

Summary: 2013 workers' compensation session law

By Kris Eiden, Deputy Commissioner, and Kate Berger, Office of General Counsel

This summary is not a substitute for the actual law (Laws of Minnesota 2013, chapter 70), which can be viewed at www.revisor.mn.gov/laws/?id=70&year=2013&type=0.

Article 1

Section 1. Rehabilitation complaints – This section amends Minnesota Statutes (Minn. Stat.) § 176.102, subd. 3a, to give the commissioner discretionary authority about whether to investigate complaints filed against qualified rehabilitation consultants (QRCs) and rehabilitation vendors.
Effective May 17, 2013.

Section 2. Medical disputes – This section amends Minn. Stat. § 176.106, subd. 1, to give the commissioner the authority to hold administrative conferences about medical disputes of more than \$7,500 when the issue is whether a particular charge is excessive.

Effective May 17, 2013, and applies to medical disputes filed on or after that date.

Section 3. SCF reimbursement

– This section amends Minn. Stat. § 176.129, subd. 13, to preclude an insolvent insurer from obtaining reimbursement from the Special Compensation Fund (SCF) for second injury and supplementary benefits unless the insolvent insurer filed for

reimbursement before June 1, 2013. It also allows SCF to offset reimbursements against any debt owed by an insurer or employer.

Effective May 17, 2013.

Section 4. Exclusion from genetic information

– This section amends Minn. Stat. § 176.138 to provide that the medical data collected and retained by the Department of Labor and Industry (DLI) in connection with a workers' compensation claim does not constitute "genetic information" for purposes of the Minnesota Genetic Privacy Act.

Effective May 17, 2013.

Section 5. Limitation on employer defenses

– This section amends Minn. Stat. § 176.184, subd. 4, to require the Special Compensation Fund to notify an uninsured employer if it is going to enter into a settlement with an employee. If the employer does not object to the settlement within 15 days of notice, the employer will be deemed to have waived any defenses it could have raised in a subsequent



action by the SCF to recover funds from the employer.
Effective May 17, 2013.

Section 6. Sampling methodology – This section removes the requirement in Minn. Stat. § 176.245 that required the commissioner to use Six Sigma methodology to sample required payment filings.
Effective May 17, 2013.

Section 7. Settlement approval – This section amends Minn. Stat. § 176.521 to provide that a settlement reached while a matter is pending before the Workers' Compensation Court of Appeals must be approved by a compensation judge at the Office of Administrative Hearings (OAH).
Effective for settlement agreements submitted for approval on or after July 1, 2013.

Article 2

Section 1. Coverage for post-traumatic stress disorder – This section amends the definition of “occupational disease” in Minn. Stat. § 176.011, subd. 15, to include coverage for employees who have been diagnosed by a licensed psychiatrist or psychologist with post-traumatic stress disorder (PTSD) arising out of employment. PTSD has the meaning given in the Diagnostic and Statistical Manual of Mental Disorders. The section excludes coverage for any alleged injury resulting from good faith job actions taken by the employer.
Effective for employees with dates of injury on or after Oct. 1, 2013.

Section 2. Coverage for post-traumatic stress disorder – This section amends the definition of “personal injury” in Minn. Stat. § 176.011, subd. 16, to include coverage for post-traumatic stress disorder as provided in Section 1.
Effective for employees with dates of injury on or after Oct. 1, 2013.

Section 3. Attorneys' fees – This amendment to Minn. Stat. § 176.081, subd. 1, changes the contingent fee formula for attorneys' fees (currently 25 percent of the first \$4,000 and 20 percent thereafter) to a flat 20 percent of the first \$130,000 (subject to an increased “cap” of \$26,000).
Effective for employees with dates of injury on or after Oct. 1, 2013.

Section 4. Attorney fee reimbursement – As a result of this amendment to Minn. Stat. § 176.081, subd. 7, an insurer is no longer required to reimburse an employee for attorney fees if the fees were paid by the insurer in the first place.
Effective for employees with dates of injury on or after Oct. 1, 2013.

Section 5. Increase in maximum benefit – This amendment to Minn. Stat. § 176.101, subd. 1, increases the maximum weekly benefit to 102 percent of the statewide average weekly wage (SAWW).
Effective for employees with dates of injury on or after Oct. 1, 2013.

Section 6. Job development limits – This amendment to Minn. Stat. § 176.102, subd. 5, limits job development services to 20 hours a month for no more than 13 consecutive or intermittent weeks, which the parties, DLI or an administrative law judge can extend to 26 weeks. Job development services include contacting prospective employers, identifying job openings and arranging interviews.
Effective for employees with dates of injury on or after Oct. 1, 2013.

Section 7. Disability case management – This amendment to Minn. Stat. § 176.102, subd. 10, prohibits a QRC from performing nonstatutory case management services and statutory case management services under a rehabilitation plan on the same claim.
Effective Oct. 1, 2013.



Section 8. Rehabilitation conferences – This amendment to Minn. Stat. § 176.106, subd. 3, requires DLI and OAH to hold rehabilitation conferences within 21 days of the request for conference, unless there is good cause or the issue involves only fees for past services. If there is a rehabilitation plan in effect, rehabilitation services would continue until at least the date of the initially scheduled conference.

Effective Oct. 1, 2013.

Section 9. Determination of prevailing charge –

Under current law, insurers must reimburse hospitals 85 percent of the hospitals' usual and customary charge or 85 percent of the prevailing charge. "Prevailing charge" is defined by rule and is established through the collection of billing data in a particular market. Department rules currently require that prevailing charges be based on at least 20 billings for a service collected within the past calendar year. This amendment to Minn. Stat. § 176.136, subd. 1b, allows prevailing charges to be based on data collected during a two-year period. *Effective Oct. 1, 2013, and will be used to establish prevailing charges on or after that date.*

Section 10. Adjustment of benefits – This amendment changes the cap on the annual adjustment of benefits under Minn. Stat. § 176.645 from 2 percent to 3 percent and provides that no change in benefits shall be less than zero. This section also changes the date upon which the adjustments commence, from the fourth anniversary of the date of injury to the third anniversary.

Effective for employees with dates of injury on or after Oct. 1, 2013.

Section 11. Pain contracts – This amendment to Minn. Stat. § 176.83, subd. 5, gives the commissioner authority to adopt rules governing criteria for the long-term use of narcotics or other scheduled medication to alleviate intractable pain, including the use of treatment contracts between an injured worker and his or her health care provider setting out the expectations and responsibilities of each.

Effective Oct. 1, 2013, and applies to employees with any date of injury who receive treatment after any rules are adopted.

Section 12. Patient advocate pilot program –

This section directs the commissioner to implement a two-year pilot program for workers with back injuries who are considering spinal fusions. The program will use the services of a patient advocate to help workers understand their treatment options and receive appropriate treatment.

Effective Oct. 1, 2013.

Section 13. Reimbursement cost study – This section requires DLI to conduct a study of the effects of potential reforms and barriers regarding workers' compensation medical costs and administrative costs. The department must report its findings and make recommendations to the Workers' Compensation Advisory Council by Dec. 31, 2013.

