64534455	Insurer:	Midwestern Solutions
		Employer:	WHYAMIHERE LOGISTICS

CLOSURE SUMMARY:

Return to work, different employer, same or different job.

On 10/15/2015, Ms. Labor injured her low back while working her medium duty job as a Loginator. Orthopedist, Dr. Bones performed a L4-5 discectomy on 11/19/15. Following this, Ms. Labor was referred for physical therapy and released for part-time sedentary duty work on 12/15/15.

As her employer was unable to accommodate the physical limitations Ms. Labor remained off work. On 01/06/16, QRC Intern, Betty Kant performed a rehabilitation consultation. Through contact with her employer it was learned the company had experienced a lay-off and that Dolly would not be called back.

Ms. Labor was determined to be eligible for rehabilitation services, after which an R-2 Rehabilitation Plan was developed with the goal of obtaining a different job work with a different employer. Following this, Dolly exercised her right to change QRC's to myself.

On 02/16/2016, I met with Ms. Labor on 02/17/16 and reviewed her updated light duty medical restrictions and a vocational plan to obtain employment. Through the meeting it was determined that a transferable skills analysis would be performed to identify possible job goals. Additionally, as Dolly has been out of school for an extended period of time she was encouraged to participate in adult basic education classes to brush up on her math, spelling and reading skills to aid her in completion of job applications and vocational testing, if needed. Ms. Labor and I also discussed job seeking skills training and placement services with Sam Smith at 1-2-3 Placement Services, Inc.

On 3/08/2016, I met with Ms. Labor and Mr. Smith. Through the meeting it was confirmed Dolly had the necessary job seeking skills to participate in a full time job search. A job placement plan and agreement was then developed with the job goals of customer service, dispatcher, warehouse manager, and operations manager.

Dolly Labor
WID: 7654321
DOI: 10/18/2015

On 06/02/16, Ms. Labor participated in a formal vocational evaluation to determine her interests and aptitudes for other job opportunities. Through this new job goals were established including cost estimator, supply chain manager, retail store manager, transportation manager, property manager, and fleet manager. Additionally, it was recommended that Ms. Labor participate in skills enhancement classes including Excel, Word, and basic marketing.

The insurer approved the classes and Ms. Labor began them on 06/15/16. During that period she also continued her job search. Ms. Labor successfully completed the classes at the end of October.

On 11/07/16, Ms. Labor began full time on-the-job training program at the Hartley Company as a Fleet Manager earning an AWW of \$ 1,100.00. Ms. Labor reported her sedentary duty job provides a good challenge and has the potential to return her to her pre-injury wage.

On 12/09/16 all parties expressed agreement that the rehabilitation plan could be successfully closed. As such, an R-8, Notice of Rehabilitation Plan Closure report is being filed with this closure report.

It has been my pleasure to work with Ms. Labor and I wish her future success. If something should change and/or additional services are required please feel free to contact me or the Department of Labor and Industry.

Submitted by,


Jimmy Doolittle

James Doolittle
Qualified Rehabilitation Consultant # 007

CC: Dolly Labor
Dee Nile, Midwest Solutions Insurance
John Doe, Esq.
Mark Law, Esq.
Department of Labor & Industry

[Log In](#)

Rehabilitation Forms Submission

Secure Sign On 

Log In

User Id:

Password:

[Go](#)

You are not logged in.

[First time user? Register](#)

[Forgot password?](#)

[Click here to see user agreement](#)

Not able to log in? Call 651-284-5093 or email dli.webmaster@state.mn.us

CHECK BOX IF THIS REQUEST ADDS REHABILITATION ISSUES TO A PENDING REHABILITATION REQUEST

Rehabilitation Request

PRINT IN INK or TYPE
ENTER DATES in MM/DD/YYYY FORMAT



DO NOT USE THIS SPACE

NOTE: Before filing this form, call the workers' compensation insurer. If that does not resolve the issue, call the Workers' Compensation Alternative Dispute Resolution Unit at (651) 284-5032 (or 1-800-342-5354).

WID or SSN 7654321		DATE OF INJURY 10/18/2015			
EMPLOYEE NAME DOLLY LABOR		PHONE # (include area code) (612) 123-1234			
EMPLOYEE ADDRESS 1001 LOIS LANE			INSURER/SELF-INSURER/TPA MIDWEST SOLUTIONS INSURANCE		
CITY LINO LAKES	STATE MN	ZIP CODE 55014	INSURER ADDRESS 22 TWAIN AVENUE		
EMPLOYER NAME WHYAMIHERE LOGISTICS			CITY MINNEAPOLIS	STATE MN	ZIP CODE 55415
EMPLOYER ADDRESS 141 DISTRIBUTION WAY			CLAIM REPRESENTATIVE NAME DEE NILE		
CITY SUPPLY CITY	STATE MN	ZIP CODE 55026	INSURER CLAIM # WC 64534455	INSURER PHONE # (612) 222-3344	EXT 86

INSTRUCTIONS:

- This form must be filled out **completely**; otherwise, it may be **returned** to you.
- The injured worker's name, WID or social security number, and date of injury must be written on all attached documents.
- This form may not be used to request wage loss, medical, or permanent partial disability benefits.

