Department of Labor and Industry Workers' Compensation offices

Twin Cities/Southern Minnesota

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www.doli.state.mn.us

This information can be provided in alternative formats by calling the department at 1-800-342-5354 or (651) 297-4198/TTY

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COUNCIL 6 AFSCME UNION LABEL

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This brochure offers a brief overview of Minnesota Workers' compensation law **for injuries occurring on or after Oct. 1, 1995.** This is not a full description of the workers' compensation system. Please refer to the text of the law or call the Department of Labor and Industry (see back panel) for detailed information.

Quick reference guide

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Minnesota Department of Labor & Industry

Minnesota Department of Labor and Industry

What is workers' compensation?

Workers' compensation provides benefits to employees who have injuries or illnesses caused or made worse by their work or workplace. Workers' compensation benefits are paid regardless of any fault of either the employer or employee. These benefits include partial wage replacement, payment for permanent injury, medical treatment, vocational rehabilitation and dependents' benefits.

If an injury occurs ...

Injured worker

- Report your injury or illness to a supervisor as soon as possible. You may lose the right to workers' compensation benefits if you do not report the injury to your employer within certain time frames specified in the workers' compensation law.
- Get prompt medical care.
- If you have not received benefits or a denial notice within two weeks of your injury, contact your employer and its insurance company.
- Keep your employer informed about your medical condition and when you can return to work.

Employer

- File a *First Report of Injury* form with the insurance company or self-insured administrators as soon as a work-related injury or illness occurs or is claimed.
- Give a copy of the *First Report of Injury* form to the injured employee and, in a lost time claim, the union, if there is one.
- Give the employee a copy of the *Minnesota Workers' Compensation System Employee Information Sheet* with a copy of the *First Report of Injury*.
- Death or serious injury arising from employment must be reported to the Department of Labor and Industry (DLI) and the insurer within 48 hours of the occurrence.
- Even if a claim may be denied, report the claim to the insurance company or self-insured administrators so a claims adjuster can conduct an investigation and make a determination regarding liability. Reporting the injury to the insurer is not an admission of liability.
- Failure to report an alleged work-related lost-time claim within 10 days of the claim may result in penalties, if there is knowledge of the claim.
- Stay in contact with the injured employee.
- When appropriate, discuss opportunities with the injured employee for returning to work within any medical restrictions.

Insurer or self-insured employer

- If the employee sustains a disability for more than three calendar days, file the *First Report of Injury* with DLI within 14 days of the alleged work-related lost-time claim.
- Wage-replacement benefits must begin or the injured employee must be given a written notice of the denial of liability for the claim, with appropriate reasons for the denial, within 14 days after the employer knows about the lost-time injury.
- For injuries on or after Oct. 1, 2000, after an employee has been paid 52 weeks of temporary total disability benefits, notify the employee in writing of the 104-week limitation on payment of this benefit.
- Before 80 weeks of wage-replacement benefits are paid, notify the employee of the right to retraining benefits.
- Include the employee's name, Social Security number, the date of injury and the employer's and insurer's names on all claim correspondence and department forms.

Workers' compensation benefits

Medical benefits

- Workers' compensation pays all reasonable and necessary health care expenses related to the work injury. This includes treatment, tests, prescriptions and mileage to and from appointments.
- Employers may provide workers' compensation medical care through a certified managed care organization (CMCO), which operates under contract with an insurer. Call DLI to check if a managed care organization is certified with the state. If the employer has a CMCO:
  - The employer must post a notice about the CMCO, including the name and phone number of a contact person and a 24-hour phone number for explanation of the services.
  - When the employee reports an injury, the employer must explain how to obtain treatment through the CMCO.
  - The employee is required to seek treatment through the CMCO, unless certain exceptions apply. Call DLI for more information.

What are independent medical examinations?

The insurer may ask the injured employee to be examined by a health care provider of its choice. The examination is often called an independent medical examination (IME). The employee is required to attend an IME.

