



An employee's guide to the Minnesota workers' compensation system

Get help with your claim

For help with your claim, contact the Workers' Compensation Help Desk at 651-284-5005 (press 3), 800-342-5354 (press 3) or helpdesk.dli@state.mn.us. Live support is available 8 a.m. to 4:30 p.m., Monday through Friday.

1. Introduction and how to use this guide

When you are injured or become sick on the job, the process to obtain the benefits you may be entitled to under Minnesota law can be confusing and overwhelming. This guide briefly explains how current Minnesota laws apply to work-related injuries or illnesses occurring on or after Oct. 1, 1995. It is meant to provide basic information about the Minnesota workers' compensation process and benefits. It is not a full description of the workers' compensation system and it is not meant to provide legal advice.

If you have questions, refer to the text of the law or contact the Workers' Compensation Help Desk at the Department of Labor and Industry (DLI) at 651-284-5005 (press 3), 800-342-5354 (press 3) or helpdesk.dli@state.mn.us.

2. What is workers' compensation?

If you get hurt on the job, whether it is an injury caused by your job or a condition you had that was made worse by your job, the workers' compensation insurer pays for benefits. Benefits are paid whether it was your fault or the employer's fault. Any kind of injury could be covered for benefits, including specific injuries (such as something falling on you), injuries that occur over time from repetitive work, injuries caused by something you breathed in and, sometimes, mental-stress injuries.

Your employer pays the cost of the insurance. Unless specifically exempted, all Minnesota employers must have workers' compensation insurance or become self-insured.

Workers' compensation benefits may include:

- paying for medical care related to the injury, as long as it is reasonable and necessary;
- paying for part of any earnings you lose because of the injury;
- benefits for permanent damage to your body;
- vocational rehabilitation assistance if you cannot return to your job or to the employer you had before your injury;
- travel mileage and parking costs to get medical treatment or for certain vocational rehabilitation activities; and
- benefits to your spouse and dependents if you die from a work injury.

3. How to get information about your claim at DLI

The Minnesota Department of Labor and Industry (DLI) provides online access to your workers' compensation claim through its online portal, Work Comp Campus. You can get information about your claim online 24 hours a day, seven days a week.



To use Campus, you must create an account at campus.dli.mn.gov/user/login. For additional information about Campus, visit dli.mn.gov/business/workers-compensation/work-comp-campus.

If you want information about your claim but you don't want to use Campus, contact the help desk.

4. What happens when you are injured on the job

- If you are injured on the job, don't wait. Tell your employer about the injury as soon as possible. You might lose your right to benefits if you do not report the injury within certain time frames.
- Your employer must complete a First Report of Injury form and send it to the employer's insurance company within 10 days of learning you were injured and missed time from work.
- After you have reported the injury, the insurer will investigate your claim to decide if it was work-related.
- You should tell your employer about your medical treatment and any work restrictions.
- You should tell the insurer about any changes in your ability to work. You should also tell your employer and the insurer if you have come back to work.

Requirements for a covered PTSD claim

In Minnesota, the only mental health condition that can be covered by workers' compensation without a physical injury is post-traumatic stress disorder (PTSD). Any other mental health injury must be linked to a physical injury to qualify for coverage.

To get workers' compensation for PTSD in Minnesota, you must prove two things: medical causation and legal causation. To establish causation, there are specific requirements you need to meet:

1. the injury must be caused by your job – in other words, the PTSD diagnosis must be related to your job duties or work environment;
2. the PTSD must be diagnosed by a licensed psychiatrist or licensed psychologist using the required diagnostic manual under Minnesota law;
3. symptoms must last at least one month and cause serious problems in your work, social life or other important areas; and
4. the PTSD must not be caused by a disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement or similar action taken in good faith by your employer.

PTSD involves reliving the traumatic event, avoiding reminders of it, feeling on edge or overly alert, and having negative changes in mood or thinking.

