Nash v. Diocese of Duluth/St. Joseph's Church
Date: September 23, 2025

The Nash opinion indicates the claimant initially returned to work in 3/2022 working within her restrictions 10-15 hours per week. She later, at a date not mentioned, found another job working up to 29 hours per week. The Employer and Insurer filed a request to terminate the rehabilitation plan. It is clear from the record that when the case went to a hearing in January 2025, the claimant was working both jobs. In the decision for the three-judge panel written by Judge Quinn, he noted:

"At hearing, QRC Bunes testified that in addition to vocational rehabilitation services, she also provided the employee medical management. She scheduled and attended the employee's medical visits and kept all parties up to date on the employee's medical condition, treatments, and work limitations. Medical management is an aspect of vocational rehabilitation. See Minn. R. 5220.0100, subp. 20. While, as the QRC testified, medical management is typically no longer needed once the employee returns to work, it is utilized when medical care can lead to changes to the employee's physical disabilities and work restrictions. The employee remained a qualified employee for rehabilitation services under Minn. R. 5220.0100, subp. 22. The purpose of rehabilitation services, including medical management, is to return the employee to suitable gainful employment. See Minn. R. 5220.0100, subp. 34. In this case, the employee testified that the QRC has helped her manage her various appointments and organize her medical care."

Minn. R. 5220.0100, subp. 20 provides that :

"Medical management" by a qualified rehabilitation consultant means rehabilitation services that assist communication of information among parties about the employee's medical condition and treatment, and rehabilitation services that coordinate the employee's medical treatment with the employee's vocational rehabilitation services. **Medical management refers only to those rehabilitation services necessary to facilitate the employee's return to work." (**Emphasis added.)

The claimant sustained her injury in 2018. She returned to work in 2022. She had her DRG implant trial in 11/2024. The court noted that "The record shows that the employee continues to receive medical care and treatment **and is continuing to work with restrictions**…" (Emphasis added.) Since the claimant has clearly returned to work, and medical management is only necessary to "facilitate the employees returned to work", it would seem there is no reason for medical management once the claimant successfully returned to work. Judge Quinn then goes on to bootstrap his conclusion by arguing the claimant remains a "qualified employee" entitled to rehabilitation services. Based on the facts submitted, I do not believe she was at the time of the hearing a "qualified employee". Furthermore, he concludes his argument in support of the compensation judge's decision by noting that" the purpose of rehabilitation services, including medical management, is to return the employee to suitable gainful employment", then buttresses that argument by noting only that the employee testified that the QRC helped her manage her appointments and organize her care. There was no mention of the QRC assisting her to return to suitable gainful employment as that had already occurred!