Effective May 17, 2013.

Office of Workers' Compensation Ombudsman

Help for injured workers, small businesses

The Office of Workers' Compensation Ombudsman provides advice to employees and small businesses who need help understanding and navigating the workers' compensation system.

The ombudsman assists injured workers and small businesses to help resolve problems they encounter during the course of a workers' compensation claim.

In addition to the assistance it provides, the Office of Workers' Compensation Ombudsman also recommends statute or rule changes to improve the effectiveness of the workers' compensation system.

The ombudsman is a separate office within the Minnesota Department of Labor and Industry. Call (651) 284-5013 or 1-800-342-5354.

Online information about the ombudsman is at www.dli.mn.gov/WC/Ombudsman.asp.

Register now! 2013 Workers' Compensation Summit

Looking Back, Moving Ahead: 100 Years of Workers' Compensation in Minnesota

– Sept. 12, 2013 at Crowne Plaza Hotel in downtown St. Paul –

Registration has been extended for the 2013 Workers' Compensation Summit! Join the Minnesota Department of Labor and Industry on Thursday, Sept. 12, at the Crowne Plaza Hotel in St. Paul, Minn., for this one-day event packed with great information.

The conference will feature general sessions and breakout sessions that focus on current issues affecting the workers' compensation system and ways to improve processes and services that affect employers and injured workers. Topics to be addressed include: recent changes to workers' compensation law; head injuries and traumatic brain injuries; impact of the Affordable Care Act on workers' compensation; workplace violence prevention; Medicare; chemical dependency; post-traumatic stress disorder (PTSD); and more.



The complete schedule, with topics and speakers listed, plus registration information, is online now at www.dli.mn.gov/Summit. **Registration closes Thursday, Sept. 5.**

Co-sponsored by the Minnesota Department of Labor and Industry and the Workers' Compensation Advisory Council. No taxpayer dollars will be used to fund this event.

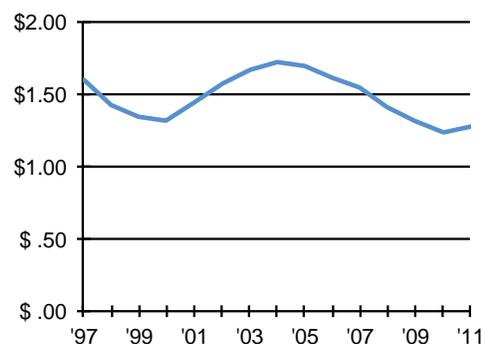
Workers' compensation cost shows slight uptick for 2011

The total cost of Minnesota's workers' compensation system per \$100 of payroll has followed a cycle since 1997, with low-points reached in 2000 and 2010, and a slight increase for 2011.

The total cost of the system was estimated at \$1.28 per \$100 of payroll in 2011, 20 percent less than in 1997 and slightly above the 2010 figure of \$1.24.

These figures include premiums paid by the insured employers and experience-modified pure premium for self-insured employers. The figures partly reflect year-to-year changes in the cost of benefits and other expenses; however, they also reflect a nationwide insurance pricing cycle, in which the ratio of premium to insurance losses, such as workers' compensation benefits paid, varies over time.

Minnesota workers' compensation system cost per \$100 of payroll, 1997-2011 [1]



	Cost per \$100 of payroll
###	\$1.61
###	1.31
###	1.72
###	1.55
###	1.42
### [1]	1.32
### [1]	1.24
### [1]	1.28

[1] Subject to revision.

FACTS ABOUT FUSION

The Department of Labor and Industry, in collaboration with the Medical Services Review Board, has prepared a Spinal Fusion Information Fact Sheet. The fact sheet is intended to provide basic information about the potential risks and benefits of spinal fusion surgery. Physicians, surgeons, qualified rehabilitation consultants (QRCs), insurers and others are encouraged to share the fact sheet with injured workers who are considering lumbar fusion surgery.

The fact sheet is available on the department's website at www.dli.mn.gov/WC/Pdf/fact_sheet_lumbar_fusion.pdf.

Anyone with questions about the fact sheet or its use should contact Lisa Wichterman, DLI's medical policy specialist, at (651) 284-5173 or lisa.wichterman@state.mn.us.

443 Lafayette Road N.
St. Paul, MN 55155
www.dli.mn.gov

 **MINNESOTA DEPARTMENT OF
LABOR & INDUSTRY**

(651) 284-6585
1-800-442-6564
TTY: (651) 297-4198

What injured workers should know about lumbar fusion surgery as a treatment for degenerative disc disease

This information sheet is for injured workers with a Minnesota workers' compensation claim who are considering lumbar fusion surgery. It does not provide medical advice. Whether lumbar fusion is right for you is a choice you must make with your doctor.

What is lumbar fusion surgery?
Lumbar fusion surgery is performed as treatment for a number of different conditions that affect the structural integrity of the spine (for example, certain spinal fractures). Lumbar fusion surgery is also sometimes performed for treatment of severe chronic low back pain in patients with degeneration of one or more lumbar discs.

What are the results of lumbar fusion for injured workers with chronic low back pain and degenerative disc disease?
You might want to consider and discuss the following information¹ with your physician before making a decision about whether you will proceed with surgery.

- Studies of injured workers show about half of them get better after the surgery. However, up to one-third of patients report a "poor" result.
- In some studies, when lumbar fusion is compared to other treatments, patients who receive a fusion do better than those who just continue to get the same treatment they were already receiving. However, in other studies, patients who were referred for intensive medical management and interdisciplinary rehabilitation did as well as those who had fusion surgery.
- Ten to 20 percent of patients develop complications from the surgery. Complications include infection, deep vein thrombosis, pulmonary embolism, nerve injuries and problems with bone grafts or implanted devices.
- About one in every four injured workers who have a lumbar fusion will have another lumbar surgery. Subsequent surgeries are often done because the fusion doesn't "take" (become solid) or the hardware used in the fusion becomes a problem, or, because the spine above or below the fusion starts to deteriorate, causing more pain and disability.
- Most injured workers who are disabled by their back pain remain disabled after their fusion surgery, with fewer than 50 percent returning to work.
- Most injured workers continue to use strong pain medication after their surgery; some even require more medication.

Can I get a second opinion?
The workers' compensation law allows you to get a second opinion from a provider of your choice, paid for by the workers' compensation insurer.

This information can be provided to you in alternative formats (Braille, large print or audio).
An Equal Opportunity Employer

Workers' compensation information fact sheet

Workers' compensation training expands to reach more employers



The Department of Labor and Industry (DLI) Workers' Compensation Division's Training Team wrapped up a busy spring season that included two new sessions of its employer training at Anoka Technical College in April and May. The expansion to the north metropolitan area has been a long-time goal of the team, because most previous sessions have been at St. Paul College, near downtown St. Paul, Minn.

Marion Halverson, a senior compliance officer in the Compliance, Records and Training unit at DLI, taught two sessions each at St. Paul College and Anoka Technical College this spring and plans to teach at both colleges again in the fall.