I AM INTERESTED IN TRYING TO RESOLVE ISSUES INFORMALLY THROUGH MEDIATION.
For more information, call the Alternative Dispute Resolution Unit at (651) 284-5032 or 1-800-342-5354.

YES NO

1. THIS REQUEST IS BEING COMPLETED BY:

- Employee
 Employee's Attorney
 Employer
 Insurer/TPA Self-insured
 Insurer's Attorney
 QRC/Vendor

2. REHABILITATION ISSUES (check only those that apply)

I request:

- a. that rehabilitation services/consultation be provided. Attach medical report which lists restrictions.
 b. a change of QRC (qualified rehabilitation consultant):

FROM	NAME
	FIRM NAME
	ADDRESS
	PHONE # (include area code)

TO	NAME
	FIRM NAME
	ADDRESS
	PHONE # (include area code)

- c. that the rehabilitation plan be changed.
 d. retraining or exploration of retraining.
 e. that the rehabilitation plan be terminated.
 f. that the rehabilitation plan be suspended.
 g. that the employee's rehabilitation expenses be reimbursed. Attach itemized bills and supporting documentation.
 h. that QRC/vendor bills be paid. Attach supporting QRC/vendor reports and itemized bills.
 i. other (explain)

3. Explain the details of your request. Attach all documents, such as medical reports and rehabilitation reports/bills, which support your request. A decision may be based solely on these documents, the Workers' Compensation Division file, and the response to this form.

Perfect Placement Services was chosen by the QRC and approved by the insurer to provide job search services on Ms. Labor's behalf. Job seeking skills were provided to Ms. Labor to enhance her ability to seek and secure employment. In conjunction with this an invoice was forwarded to Ms. Nile as directed by Minn. Rules 5220.

Following submission of the invoice a change of QRC occurred with the new assigned QRC choosing to use in-house placement services. Perfect Placement Services closed its file. An invoice for the period of 01/22/2016 to 02/25/2016 (see attached) was submitted to the insurer for payment.

The insurer was contacted on 03/12/2016, 04/22/2016, and 05/19, 2016. Through these phone calls the Vendor was informed each time that the adjuster had no objection to the invoiced services and was in the process of cutting a check. There has been no payment to date. Payment is requested along with interest penalties and for MS § 176.221, subd. 6a to be applied.

4. Send a copy of this form and all attachments to all parties, including the employee, employer, insurer, QRC/vendor and attorneys. Provide the names and addresses below. Attach extra sheets if necessary.

NAME	ADDRESS	CITY, STATE, ZIP CODE
Dee Nile - Midwest Solutions	22 Twain Avenue	Minneapolis, MN 55415
Dolly Labor	1001 Lois Lane	Lino Lakes, MN 55014
John V. Doe, Esq	201 Shark Avenue, Suite 100	St. Paul, MN 55155
Betty Kant - QRC Intern	101 Ways BLVD.	Tubedone, MN 55447
Mark A. Law	123 Easy Street, Suite F	Minneapolis, MN 55430

I sent a copy of this form and all attachments to the parties listed in #4 on 06/06/2016 (date)

PRINT NAME OF PERSON FILING THIS REQUEST PAULA PERFECT			SIGNATURE <i>Paula Perfect</i>		
ADDRESS 2001 FORWARD			ATTORNEY REGISTRATION # N/A		
CITY PLYMOUTH	STATE MN	ZIP CODE 55447	PHONE # (include area code) (612) 562-3463	EXT	DATE SIGNED 06/06/2016

WHEN YOU HAVE FULLY COMPLETED THIS FORM, RETURN IT AND ALL ATTACHMENTS TO:	In Person: MN Department of Labor and Industry Workers' Compensation Division 443 Lafayette Road N. St. Paul, MN 55155-4301	Mailing Address: MN Department of Labor and Industry Workers' Compensation Division PO Box 64221 St. Paul, MN 55164-0221	Fax: 651-284-5731
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Private or confidential data you supply on this form, and in communications or proceedings that occur because you file this form, will be used to process and resolve your workers' compensation dispute. The data will be used by department of labor and industry (department) staff who have authorized access to the data, and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the office of administrative hearings; the workers' compensation court of appeals; the departments of revenue and health; and the workers' compensation reinsurance association.

This material can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354/Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.

Save Everything