5. Helpful hints for injured workers

The workers' compensation process generates a lot of paperwork between your employer, the workers' compensation insurance company and DLI. It is important that you keep the following information:

- copies of all papers relating to your injury, such as letters, forms, benefit checks, medical bills and – especially – the First Report of Injury form;
- your mileage and parking fees for medical visits and other trips relating to your injury; and
- notes about phone calls you have made or received about your injury.

Additionally, consider taking the following steps to manage your workers' compensation paperwork:

- on all papers you send to DLI, include your name, your DLI Campus claim number or your worker identification (WID) number, your date of injury, your employer name and the name of its insurance company;
- give your employer copies of all work restrictions issued by your doctor(s);
- open all mail sent to you from your employer, the workers' compensation insurance company and DLI; and
- contact the Workers' Compensation Help Desk (see above) with your questions.

6. Important information for your claim

You should keep track of important names and telephone numbers related to your claim, including the following.

Date of injury	
Insurance company name	
Claim adjuster's name and phone number	
Your insurance claim number	
Your WID number (when assigned by DLI)	
Your DLI Campus claim number (CL-xx-xxxx-xxx)	
Your Campus account login information	
Managed care plan information (if applicable)	
Doctor's name and phone number	
Qualified rehabilitation consultant (QRC) name and phone number	
Other names and phone numbers relevant to your claim	

7. What happens after the insurer reviews your claim

- If your claim involves lost time, the insurer must send you a Notice of Insurer's Primary Liability Determination form. This form must be sent to you within 14 days and tells you if your claim is accepted or denied. An accepted claim means the insurer will voluntarily pay benefits; a denied claim means the insurer will not voluntarily pay benefits.
- You will be provided with a claim number and you may be contacted by an insurance claims adjuster for more information.
- If your claim is accepted, you may be eligible to obtain the following benefits: wage loss, medical care, vocational rehabilitation services and payment for permanent damage to a body function.
- If your claim is denied completely or denied in part, you have options (see "What you can do if the insurer denies your claim" below).

8. Available monetary benefits

The monetary benefits available to injured workers are wage loss, payment for permanent damage to a body function, and mileage for medical appointments and certain vocational rehabilitation appointments. Death benefits are available to the family of an employee who died from a work injury.

A. Wage loss

If you cannot work because of your injury or if you cannot earn your full wages because of your injury, the insurer may have to pay wage-loss benefits. There are three kinds of wage-loss benefits: temporary total disability (TTD); temporary partial disability (TPD); and permanent total disability (PTD).

Temporary total disability wage-loss benefits

- On the first day that you cannot work, even if it is just a part of a day, you are considered disabled.
- TTD is not paid for the first three days after you cannot work – this is referred to as the waiting period. TTD starts on the fourth day. If you continue to be unable to work after the 10th day, wage-loss benefits are also paid for the waiting period.
- The insurer must start paying TTD within 14 days from when your employer learned you weren't able to work.
- TTD benefits equal two-thirds of your average weekly wage at the time of injury (subject to maximum and minimum limits).
- You typically cannot receive more than 130 weeks of TTD benefits. However, TTD wage benefits may be paid longer if you are in an approved work retraining education program.
- TTD benefits are paid according to the same schedule from which you were being paid before the injury and are tax-free.

Temporary partial disability wage-loss benefits

- TPD benefits are paid if you return to work and earn less money because of your injury, whether you go back to work at your original employer or work for a new employer.
- TPD benefits are two-thirds of the difference between your average weekly wage at the time of the injury and your current weekly earnings. They are also tax-free.
- For injuries on or after Oct. 1, 2018, you typically cannot be paid more than 275 weeks of TPD benefits or receive such benefits after 450 weeks have passed since the date of injury. These limits may not apply if you are participating in a work retraining education program.

Permanent total disability wage-loss benefits

- If you can't ever go back to a steady job after your injury, you may be eligible for PTD benefits.
- The PTD benefit amount is two-thirds of the gross weekly wage you were earning at the time you were injured and is tax-free.
- The amount of these benefits is determined by the law in effect on the date of injury. Specific minimum and maximum amounts apply.