Some training session topics

- Workers' compensation basics
- What to do when an injury occurs or is reported
- What is/is not covered by workers' compensation
- What to do before an injury occurs
- What benefits are provided
- Employer do's and don'ts

In addition, Halverson teamed up with the Latino Economic Development Center in Minneapolis to teach workers' compensation basics to small-business owners. This training focused on how to complete the First Report of Injury form and when to file it, what benefits are provided, and what is and is not covered by Minnesota workers' compensation.

The Training Team aims to reach even more employers by continuing to offer the training sessions this fall and next spring; dates and locations are currently being coordinated. To learn more about employer training, call Melissa Parish at (651) 284-5431 or visit www.dli.mn.gov/WC/TrainingEr.asp.

Results of 2013 Special Compensation Fund assessment

By John Kufus, Accounting Officer, Financial Services

The Special Compensation Fund (SCF) assessment funds Minnesota's workers' compensation programs. Seventy percent of the assessment dollars go to funding the supplementary and second-injury benefit programs. The assessment also pays the operating expenses of the Workers' Compensation Division of the Department of Labor and Industry, the Office of Administrative Hearings and the Workers' Compensation Court of Appeals.

As a result of legislation by the 2002 Minnesota Legislature, the assessment process has changed. Companies are no longer required to report semi-annually. The report is now being done on an annual basis. The report form is mailed to companies at least 45 days before the due date of April 1.

The Special Compensation Fund assessment is directly invoiced by the Minnesota Department of Labor and

Industry. The first half of the assessment is invoiced by June 30 of each year, and is due Aug. 1 of that year. The second billing is due Feb. 1 of the following year, and is mailed approximately 30 days before the due date.

	2012 indemnity	Ratio	Estimated liabilities	DSR pure premium
Insurers	\$307,457,092	75.35%	\$61,407,588	\$816,469,038
Self-insurers	\$100,600,525	24.65%	\$20,092,412	
Total	\$408,057,617	100.00%	\$81,500,000	\$816,469,038

The 2013 SCF assessment continues a downward trend in the amount of funding required with a corresponding reduction in the assessment rate. The 2013 assessment of \$81,500,000 is a 4 percent drop from the 2012 assessment of \$85,000,000. During the past five years, the annual funding requirement has dropped \$9,500,000. The 2009 assessment was \$91,000,000 versus \$81,500,000 for the 2013 assessment. The assessment rate has dropped 14 percent from 23.3 percent for the 2009 assessment to 20 percent for the 2013 assessment.

The estimated state-fiscal-year 2014 funding requirement for the Special Compensation Fund was determined to be \$81,500,000. The liability was divided between the insurers and self-insurers by the ratio of their 2012 indemnity payments to the total indemnity reported by both groups.

Insurer premium surcharge rate

The insurer premium surcharge rate applied for the purpose of determining the Special Compensation Fund assessment was 7.5211 percent. The rate was determined by dividing the insurer portion of the Special Compensation Fund state-fiscal-year 2014 liability (\$61,407,588) by the 2012 designated statistical reporting pure premium reported by all insurers to the Minnesota Workers' Compensation Insurers Association (\$816,469,038).

Self-insured assessment rate

The imputed self-insured assessment rate was 19.9725 percent. It was determined by dividing the self-insured portion of the Special Compensation Fund state-fiscal-year 2014 liability (\$20,092,412) by the total 2012 indemnity reported by the self-insured employers (\$100,600,525).

More information

For further information, contact John Kufus at (651) 284-5179 or john.kufus@state.mn.us.

Percentage for assessments due for insurers and self-insurers			
Year assessed	Basis for assessment	Insurers	Self-insurers
2003	2002	12.5457%	27.4374%
2004	2003	11.0335%	25.6801%
2005	2004	10.1742%	24.2958%
2006	2005	9.2312%	23.6870%
2007	2006	8.7176%	24.0396%
2008	2007	8.6050%	23.8969%
2009	2008	8.5347%	23.3185%
2010	2009	8.6636%	22.4319%
2011	2010	8.9013%	22.0264%
2012	2011	8.269%	21.631%
2013	2012	7.5211%	19.9725%

EDI, eFROI news and updates

eFROI, EDI trading partners must begin testing before October

This is a reminder that the cut-off date to begin testing for all eFROI and electronic data interchange (EDI) trading partners is Oct. 1, 2013. All

eFROI and EDI trading partners must complete testing by Dec. 1, 2013, to meet the anticipated Jan. 1, 2014, implementation date for mandatory electronic filing of the First Report of Injury (FROI) form in Minnesota.

To begin testing EDI submissions or the eFROI Web portal, see Section 4 of the state of Minnesota Electronic Filing of First Report of Injury Implementation Guide for the necessary steps to follow (www.dli.mn.gov/WC/Edi.asp). The Minnesota electronic trading partner profile is available on the Department of Labor and Industry's (DLI's) website at www.workplace.doli.state.mn.us/ediprofile.

eFROI Web portal available for submission of FROI data

The eFROI Web portal is a Web-based program that allows a trading partner to submit a FROI electronically through the use of an online form without the need to understand file format requirements of EDI. The eFROI Web portal was made available for use mid-July. Any reporting entity planning to utilize eFROI instead of EDI should note the section above regarding applicable deadlines and instructions for submitting a trading partner profile to the department.

Updated Electronic Filing of First Report of Injury Implementation Guide

The existing state of Minnesota Electronic Filing of First Report of Injury Implementation Guide has been revised to include provisions for the eFROI Web portal submission of electronic FROI information and requirements for new data elements related to the Work Week Type Code and Work Days Scheduled Code.

The revised guide is available on the department's website at www.dli.mn.gov/WC/Edi.asp. Also available on the website is additional information regarding the mandatory EDI/eFROI implementation, including frequently asked questions.

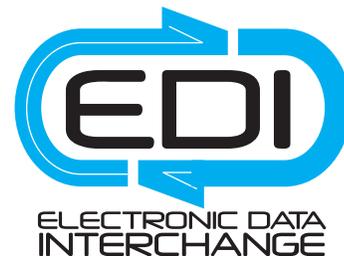
Any questions, comments or concerns regarding implementation can be directed to the EDI/eFROI Implementation Team at dli.edi@state.mn.us.

Proposed amendments to rules governing work comp rules of practice related to electronic filing of the FROI

The department published a notice of rulemaking about the proposed rules related to electronic filing of first reports of injury on July 29, 2013. The comment period ended at 4:30 p.m., Aug. 28, 2013. No requests for hearing were received, so there will be no hearing on Sept. 9. Pending approval by an administrative law judge, the anticipated effective date is Jan. 1, 2014. Information about the rule adoption process is on the DLI docket page, with the proposed rules, at www.dli.mn.gov/PDF/docket/5220_25_29_Docket.pdf.

DLI also maintains specialty and rulemaking email lists to which interested parties may subscribe. Two specialty email lists that may be of interest for those reporting entities affected by the mandate to submit FROI data electronically are workers' compensation adjuster information and workers' compensation EDI trading partners. Learn more about DLI's specialty email lists, subscribe or review previously sent messages online at www.dli.mn.gov/EmailLists.asp.