Waiting period

- By law, no wage-loss benefits are paid for the three calender days after the disability begins.
- If the disability continues, even intermittently, for 10 calender days or longer, then compensation is owed from the first day of disability.
- Disability is deemed to begin on the first calendar day or fraction of a calendar day that the employee is unable to work.

Temporary total disability (TTD)

- This benefit is paid if the employee is unable to work due to the work injury.
- It is equal to two-thirds of the employee's gross weekly wage at the time of injury, subject to maximum and minimum benefits.
- The maximum and minimum benefit levels are determined by the law in effect on the date of the injury.
- This benefit is limited to 104 weeks of payment.
- It is paid at the same intervals that wages were paid before the injury.

Reasons for discontinuing TTD Benefits:

- 104 weeks of TTD benefits have been paid and the employee is not in an approved retraining program;
- the employee returns to appropriate work;
- 90 days have passed since the employee was notified that maximum medical improvement was reached;
- 90 days have passed since the completion of an approved retraining plan;
- the employee does not cooperate with an approved rehabilitation plan;
- the employee is able to work, but refuses gainful work within physical restrictions;
- the employee is able to work with restrictions, but fails to diligently search for appropriate work;
- the employee is able to work, but withdraws from the labor market;
- your health care provider releases you to work without any physical restrictions caused by the work injury; or
- you retire for reasons other than your injury.

Temporary partial disability (TPD)

- This benefit is paid if the work injury results in a lower weekly wage.
- Payment is two-thirds of the difference between the average gross weekly wage at the time of the injury and the current gross weekly earnings subject to a maximum and minimum.
- The maximum and minimum benefit levels are determined by the law in effect on the date of the injury.
- It is limited to 225 weekly payments; not payable beyond 450 weeks from the date of the injury. These limits do not apply during an approved retraining program.

Procedure for discontinuing wage-replacement benefits

- The employer or insurer must provide the employee with written notice of its intention to suspend or discontinue benefits, and file a copy with DLI.
- The employee may request a conference to contest the discontinuance.

Permanent partial disability (PPD)

- This benefit compensates for permanent injury.
- It is paid after TTD ends, at approximately the same rate and intervals.
- The law allows an injured employee to request the payment of PPD in a lump sum. The lump sum can be discounted to present value with up to a five percent discount factor.

Permanent total disability (PTD)

- This benefit is paid as a result of an injury that causes significant impact on the ability to ever return to sustained gainful employment.
- It is equal to two-thirds of the employee's gross weekly wage at the time of injury (subject to a maximum and minimum benefits). The maximum and minimum benefit levels are determined by the law in effect on the date of injury.

Death/dependency benefits

- If the employee's injury and death arose out of and in the course of employment, the spouse, children and other dependents of the deceased may claim death and dependency benefits.
- The maximum amount payable for burial expenses and dependency benefits are determined by law.
- For work-related deaths on and after April 28, 2000, $60,000 is paid to the estate of the deceased when there are no eligible dependents.

Rehabilitation benefits

An employee qualifies for vocational rehabilitation if he or she is unable to return to the pre-injury job or to a suitable job with the pre-injury employer. Rehabilitation services can include:

- modifying job activities;
- retraining for a new job;
- finding work with a different employer; and
- on-the-job training.

- For dates of injury from Oct. 1, 1995 through Sept. 30, 2000, a request for retraining benefits must be filed with the department before 104 weeks of any combination of temporary total disability or temporary partial disability benefits have been paid.
- For dates of injury on and after Oct. 1, 2000, a request for retraining must be filed with the department before 156 weeks of any combination of temporary total and temporary partial disability have been paid.

Cost-of-living increases

- The law in effect on the date of the injury determines the amount payable for cost-of-living increases.
- Call DLI for more information about cost of living increases.

Fraud warning

It is a crime under Minnesota law for anyone to give false information to achieve financial gain.

Suspected workers' compensation fraud should be reported to DLI Investigative Services at 1-888-FRAUD MN (1-888-372-8366).