B. Wage-loss benefits can be stopped

Your employer or insurer may believe you should not receive wage-loss benefits anymore. If the insurer wants to stop paying wage-loss benefits, it must give you a Notice of Intention to Discontinue Workers' Compensation Benefits (NOID) form. The notice must state when benefits will be stopped and must explain why they will be stopped.

Wage-loss benefits can be stopped for several reasons. Some examples include:

- the maximum number of weeks of wage-loss has been paid;
- you have returned to work and are no longer losing any money;
- 90 days have passed since you were told you have reached maximum medical improvement (you have healed as much as you are going to heal, even if you still have pain or symptoms);
- you can work without any restrictions from your injury; or
- you are able to go back to work and either are not looking for work or refuse work within your restrictions.

You can disagree with the insurer's decision and ask for a conference with a workers' compensation judge. The judge will decide if the insurer was right to stop your wage-loss benefits.

If you receive a NOID form and disagree with it, you need to request a conference within 12 days or there will be a longer objection procedure. Wage-loss benefits usually must be paid until the date of the conference. If you need assistance, contact the help desk.

C. Permanent partial disability (PPD) benefits

- PPD benefits are payment for permanent loss of use of a body part.
- The amount of money paid is based on a PPD rating given by a doctor that is then multiplied by a specific dollar amount to determine the benefit that is payable.
- The disability schedules can be found in Minnesota Rules Chapter 5223 and Minnesota Statutes section 176.101, subdivision 2a.

D. Death and dependency benefits

- The spouse, children and other dependents of a worker who dies because of a work-related accident or occupational illness might be eligible for dependency benefits for a period of time.
- Workers' compensation insurance also pays burial expenses; for dates of injury on or after April 28, 2000, the maximum amount is \$15,000.
- For injuries on or after April 28, 2000, payment is made to the estate, if the deceased has no dependents.
- For more information, see Minn. Stat. section 176.111.

9. Available medical benefits

When your claim is accepted, payment will be made for the cost of all reasonable and necessary health care treatment related to your work injury, including prescription medication.

- You may choose your own health care provider under most circumstances, with some exceptions for employers or insurers that receive services from a certified managed care plan.
- If you drive to medical appointments or to pick up prescriptions, you can receive reimbursement for mileage and parking by sending supporting documentation of the mileage or parking expense to the insurer.
- The insurer may designate a pharmacy or pharmacies you must use to obtain medicine for your injury if the pharmacy is within 15 miles of your home.
- Make sure your health care provider sends all bills and supporting information to the insurer. The supporting information must explain how the treatment and charges relate to your work injury.
- Your health care provider must notify the insurer before you have any surgery or treatment requiring hospitalization, except in an emergency. You or the insurer may ask for a second opinion for any surgery that is not an emergency. The insurer must pay for the second opinion. You cannot be forced to have surgery if you do not want it.
- Your health care provider cannot bill you directly for treatment unless the insurer determines the treatment was not related to an accepted work injury.
- Treatment by certain unlicensed complementary and alternative health care providers is not paid.
- See Minn. Stat. section 176.135 for a complete discussion of the treatment, appliances and supplies covered by workers' compensation.

A. Certified managed care plans

Some employers participate in a workers' compensation certified managed care (CMC) plan. There are three approved CMC plans in Minnesota: CorVel, Genex and HealthPartners. You may be required to receive medical treatment through these plans unless:

- you need emergency medical care;
- you want to receive care from another health care provider that is able to treat your injury and has treated you at least twice in the past two years or has a documented history of treating you; or
- you live or work too far from a health care provider in the plan (there is a 30-mile limit in the seven-county Twin Cities area and a 50-mile limit in all other areas).