The rulemaking lists are required to be maintained for people who have registered with the agency to receive notices of agency rule proceedings. Learn more or subscribe to the workers' compensation rulemaking list at www.dli.mn.gov/Rulemaking.asp.



New benefit and provider fee levels effective October 2013

By Brian Zaidman, Research Analyst, Research and Statistics, and Kate Berger, General Counsel

The statewide average weekly wage (SAWW) effective Oct. 1, 2013, is \$945, a 3.17 percent increase from the current SAWW of \$916, which has been in effect since Oct. 1, 2012. (See the table below.) The levels for minimum and maximum weekly benefit payments are presented in the table on page 10. The statewide annual average wage will change to \$49,134 on Jan. 1, 2014.

The new SAWW is based on 2012 payroll and employment figures supplied by the Department of Employment and Economic Development and the calculation procedure in Minnesota Statutes § 176.011, subd. 1b. The change in the SAWW is the basis for the M.S. § 176.645 annual benefit adjustment. The time of the first adjustment is limited by M.S. § 176.645, subd. 2.

Pursuant to Minnesota Rules 5220.1900, subp. 1b, the maximum qualified rehabilitation consultant (QRC) hourly fee will increase by 3 percent, to \$99.47 Oct. 1, 2013. The maximum hourly rate for rehabilitation job development and placement services, whether provided by rehabilitation vendors or by QRC firms, will increase to \$75.51 on Oct. 1, 2013. Notice of the increase will be published in the *State Register* on Sept. 3, 2013.

This year there are two adjustments to the workers' compensation medical fee schedule conversion factors.

1. Conversion factor adjustment based on updated relative value

units (RVUs) and rules: Pursuant to M.S. § 176.136, subd. 1a, paragraph (h), the Department of Labor and Industry (DLI) is updating the fee schedule by incorporating by reference the 2013 Medicare RVUs. The Notice of Incorporation by Reference of the 2013 Relative Value Tables was published in the *State Register* on July 29, 2013; it is also on page 11 of this publication. Rule amendments to implement the new RVU tables have been approved by an administrative law judge at the Office of Administrative Hearings and will be published in the *State Register* on Sept. 3, 2013. A link to the corresponding rule amendments is at www.dli.mn.gov/Pdf/docket/5219_5221_rules.pdf.

As required by M.S. § 176.136, subd. 1a, paragraph (g)(2), DLI has adjusted the conversion factors so that overall payment for services covered under both the old and new RVUs will be the same under both sets of RVUs.¹ As required by law, DLI has done this separately for each of the four categories of services listed below.

On average, the new RVUs are higher than the old RVUs for the medical/surgical, physical medicine/rehabilitation and chiropractic services categories; the new RVUs are lower than the old RVUs for pathology/laboratory services. Therefore, to achieve overall payment neutrality for each group, the new conversion factors are lower than the old conversion factors for the first three groups indicated and higher for pathology/laboratory services.²

¹For this calculation, DLI used a deidentified database of Minnesota workers' compensation medical services, charges and related data. The database was a 20-percent sample from the Minnesota Workers' Compensation Medical Data Call, provided to DLI by the Minnesota Workers' Compensation Insurers Association.

²In addition, the new conversion factors incorporate a correction for an error discovered in the old ones. The error resulted from a programming error made in 2010 when the RVUs were last updated. This error affected the set of services selected for the calculation for each group. The resulting conversion factor error was less than 1 percent for medical/surgical and physical medicine/rehabilitation services, and zero for chiropractic services. For pathology/laboratory services, the conversion factor was 14 percent lower than it should have been. These errors are corrected in the new conversion factors.

Statewide average weekly wage Effective Oct. 1 of the indicated year

	Statewide average weekly wage	Percent change from prior year
1999	\$615	6.22%
2000	\$642	4.39%
2001	\$680	5.92%
2002	\$702	3.24%
2003	\$718	2.28%
2004	\$740	3.06%
2005	\$774	4.59%
2006	\$782	1.03%
2007	\$808	3.32%
2008	\$850	5.20%
2009	\$878	3.29%
2010	\$868	-1.14%
2011	\$896	3.23%
2012	\$916	2.23%
2013	\$945	3.17%

2. Conversion factor annual adjustment: M.S. § 176.136, subd. 1a, paragraph (g)(1) provides for annual adjustment of the medical fee schedule conversion factors by no more than the percent change in the SAWW. As in previous years, DLI is adjusting the new conversion factors (computed as described above) by the percent change in the Producer Price Index for Offices of Physicians (PPI-P) between 2011 and 2012 (annual-average basis).³ This change is +1.2 percent.

A table showing the above adjustments to the conversion factors is on the Department of Labor and Industry website at www.dli.mn.gov/WC/Pdf/conversion_factors_0813.pdf. As a result of the adjustments, for services provided on or after Oct. 1, 2013, the new conversion factors will be:

- medical/surgical services in part 5221.4030\$64.69
- pathology/laboratory services in part 5221.4040\$55.68
- physical medicine/rehabilitation services in part 5221.4050\$48.88
- chiropractic services in part 5221.4060\$48.83

IME fee adjustments

Minnesota Rules, part 5219.0500, subp. 4, provides for adjustment of the maximum fees for independent medical examinations (IMEs) in the same manner as the adjustment of the conversion factor. Therefore, the maximum IME fees will increase by 1.2 percent for services provided on or after Oct. 1, 2013.

All of the above referenced documents are also online at www.dli.mn.gov/WC/HealthCareProv.asp.

³The PPI, produced by the U.S. Bureau of Labor Statistics, measures the average change over time in the selling prices received by producers for their output. The annual PPI-P and the associated annual changes (using industry code 62111 – offices of physicians) are available at www.bls.gov/ppi/data.htm.

New online process available for submission of dispute certification requests

The Department of Labor and Industry (DLI) has launched a new online process enabling attorneys to submit dispute certification requests electronically to the department. Dispute certification requests have been submitted to DLI since 1995, as a result of legislation requiring DLI to certify that certain medical and vocational rehabilitation issues are actually disputed before attorney fees are claimed.

According to the most recent *Minnesota Workers' Compensation System Report*, during 2011, DLI issued about 6,300 dispute certification decisions, an 85 percent increase since 1999. The report also indicates that during 2011, more than 2,100 medical and vocational rehabilitation claims were resolved during the dispute certification process.

Online submission of dispute certification requests is available exclusively to attorneys. It is intended to eliminate inherent delays and costs associated with attorneys' submission of paper dispute certification requests. However, use of this online filing process is optional; attorneys can continue to file dispute certification requests in conventional paper formats.

The online dispute certification process became available for use Aug. 2. All applicable statutes regarding dispute certification requests submitted in conventional paper formats apply to requests submitted electronically via DLI's website. Data submitted electronically will be accepted as received only during regular DLI business hours, 8 a.m. to 4:30 p.m. (Central Time), Monday through Friday, excluding holidays. Data received after 4:30 p.m. or on a Saturday, Sunday or state holiday will be electronically date-stamped for the next business day DLI is open.

