

Ethics

Professional conduct, one of three

| Minnesota Rules – professional conduct | CRC code of ethics | CDMS code of professional conduct |
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| Prompt provision of service and assessment of progress | Preamble, B.6.a | RPC 2.04, RPC 2.05 |
| Assigned qualified rehabilitation consultant | A.4.i, A.5 | RPC 1.05 |
| Objectivity | A.4.e, E.4.b, G-Forensic Services | RPC 1.08, RPC 3.02 |
| Evaluation of employee by other than assigned qualified rehabilitation consultant | A.4.i, A.5 | RPC 1.05 |
| Referrals | H.5.b, K.5.a(5). L.4. | RPC 1.05 |
| Separate roles and functions | A.4.i, A.5 | RPC 1.02 |
| Professional competence | L-Business Practices, E.1, D.1.A | RPC 1.01, RPC 1.02, RPC, 1.03 |
| Impaired objectivity | A.4.e, E.4.b, G-Forensic Services | RPC 1.08 |

Professional conduct, two of three

| Minnesota Rules – professional conduct | CRC code of ethics | CDMS code of professional conduct |
|---|----------------------------|-----------------------------------|
| Prohibited conduct | N/A | N/A |
| • reporting, filing false information | H.4.d | RPC 1.12 |
| • conviction of a felony, misdemeanor | A.3.a(9) – disclosure only | RPC 1.12 |
| • convictions of crimes against persons | A.3.a(9) – disclosure only | RPC 1.12 |
| • action against state certification | N/A | N/A |
| • failure to perform rehabilitation services | C.1.h. | N/A |
| • harm to public or client | B.2.a, B.2.b, A.7.c | RPC 1.12 |
| • sexual interactions with client, former client | A.4 | RPC 1.12 |
| • receiving other than reasonable fees for services | G.4.a, L.3 | RPC 1.18 |
| • fraudulent billing | L.3 | RPC 1.18 |

Professional conduct, three of three

| Minnesota Rules – professional conduct | CRC code of ethics | CDMS code of professional conduct |
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| • adversarial communication, activity | Section E | N/A |
| • providing opinion on settlement | L-Business Practices, E.1, D.1.A | N/A |
| • recommendations about retirement | N/A | N/A |
| • placement outside of restrictions | N/A | N/A |
| • failure to maintain services without notifying the parties | N/A | RPC 2.04, RPC 2.05 |
| • failure to recommend amendment, closure when needed | N/A | N/A |
| • unlawful discrimination | M.3.d, A.2.b, C.1.a | RPC 1.12, RPC 1.13 |

Tony

During the past several months, Tony is missing more and more work due to a work-related, fractured L4-5 disc. His job requires frequent bending, which aggravates his condition. Tony's physician knows missing work is causing Tony a financial hardship. The physician suggests qualified rehabilitation consultant (QRC) services.

You received a call from Tony's physician, who reviews Tony's situation and indicates Tony is expecting your call. Tony agrees to meet you at his home after work. You contact the insurer and obtain approval for a consultation.

During the rehabilitation consultation you learned Tony has an attorney. After your meeting, you reach out to the employer about available work and learn that if Tony cannot do his current job, as is, then he will have to find work elsewhere. You reach out to Tony's attorney to introduce yourself and discuss your finding that Tony is a qualified employee. Agitated, the attorney informs you he filed a request for assistance (RFA) more than a month ago, naming a QRC firm that is not yours and to stop what you are doing.

Questions: What do you do in this situation? Why or why not?

Lynne

Lynne is a sparkler when it comes to outside sales, bringing in \$2 to \$3 million annually in contracts to the company. Lynne has lived in St. Paul, Minnesota, for many years and loves working for The Joyful Brownie Company, which is located across the river in Wisconsin. The job allows her to sell in Minnesota, Iowa and Wisconsin, with her largest primary accounts in Minnesota.

Crossing the river into Minnesota one morning, she and several cars hit the same ice patch, causing the cars to slide out of control. The multiple car pile-up makes the news. In the accident, Lynne's head hit the steering wheel and her left shoulder was thrown violently against the driver's door. That same door was then struck by another vehicle, compounding her injuries. The insurer requests you do a consultation right away because it appears it will be some time before Lynne is back driving and doing her outside sales job. Based on the physician's diagnosis and projections, you determine Lynne is eligible for rehabilitation services and file the consultation report accordingly.

Approximately one week later, the insurer contacts you and instructs you to close your rehabilitation file because they have now decided this is a Wisconsin workers' compensation claim.

Questions: What do you do in this situation? Why or why not?

