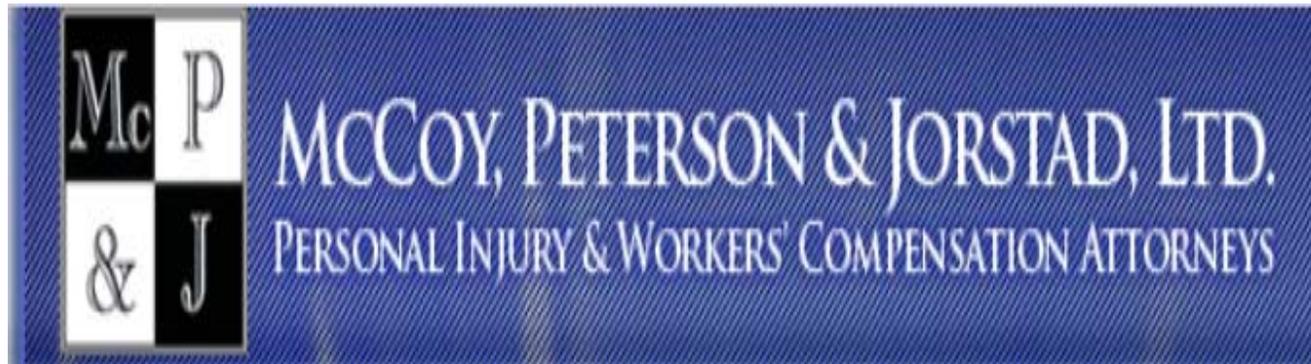


# **EFFECTIVE COURT TESTIMONY**



# Retraining Fact Summary

- 26 Year Old Male
- Lumbar Disc Herniation – 05-01-14
- Professional football player whose injury precludes return to work at pre-injury employment
- Pre-injury contract at \$500,000.00 per year

## Retraining Fact Summary Cont'd

- BA in Business with a GPA of less than 3.0
- No other significant work experience
- Medical History:
  - Multiple orthopedic joint injuries limiting him to “light to medium” work activities.

# Retraining Plan

- Master's Degree in Sports Administration
- Total Cost of Plan, inclusive of retraining payments to the employee, \$260,000.00
- Aptitude testing shows average capabilities
- Has not yet applied nor been accepted in any graduates degree program.

# Permanent Total Disability Fact Summary

- 55 year old male at date of injury in 2012
- GED and some college courses, but no degree
- Six years in the military as a missile gunner
- Employment history primarily as a mechanic, but obtained CDL and drove truck for the year before his injury
- Multiple injuries on 11-15-12, including closed head injuries and orthopedic injuries to jaw/teeth and neck.

## **Permanent Total Disability Fact Summary Cont'd**

- Transferrable skills are all heavy to very heavy
- No release to return to work by the treating doctor, but the insurance examiner found the capacity to work at light duty
- TTD benefits exhausted
- PPD threshold has been met with the employee at MMI

# Rehabilitation Plan

- No services other than medical management and counseling.

Mail or fax completed copy to: **RESET** R-3  
 Department of Labor and Industry  
 Workers' Compensation Division  
 PO Box 64221  
 St. Paul, MN 55164-0221  
 (651) 284-9220 or 1-800-342-9354  
 Fax: (651) 284-9731

**Rehabilitation Plan Amendment**  
 Print in ink or type  
 Enter dates in MM/DD/YYYY format

DO NOT USE THIS SPACE

1. WID number or SSN	2. Date of injury		
3. Date of first consultation in person or telephone meeting (#29 on R-2)			
4. Employee name		8. QRC name	
5. Insurer/self-insurer/TPA		9. QRC address	
6. Insurer claim number		City	State ZIP code
7. Employer name		10. QRC #	11. QRC firm # 12. QRC phone number
13. Change of QRC <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Withdrawal of QRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous QRC #		New QRC #	
15. Proposed amendment and rationale (attach separate sheet as necessary)			
16. Employee comments (if any)			
17. QRC is to complete all service areas to be provided during the period covered by this R-3			
Service category	Description	Projected cost	Projected completion date
D1 - Medical Management			
D2 - On-Site Job Analysis			
D3 - Coordinate RTW/Isame ER			
D4 - Job Modification			
D5 - Functional Capacities Evaluation			
D6 - Transferrable Skills Analysis			
D7 - Work Evaluation			
D8 - Work Hardening/ Adjustment			