The online process can be accessed online at <https://secure.doli.state.mn.us/dispute>.

Questions about the online dispute certification submission process may be directed DLI's Alternative Dispute Resolution unit by phone at (651) 284-5032 or 1-800-342-5354.

Additional information about the dispute certification process is available on the DLI website at www.dli.mn.gov/WC/DispRes.asp.

Compensation rates as of Oct. 1, 2013

Statewide average weekly wage (SAWW) = \$945
Percentage change in SAWW from previous year = 3.17%
(Apply Minnesota Statutes §176.645 adjustment as necessary based on date of injury.)

Maximum under M.S. §§176.101 and 176.111	Minimum under M.S. §176.101, subd. 1(2)	Supplementary benefits under M.S. §176.132 (Minnesota Statutes 1994) and permanent total minimum under M.S. §176.101, subd. 4 (for injuries 10-1-95 and later)
100% of SAWW	50% <u>20%</u>	
10-01-88\$391.00	10-01-88\$195.50 (gross wage - \$293.25)\$ 78.20	10-01-95..... \$328.25 (rounded to \$329)*
10-01-89\$413.00	10-01-89\$206.50 (gross wage - \$309.75)\$ 82.60	10-01-96\$340.60 (rounded to \$341)*
10-01-90\$428.00	10-01-90\$214.00 (gross wage - \$321.00)\$ 85.60	10-01-97\$359.45 (rounded to \$360)*
10-01-91\$443.00	10-01-91\$221.50 (gross wage - \$332.25)\$ 88.60	10-01-98\$376.35 (rounded to \$377)*
105% of SAWW	20% of the SAWW or the employee's actual weekly wage, whichever is less	10-01-99\$399.75 (rounded to \$400)*
10-01-92\$481.95	10-01-92\$91.80	10-01-00\$417.30 (rounded to \$418)*
10-01-93\$508.20	10-01-93\$96.80	10-01-01\$442.00 (round)
10-01-94\$516.60	10-01-94\$98.40	10-01-02\$456.30 (rounded to \$457)*
Set by statute	Set by statute, the listed amount or the employee's actual weekly wage, whichever is less	10-01-03\$466.70 (rounded to \$467)*
10-01-95\$615.00	10-01-95\$104.00	10-01-04\$481.00 (round)
10-01-00\$750.00	10-01-00\$130.00	10-01-05\$503.10 (rounded to \$504)*
10-01-08\$850.00		10-01-06\$508.30 (rounded to \$509)*
102% of SAWW		10-01-07\$525.20 (rounded to \$526)*
10-01-13\$963.90		10-01-08\$552.50 (rounded to \$553)
		10-01-09\$570.70 (rounded to \$571)*
		10-01-10\$564.20 (rounded to \$565)*
		10-01-11\$582.40 (rounded to \$583)*
		10-01-12\$595.40 (rounded to \$596)*
		10-01-13\$614.25 (rounded to \$615)*

*Rounding applies to supplementary benefits.



MINNESOTA DEPARTMENT OF
LABOR & INDUSTRY
WORKERS' COMPENSATION DIVISION

Notice of incorporation by reference of relative value tables

Whereas;

Minnesota Statutes, 176.136, subd. 1a paragraph (h), clause (2) (2012) requires the commissioner to, at least every three years, update the workers' compensation relative value tables in the workers' compensation fee schedule in Minnesota Rules, Chapter 5221, by incorporating by reference the relative value tables in the national physician fee schedule relative value file established by the Centers for Medicare and Medicaid Services (CMS). Each notice of incorporation must state the date the incorporated tables will become effective and must include information about how the Medicare relative value tables may be obtained.

Therefore, notice is hereby given that the following relative value tables, revised by CMS on April 16, 2013, are incorporated by reference, effective for workers' compensation health care services provided on or after Oct. 1, 2013:

The files GPCI2013 and PPRRVU13.V0215_04162013 found in RVU13B [ZIP, 3MB] on the "PFS Relative Value Files" page on the Centers for Medicare and Medicaid Services website, currently at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU13B.html?DLPage=1&DLSort=0&DLSortDir=descending.

Additional information about how to access these tables is available on the department's website at www.dli.mn.gov/WC/HealthCareProv.asp.

Pursuant to Minn. Stat. § 176.136, subd. 1a paragraphs (g) and (h), notice of amendments to rules to implement the above incorporated tables will be published in the *State Register* in September 2013.

_____/s/_____
Ken B. Peterson, DLI Commissioner
July 17, 2013

CompFact

Duration of indemnity claims by worker age

By Brian Zaidman, Research and Statistics

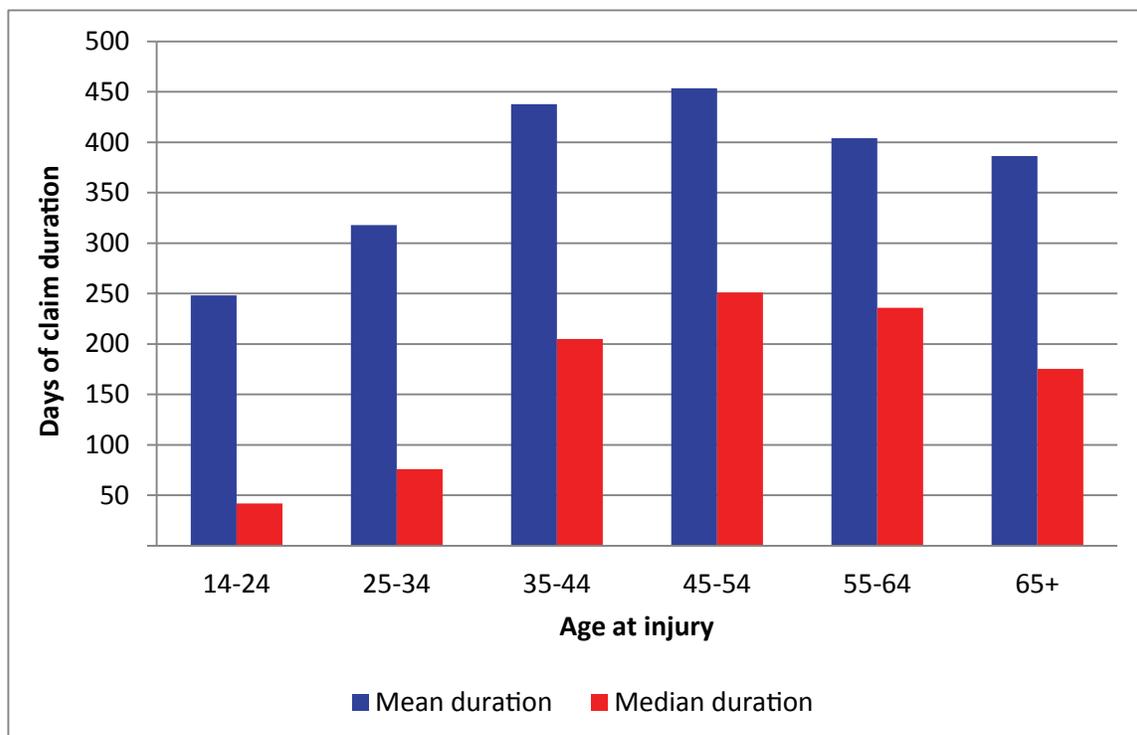
The time length of workers' compensation indemnity claims – the number of days from the date of injury until a closing document is filed – varies according to many different factors. While the medical severity of the injury or illness is probably the most important factor affecting claim duration, many other factors are also important, including the worker's age, complicating health conditions, the type of work involved and claim disputes.