Cheryl

Cheryl files a rehabilitation RFA to change her QRC. The insurer's rehabilitation response is that Cheryl has been back to work for two months and all rehabilitation services should be terminated. There is an administrative conference to address the rehabilitation dispute. At the conference there is evidence the QRC failed to maintain service activity and did not inform the parties why. The attorneys agree Cheryl can continue to receive medical management services and to change the QRC to you. A decision and order (D&O) is sent to the parties and previous QRC. After meeting with Cheryl, you attempt to file the authorization release form in Work Comp Campus to facilitate the R-3 Rehabilitation Plan Amendment form for change of QRC. A day later, you are informed by DLI the "Rehab Transaction" (RT) rehabilitation file cannot be found in Campus. Upon following up with DLI, you learn the previous QRC filed an R-8 Notice of Rehabilitation Plan Closure form, which closed the rehabilitation file. Due to the QRC's actions, you are now required to do a rehabilitation consultation to re-open rehabilitation services. However, the consultation confirms, the employee is back to work successfully and is not a qualified employee. Knowing the parties had previously agreed to continued rehabilitation services, you contact the parties to confirm their agreement that you should provide rehabilitation services. You request they respond one way or the other about the agreement, before you proceed. The employee's attorney states there is already agreement for continued services, as noted in the D&O, so Cheryl should be listed as a "qualified employee (QE) based on agreement of the parties." The insurer and their counsel have not responded and its now day 14 since you conducted the consultation. Your sense is the insurer and/or defense attorney have no plan to respond to you.

Questions: What do you do in this situation? Why or why not?

Debra

Debra, a machine operator at the local candy factory, injured both wrists when a machine malfunctioned, causing a crush injury. Bilateral surgery was performed right away to fix the ulna and radius bones in her wrists. The trauma surgeon indicates the numbness and tingling in her hands was likely due to nerve damage and recommends she see a neurosurgeon for follow up. The insurer, knowing Debra might be off work for more than 90 days, assigns you to do a rehabilitation consultation. Upon contacting Debra, you note she is reluctant to talk with you, even after you explain your role and purpose. Debra eventually agrees to meet with you at a local restaurant for the consultation. Debra is already waiting for you when you arrive and politely listens as you discuss her rights and responsibilities and go over the disclosure form. She declines to sign the rights form, saying she wants to take a copy home to review further. As to signing a medical release, Debra declines stating you can attend her medical appointments, but she not be signing any forms that allow access to her medical records. Due to this, you discuss with Debra that without access to her medical records it will be difficult to do your job, which is to help facilitate her recovery and return to work. After the consultation, you contact the employer and insurer and confirm Debra would benefit from rehabilitation services. You also discuss her reluctance to allow you access to her medical information. With that, the insurer says it is clear Debra does not want rehabilitation services, as exhibited by her noncooperative behavior to sign the medical release. Therefore, she is not qualified to receive rehabilitation services until she decides to work with the system. And, when she does, Debra can always request another rehabilitation consultation.

Questions: What do you do in this situation? Why or why not?

Marsha

Marsha, a window washer by trade, is fearless when it comes to working on taller buildings in Minneapolis. One afternoon, while descending a smaller, five-story building, a strong wind causes her to slip backward and fall out of her harness. She hits the ground, breaking her collarbone and damaging her internal organs.

An attorney for the family asks you to conduct a rehabilitation consultation so medical management services can be initiated right away. In conducting the consultation, a review of the orthopedic medical notes indicates that, with time, Marsha will eventually return to work. The Rehabilitation Consultation Report form is filed, finding Marsha qualified to receive rehabilitation services. Unfortunately, not more than a week later, Marsha succumbs to her injuries and dies.

Questions: What do you do in this situation? Why or why not?

Lisa

Lisa, a commercial painter, misses a step when coming down a ladder for more paint. Falling backward, she lands on her right, dominant shoulder, causing a massive rotator cuff tear. An orthopedic surgeon performs surgery a week later and recommends no right arm use and to stay off ladders.

The insurer, knowing Lisa will be off work for an extended period, requests you conduct a rehabilitation consultation. When telephoning Lisa to schedule the consultation, she sounds a little confused, but you say you will answer all her questions at the meeting.

Upon meeting with Lisa, you note she is actively hallucinating and appears to be listening to an invisible friend. With that, you inquire about what medications she is taking. Lisa empathically states she takes no medications because she does not trust doctors. Upon further inquiry, you learn Lisa has seen a psychiatrist and taken medications in the past, but feeling the doctor had not done anything for her, she stopped everything.

Questions: What do you do in this situation? Why or why not?

Thank you