B. Independent medical examinations

At some point while you are receiving workers' compensation benefits, the insurer may ask you to be examined by a doctor of its choice, often called an independent medical examination (IME). If you refuse to be examined by the doctor, the insurer could stop your benefits. The insurer must reimburse you for mileage and other costs for attending the examination, including hotels and meals depending on how far you need to drive to get there. If you ask for it, the insurer must give you a copy of the IME report.

10. Vocational rehabilitation services

Vocational rehabilitation services are provided to help you return to work after your injury. Vocational rehabilitation services can help you get back to a job at an appropriate pay rate within your work restrictions.

You may be eligible for vocational services if:

- you are unable to return to the regular job you had on the date of injury; or
- your employer is unable to offer you work within your work restrictions or you are working at a wage loss.

A. How to ask for vocational rehabilitation; “QRC” explained

You may ask for vocational rehabilitation at any time. If you think vocational rehabilitation services will be helpful, write to the insurer to request a rehabilitation consultation with a qualified rehabilitation consultant (QRC).

A list of QRCs is online at dli.mn.gov/business/workers-compensation/work-comp-qrc-vendor-directories. You can also contact the Workers' Compensation Help Desk at helpdesk.dli@state.mn.us, 651-284-5005 (press 3) or 800-342-5354 (press 3) for more information.

For a rehabilitation consultation, the insurer may refer you to a QRC or you may choose your own. If you do not choose the QRC for your consultation, you have up to 60 days after a rehabilitation plan is filed with DLI to request a different QRC. You may be entitled to change QRCs at other times as well. Contact the help desk if you would like more information.

A QRC is required to be professionally objective. The QRC conducts a vocational rehabilitation consultation to determine whether you are eligible for rehabilitation services and may help in managing your medical appointments. If you are eligible, the QRC will write a rehabilitation plan and coordinate those services. The QRC will work with you, your employer and the insurer to plan the medical treatment and services you need to return to a job within your work restrictions at an appropriate pay rate.

B. Disability case management; vocational rehabilitation services

An insurer may assign you a disability case manager (DCM), if it does not appear you will be off work more than 90 days, to assist you with your medical appointments and returning to work. A DCM works for the insurer and is not considered to be neutral. You may ask for a rehabilitation consultation with a QRC at any time, even if you are working with a DCM. Any person who has worked with you as a DCM may not then work with you as your QRC.

C. Retraining or returning to school to learn a new occupation

- Your rehabilitation plan may include retraining, which is a formal course of study through a school program designed to assist an injured worker's return to suitable gainful employment.
- Retraining benefits are limited to 156 weeks. Your QRC is responsible for preparing your retraining plan and it must be approved by the insurer and by DLI.
- For dates of injury on or after Oct. 1, 2008, you must file a request for retraining with DLI before 208 weeks of any combination of temporary total disability and temporary partial disability benefits are paid.

11. What you can do if the insurer denies your claim

If the insurer denies your claim, it needs to send you a Notice of Insurer's Primary Liability Determination form stating it is denying primary liability for your claim. The form must clearly explain the facts and reasons the insurer is using to deny your claim. If you disagree with the denial, you have options for disputing the denial.

- You can talk with the insurance claims adjuster who is handling your claim and find out if they will reconsider the decision.
- You can file an Employee's Claim Petition form at the Court of Administrative Hearings.
- You can contact an attorney who can explain your rights and file paperwork disputing the denial.
- You can call DLI's Vocational Rehabilitation unit at 651-284-5038 or 888-772-5500 and ask for a rehabilitation consultation if you need help from a QRC to return to work, but your claim has been denied.

12. What you can do if you have problems with benefits for an accepted claim

Many workers' compensation claims are paid without any problems. There are several things you can do if you feel you are not receiving the correct benefits, you are not receiving the correct mileage or expense reimbursement, your benefits have been terminated or you have other question.