The figure below shows the mean and median claim duration by worker age for claims with injuries in 2003 and later and that closed in 2009, 2010 or 2011. A total of 67,100 claims were included. The median claim duration is the data point at which half of the workers have a lower value and half have a higher value. The number of claims by age group varied from 19,800 claims for workers between 45 and 54 years of age to 1,900 claims for workers age 65 and older.

The overall median claim duration was 170 days (5.7 months). The overall mean claim duration was 395 days (13.0 months). The mean value is affected by a relatively few claims with very long durations.

Both the mean and median claim duration increase with age, reaching the longest duration for workers between 45 and 54 years old. The median claim duration for workers between 45 and 54 years old is nearly six times longer than the median for workers age 24 and younger, and it is three times longer than the median for workers between 25 and 34 years old. The mean and median claim duration values decrease as worker age increases beyond 54 years.

Median duration of indemnity claims by worker age at injury, claims closed in 2009-2011



More resources from DLI: newsletters, specialty and rulemaking email lists

The Minnesota Department of Labor and Industry (DLI) offers three quarterly publications in addition to *COMPACT: Apprenticeship Works, CCLD Review* and *Safety Lines*.

- ***Apprenticeship Works*** is the newsletter from DLI's Apprenticeship unit. Its purpose is to inform the public of the goals, plans and progress of the Apprenticeship unit. Learn more or subscribe online at www.dli.mn.gov/Appr/Works.asp.
- ***CCLD Review*** is the newsletter from DLI's Construction Codes and Licensing Division. Its purpose is to promote safe, healthy work and living environments in Minnesota and to inform construction and code professionals about the purpose, plans and progress of the division. Learn more or subscribe online at www.dli.mn.gov/CCLDReview.asp.
- ***Safety Lines***, from Minnesota OSHA, promotes occupational safety and health, and informs readers of the purpose, plans and progress of Minnesota OSHA. Learn more or subscribe at www.dli.mn.gov/OSHA/SafetyLines.asp.



DLI also maintains five specialty email lists and 11 rulemaking email lists to which interested parties may subscribe. The specialty email lists are: prevailing-wage information; workers' compensation adjuster information; workers' compensation EDI trading partners; workers' compensation medical providers information; and workers' compensation rehabilitation information. Learn more about DLI's specialty email lists, subscribe or review previously sent messages online at www.dli.mn.gov/EmailLists.asp.

The rulemaking lists are required to be maintained for people who have registered with the agency to receive notices of agency rule proceedings. The rulemaking lists topic areas are: apprenticeship; boats/boats-for-hire; electrical; fire code; high-pressure piping; independent contractor; labor standards/prevaling wage; Minnesota OSHA; plumbing; state building code; and workers' compensation. Learn more or subscribe at www.dli.mn.gov/Rulemaking.asp.

Subscribing to **COMPACT**

To subscribe to or unsubscribe from the *COMPACT* email list, visit <https://webmail.mnet.state.mn.us/mailman/listinfo/wc-compact>.

Subscribers receive emailed notice about editions of the quarterly workers' compensation newsletter and other periodic updates from DLI.

Fall 2013 training opportunities

ADJUSTER TRAINING IN MINNESOTA

Basic adjuster's training – One session left in 2013: Oct. 17 and 18, 8:30 a.m. to 4 p.m.

This training is recommended for claim adjusters who have less than one year of experience in Minnesota workers' compensation. Topics include:

- Overview of Minnesota work comp
- Liability determination
- Rehabilitation benefits and issues
- Penalties
- How to file forms
- Waiting period
- Indemnity benefits
- Medical benefits and issues
- Dispute resolution
- Participants questions

CEU credits

This educational offering is recognized by the Minnesota commissioner of commerce as satisfying 10.5 hours of credit toward continuing insurance education requirements.

Location, cost, registration

Training is at the Minnesota Department of Labor and Industry, 443 Lafayette Road N., St. Paul, MN 55155. The cost is \$150 for the two-day session (includes lunch). Participants must pre-register and pre-pay at <https://secure.doli.state.mn.us/events/events.aspx?eid=15>. Early registration is encouraged. The session is limited to 28 people. Classes will be filled on a first-come, first-served basis. The Department of Labor and Industry reserves the right to cancel a session if there are not enough participants registered.

ADJUSTER TRAINING IN THE CHICAGO AND KANSAS CITY AREAS

Out-of-state adjuster training – Two cities; one full-day and one half-day; take one or both

Each location will have a full day of condensed basic adjuster's training, followed by a half day for questions and answers. At each location, participants can attend either session or both sessions.

Full day (first day, 8:30 a.m. to 4 p.m.)

- Waiting period
- Liability determination
- Indemnity benefits
- How to file forms
- Penalties

Half day (second day; 8:30 a.m. to noon)

- Forms/filing refresher
- Denials of liability
- Communication with DLI and OAH
- Resolving disputes
- Questions and answers

Locations, cost, registration

Training will be in **Illinois** on Oct. 14 and 15, at Zurich North America, 1400 American Lane Tower 1, Second Floor, Schaumburg, IL 60196; and in **Kansas** on Oct. 1 and 2, at Ace/ESIS, 7450 W. 130th Street, Suite 400, Overland Park, KS 66213. The cost is \$75 for the full day, \$35 for the half day. Meals will be on your own. Free parking is available on-site at each location.

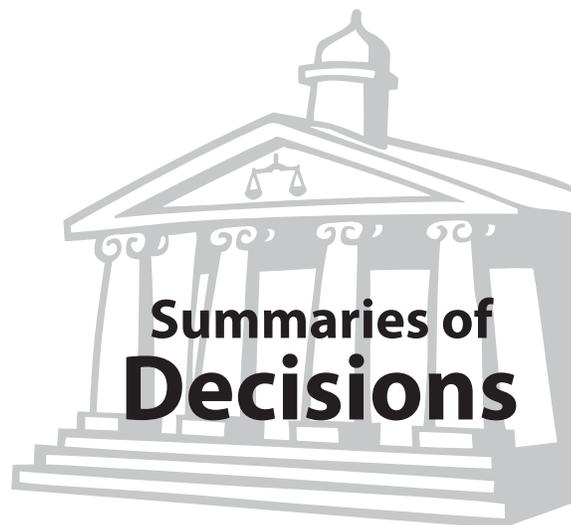
All participants must pre-register and pre-pay for each session they wish to attend; registration is online-only at <https://secure.doli.state.mn.us/events>. Early registration is encouraged. Classes will be filled on a first-come, first-served basis. **Registration for each session at each location ends one week prior to the session.** The Department of Labor and Industry reserves the right to cancel sessions at any of the locations if there are not enough participants who have paid. **Final confirmation** of the training sessions will be sent via email to registrants one week prior to each session. It is recommended flights not be booked until locations and seminars are confirmed.

If you need special accommodations to enable you to participate in these events or have questions about this training, call Jim Vogel at (651) 284-5265.

Workers' Compensation Court of Appeals

April through June 2013

Case summaries published are those prepared by the WCCA



Eager vs. Hugen Transit, April 1, 2013

Discontinuance
Temporary Partial Disability

For an injury that occurred prior to the 1983 amendments, the employer and insurer are not entitled to discontinue temporary partial disability benefits where an employee is temporarily disabled from post-injury employment due to an unrelated personal medical condition, but he is later able to return to the same post-injury employment, and the personal medical condition does not alter the employee's ability to work or earning capacity as related to the work injury.

Reversed.

Kainz vs. Arrowhead Senior Living Cmty, April 1, 2013

Arising Out Of and In The Course Of

The compensation judge did not err in determining that the employee's ankle injury, which occurred on a stairway in the employee's facility, arose out of her employment when considering the case under the work-connection balancing test.

Affirmed.

Olson vs. Dart Distrib., Inc., April 4, 2013

Calculation of Benefits – Adjustment of Benefits
Statutes Construed – Minnesota Statutes §§ 176.101, Subd. 4, and 176.645

The plain meaning of Minnesota Statutes § 176.101, subd. 4, requires calculation of permanent total disability by determining "66-2/3 percent of the daily wage at the time of the injury" subject to a maximum and minimum established at that time. The compensation rate is then adjusted pursuant to Minnesota Statutes § 176.645 and not based on adjustments to the statewide average weekly wage.

Affirmed.

Worrell vs. Eickhoff Enters, April 9, 2013

Permanent Total Disability – Substantial Evidence

Substantial evidence, including lay testimony, rehabilitation and medical records, and expert vocational testimony, supports the compensation judge's finding that the employee is permanently totally disabled.

Affirmed.

Schintz vs. Ratner Steel Company, April 9, 2013

Practice and Procedure – Adequacy of Findings
Causation – Temporary Injury

A remand for reconsideration and additional findings was required where adequate review was not possible without an express finding as to the nature of the employee's work injury and where the judge made no such finding.

Reversed and remanded.

Huebbe vs. Dairy Farmers of AM, April 16, 2013

Causation – Gillette Injury

Given the lack of medical evidence and the independent medical examiner's failure to explain why or how he reached his conclusion as to the occurrence of a disputed injury, the judge's Gillette injury finding was clearly erroneous and unsupported by substantial evidence.

Reversed.

Santiago-Clemente vs. Alside Supply Ctr., April 16, 2013

Evidence – Credibility
Evidence – Expert Medical Opinion

Substantial evidence, including the credible testimony of the employee and the opinion of the employee's treating orthopedist from 2010 to 2012, supports the compensation judge's determination that the employee has not fully recovered from his Feb. 13, 2009, injury to his left shoulder and left knee, that he continues to have work restrictions that affect his ability to work, and that he is entitled to additional wage loss and medical benefits.

Affirmed.

Schuette vs. City of Hutchinson, April 18, 2013

Causation – Psychological Injury
Mental Injury

Substantial evidence supports the compensation judge's determination that the employee's post-traumatic stress disorder was not compensable under Lockwood v. Independent School District No. 877, 312 N.W.2d 924, 34 W.C.D. 305 (Minn. 1981).

Affirmed.

Wald vs. Walgreens Corp., April 25, 2013

Medical Treatment and Expense – Treatment Parameters

Where there was substantial evidence in support of the compensation judge's conclusion that a Med-X program, as recommended, was effective in improving the employee's functional status, the compensation judge's conclusion that the employee's circumstances qualify as a "rare case exception" to the treatment parameters under the Jacka case is affirmed.

Affirmed.

Callaway vs. McDonald's Rests. of Minn., Inc., April 29, 2013

Causation – Pre-existing Condition

Substantial evidence, including expert opinion, supported the judge's conclusion that the employee's ongoing disability and need for treatment were related to the employee's pre-existing condition and not to the employee's work injuries.

Halls vs. Minnesota Swarm LaCrosse/Arlo Sports, April 30, 2013

Jurisdiction – Subject Matter

The compensation judge lacked jurisdiction to grant a credit or offset to the employer and insurer for Minnesota workers' compensation benefits they paid during the time that the employee was also receiving unemployment and/or sickness benefits from the Canadian government, and we reverse.

Reversed.

Isler vs. Domino's Pizza, LLC, May 13, 2013

Causation – Permanent Injury

Substantial evidence, consisting of the employee's credible testimony and a well-founded medical opinion, supports the compensation judge's decision that the employee's work injury was permanent.

Medical Treatment and Expense – Reasonable and Necessary

Medical records and the employee's testimony provide substantial evidentiary support for the compensation judge's determination that the employee's medical treatment was reasonable and necessary.

Affirmed.

Zobel vs. Litifin Lumbar Co., May 16, 2013

Vacation of Award – Substantial Change in Condition

The employee established good cause for vacation of the Nov. 6, 1985, award on stipulation on the ground of a substantial change in medical condition.

Petition to vacate award on stipulation granted.

Jerikovsky vs. Lakes & Pines Cmty. Action Council, May 22, 2013

Causation – Substantial Evidence Temporary Total Disability – Substantial Evidence

Substantial evidence, including medical records, lay testimony and expert medical opinion, supported the findings that the employee's right shoulder condition was causally related to her 2006 work injury and that it remained a substantial contributing cause of her disability and wage loss.

Medical Treatment and Expense – Change of Physician Rules Construed – Minnesota Rules 5221.0430, Subp. 4

Having accepted the surgical recommendations of the current treating physicians to be reasonable and necessary, the compensation judge did not clearly err in concluding that it would not be in the parties' best interests to grant a change of physicians to the one physician who did not agree with the diagnoses on which the surgical recommendation was based.

Affirmed.

Ricke vs. Plantenberg Mkt., May 23, 2013

Evidence – Res Judicata

Where the employee did not raise the application of the doctrine of res judicata at the hearing below, and as a general rule, issues raised for the first time on appeal are not properly before this court, the employee's arguments regarding the doctrine of res judicata are not addressed.

Causation – Substantial Evidence

Substantial evidence, including adequately founded medical opinion, supports the compensation judge's finding that the employee's 2002 and 2005 work-related injuries while with the employer were not substantial contributing factors to the employee's current disability and need for treatment.

Permanent Partial Disability – Substantial Evidence

Substantial evidence supports the compensation judge's finding that the employee did not sustain additional permanent partial disability related to his work injuries with the employer.