- You can call the insurance claims adjuster. Write down the date, time and adjuster's name for your records. Explain the problem and try to work it out. Many problems can be fixed with a telephone call. If you can't reach the claims adjuster, you can ask to speak to their supervisor.
- You can call the DLI Workers' Compensation Help Desk if your problem has not been resolved and you will be directed to the dispute resolution specialist who can best help you. The specialist can explain the dispute-resolution process and provide information to help you decide the best way to resolve your problem. The specialist cannot provide legal advice, but can provide information to help you decide what to do.
- If your medical benefits are provided through a certified managed care plan, you must first use the managed care plan's dispute-resolution process to resolve disagreements about medical care. The managed care plan must respond to you within 30 days after you notify them of a problem in writing.
- If you have a dispute that relates to medical or vocational rehabilitation benefits, you can initiate a dispute at DLI in Campus at campus.dli.mn.gov/user/login. You can also contact the DLI help desk for assistance.
- Workers who are not represented by an attorney can file a dispute in Campus or they can mail a completed form to DLI.
- Some unions and employers, especially in the construction industry, have specific procedures that must be followed when resolving disputes. Contact your union representative for further information.
- You can always call and discuss your claim with a workers' compensation attorney who can explain your rights. Most attorneys provide a free consultation. Attorneys may only claim a fee if they are successful in resolving a benefits dispute for you.

13. Records privacy

State claim files

Other than DLI staff members, the contents of your workers' compensation file can be examined by: you (the employee); your employer at the time of injury; your employer's insurer; an agent of the employer or insurer; the dependents of an employee who has died; or anyone else with written permission from you or your dependents.

To further protect your identity, DLI assigns a unique nine-digit number to claims, the worker identification (WID) number. DLI will only use the WID number on outgoing correspondence. You will not need to know your WID number to ask DLI questions about your claim, but DLI wants you to be aware of WID number use.

If you contact DLI about your workers' compensation claim you may be asked to provide private or confidential data (your Social Security or WID number). You may refuse to provide the data, but then DLI may not be able to assist you with your

question or problem. Any private or confidential data you provide will be used by DLI staff members who have authorized access to the data; it may also be used for state investigations and statistics. The data may be made part of the file for your claim; therefore, it 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 Court of Administrative Hearings; the Workers' Compensation Court of Appeals; the Minnesota Department of Health; the Minnesota Department of Revenue; and the Workers' Compensation Reinsurance Association. See Minn. Stat. section 176.231, subd. 9-9b at revisor.mn.gov/statutes/cite/176.231 for complete information. Any data you provide is subject to verification through data exchanges with the federal Social Security Administration.

14. 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 Minn. Stat. section 609.52, subd. 3.

Contact the Minnesota Department of Commerce's Fraud Prevention unit about possible workers' compensation fraud at 888-372-8366.

15. How to get questions answered

Your employer's insurance company can give you answers to many questions. You can also talk to an attorney about your claim. You can contact the DLI Workers' Compensation Help Desk at helpdesk.dli@state.mn.us, 651-284-5005 (press 3) or 800-342-5354 (press 3) between 8 a.m. and 4:30 p.m., Monday through Friday. Finally, you can also call the Office of Workers' Compensation Ombudsman at 651-284-5013 or 800-342-5354.

More information about workers' compensation is available on DLI's website at dli.mn.gov/workers/workers-compensation-workers.

16. Other third-party resources

There may be additional resources you or your dependents may be eligible for outside of the benefits provided under the Minnesota workers' compensation system. DLI may provide you with additional information about third-party resources over the course of your claim, including as a supplement to this guide.

DLI does not control or operate, and is not responsible for, the content, accuracy or opinions expressed by any third-party organization, service or resource provided in supplemental material to this guide. Reference to any specific third-party organization, service or resource is for the information and convenience of the public and does not constitute endorsement or recommendation by DLI.

In keeping with DLI records privacy standards related to workers' compensation claims, DLI will not provide or disclose your private or protected workers' compensation file data to any third-party organization, service or resource unless expressly authorized by you or your dependents or otherwise authorized by law.