Affirmed.

Harvey vs. Central Lutheran Church, May 28, 2013

Causation – Medical Treatment

Causation – Permanent Injury

Where the independent medical examiner opined that the employee reached maximum medical improvement six weeks after her work injuries, with no other evidentiary support for the six-week timeline and with no indication that the employee's injuries had resolved, it was error for the compensation judge to find that the employee's injuries had *resolved* within six weeks.

Reversed and remanded.

Klennert vs. Sng Const., May 29, 2013

Vacation of Award – Mistake

Where both parties to a settlement understood that, according to medical information at the time of settlement, the employee's low back surgery had been successful resulting in a solid fusion and where in fact, the surgery had not been successful and additional surgery was necessary, a mutual mistake of fact was made by the parties that supports vacating the parties' settlement.

Petition to vacate award on stipulation granted.

Conklin vs. Mary Jane Brown Good Samaritan Ctr., June 3, 2013

Causation – Permanent Injury

Substantial evidence, in the form of the employee's credible testimony and well-founded medical opinion, supports the compensation judge's finding that the employee sustained a permanent work injury to her low back.

Medical Treatment and Expense – Surgery

Substantial evidence supports the compensation judge's approval of fusion surgery as recommended by the employee's treating doctor.

Affirmed.

Stevens-Stevenson vs. Greater Lake Country Foods, June 4, 2013

Causation – Consequential Injury

Substantial evidence, including expert opinion, supported the compensation judge’s decision that the altered gait caused by the employee’s work-related ankle injury led the employee to develop hip and low back problems.

Affirmed.

Gunderson vs. McNeilus Cos., June 5, 2013

Causation – Gillette Injury

Substantial evidence, including expert medical opinion, supports the compensation judge’s finding that the employee failed to establish that he sustained Gillette injuries in April 2009 and in June 2010.

Causation – Psychological Condition

Substantial evidence, including expert medical opinion, supports the compensation judge’s finding that the employee did not sustain a consequential psychological condition due to his work-related injury and was not entitled to permanent partial disability benefits for a psychological condition.

Affirmed.

Nester vs. Luoma Egg Ranch, June 11, 2013

Attorney Fees

Where the record contains no evidence that the services of the employee’s previous attorney contributed to the ultimate settlement by the employee’s subsequent attorney, but where the subsequent attorney has not objected to the compensation judge’s award of a fee to the previous attorney from the settlement, the compensation judge’s decision is affirmed.

Affirmed.

Sander vs. Alexandria Concrete Co., June 10, 2013

Permanent Partial Disability – Combined Ratings

Where the rule in question, Minnesota Rules 5223.0650, subp. 2.C., applies specifically to cosmetic disfigurement of the eyes, including the eyebrow and eyelid ratings received by the employee, and it states that any such rating “may be *combined* with any additional rating as provided in part 5223.0330, if visual impairment is present,” the plain language of the rule does not make a specific allowance for addition instead of combination of ratings, and the compensation judge did not err in combining ratings pursuant to Minnesota Statutes § 176.105, subd. 4, and Minnesota Rules 5223.0300, subp. 3.E.

Permanent Partial Disability
Statutes Construed Minnesota Statutes § 176.101, Subd. 2a.(b)
Commencement of Payment
Statutes Construed – Minnesota Statutes § 176.021, Subd. 3

Although permanent partial disability benefits were payable upon cessation of temporary total disability benefits for the employee's date of injury pursuant to Minnesota Statutes § 176.101, subd. 2a.(b), substantial evidence supported the compensation judge's finding that the total amount of permanency in dispute was not ascertainable until March 2012 and that payments of the currently disputed permanent partial disability benefits properly commenced at that time pursuant to Minnesota Statutes § 176.021, subd. 3, which was also in effect at the time of the employee's injury.

Applicable Law
Statutes Construed – Minnesota Statutes § 176.101, Subd. 2a.(b)

As specifically stated by the Legislature, the lump-sum payment provision of Minnesota Statutes § 176.101, subd. 2a.(b), enacted in 2000, does not apply to the employee's date of injury.

Calculation of Benefits – Adjustment of Benefits
Statutes Construed – Minnesota Statutes § 176.645, Subd. 1

Where the plain language of Minnesota Statutes § 176.645, subd. 1, does not allow for adjustment of permanent partial disability payments, even though said payments are being made at the employee's weekly compensation rate pursuant to Minnesota Statutes § 176.101, subd. 2a.(b), as it existed at the time of the employee's injury, the compensation judge did not err in determining that the employee is not entitled to adjustment of his permanent partial disability benefits.

Affirmed.

Bayliss vs. National Steel Pellet Co., June 11, 2013

Medical Treatment and Expense – Reasonable and Necessary

Substantial evidence supports the compensation judge's determination that the 2010 MRI scans of the brain and neck were reasonable diagnostic tests necessary to determine if the employee's headaches were a continuing product of the neck injuries and to determine additional treatment for the neck condition.

Medical Treatment and Expense – Treatment Parameters

Where the employer and insurer admitted primary liability for two injuries and denied primary liability for another, the employer and insurer are not allowed to apply the treatment parameters to treatment that is subsequently found to be related, at least in part, to the denied injury.

Affirmed.

Armstrong vs. RJ Sport & Cycle, June 18, 2013

Apportionment – Equitable
Statutes Construed – Minnesota Statutes § 176.191

Where the appellants denied liability for any portion of the employee's disability for the time period at issue, Minnesota Statutes § 176.191 does not apply and the compensation judge did not err by addressing the contribution claim since that statute only applies where the sole dispute is how responsibility for benefits should be allocated among employers and their respective insurers when all are liable for employee's disability for the period at issue.

Apportionment – Substantial Evidence

Substantial evidence, including expert medical opinion and medical records, supports the compensation judge's finding that both of the employee's work injuries were substantial contributing factors to the employee's low back condition and his determination of equitable apportionment. Substantial evidence also supports the compensation judge's reliance on the exhibits of payments to support the award of reimbursement.

Affirmed.

Jakubek vs. Oneida Bldg. Servs., June 24, 2013

Attorney Fees – Irwin Fees
Attorney Fees – Excess Fees

Where the statutory maximum fee of \$13,000 already had been paid for the employee's injury, the compensation judge properly found that all additional fees for legal services related to the same injury were hourly excess fees and must be determined utilizing the seven factors enumerated in Irwin v. Surdyk's Liquor, 599 N.W.2d 132, 59 W.C.D. 319 (Minn. 1999).

Affirmed.

Minnesota Supreme Court

April through June 2013

Case summaries published are those prepared by the WCCA



Larry Vandenberg v. Swanson & Youngdale, Inc., A12-1848, May 8, 2013

Decision of the Workers' Compensation Court of Appeals filed and served on Sept. 18, 2012, be, and the same is, affirmed without opinion.

Raul Ruiz Arroyo v. Life Science Innovations, A12-1397, April 10, 2013

Decision of the Workers' Compensation Court of Appeals filed and served on July 12, 2012, be, and the same is, affirmed without opinion.