BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

KERI CENTNER, Claimant, vs. VISTA PRAIRIE AT FIELDCREST, Employer, and AMERISURE INSURANCE COMPANY, Insurance Carrier, Defendants.	File No. 20007044.02 ALTERNATE MEDICAL CARE DECISION Head Note No.: 2701

STATEMENT OF THE CASE

On October 26, 2021, Keri Centner applied for alternate care under Iowa Code section 85.27 and agency rule 876 IAC 4.48. The defendants, employer Vista Prairie at Fieldcrest and insurance carrier Amerisure Mutual Insurance Company, filed an answer accepting liability for Centner's alleged left upper extremity injury and denying liability for her alleged injury to the whole body. The parties agree the defendants' denial of liability for Centner's alleged whole-body injury does not implicate dismissal under agency rule 876 IAC 4.48(7) due to the nature of the alternate care sought.

The undersigned presided over an alternate care hearing held by telephone and recorded on November 5, 2021. The audio recording constitutes the official record of the proceeding under agency rule 876 IAC 4.48(12). Centner participated personally and through attorney Leif Erickson. The defendants participated through attorney Kathryn Johnson. The record consists of:

- Claimant's Exhibits 1 through 4; and
- Centner's hearing testimony.

ISSUE

The issue under consideration is whether Centner is entitled to alternate care in the form of care by a pain specialist at the Mayo Clinic.

FINDINGS OF FACT

On October 10, 2019, Centner sustained an injury to her left upper extremity arising out of and in the course of her employment as a nurse's aide with Vista Prairie at Fieldcrest. She and a coworker were helping to move a patient when the patient fell. Centner helped catch the patient and felt a pop in her left wrist, followed by pain. She reported the injury and the defendants provided care under Iowa Code section 85.27.

Matthew C. Anderson, M.D., saw Centner for hypersensitivity and findings of carpal tunnel syndrome. He diagnosed her with tenosynovitis and recommended conservative care. Testing showed moderate median neuropathy involving both sensory and motor components. Ultimately, Dr. Anderson performed carpal tunnel release. After the surgery, Centner continued to have neuropathic pain of the left upper extremity.

Centner's symptoms include numbness, tingling, and weakness. If Centner touches something with her left hand, it "sends her through the roof" due to the sensation. Her symptoms worsened in the months leading up to hearing.

Dr. Anderson referred Centner to Christopher Janssen, M.D., who specializes in nonsurgical pain management. Dr. Janssen prescribed medication, occupational therapy, and performed three nerve blocks on Centner. The nerve blocks did not provide relief from her symptoms. Dr. Janssen and Centner discussed nerve conduction studies and a spinal cord stimulator, but Centner rejected both treatments. (Ex. 4)

Dr. Janssen discussed Centner's care with Dr. Anderson. On September 23, 2021, Dr. Janssen noted, "We may consider referral to Mayo Clinic as the next step." He referred Centner back to Dr. Anderson to see if he had any additional care to provide. (Ex. 3)

Dr. Anderson met with Centner and noted the following plan in records from the appointment:

> I have discussed with Dr. Janssen. I do not have any additional surgery to offer. I recommended referral to the Mayo Clinic to a pain specialist to see if there are any other suggestions that may be of help. She would like to think about this and will follow up with me in 2 weeks.

(Ex. 2)

Centner then followed up with Dr. Anderson, who noted:

> I again reviewed options. Dr. Janssen in his recent note did not have anything further to offer. I do not see any surgical issues to address. At our last visit we discussed consultation at the Mayo Clinic to see if there were any other options which may be of help and she is agreeable with this. A referral will be placed.

(Ex. 1) The defendants have refused to authorize care with a pain specialist at the Mayo Clinic in response to the referral.

CONCLUSIONS OF LAW

"Iowa Code section 85.27(4) affords an employer who does not contest the compensability of a workplace injury a qualified statutory right to control the medical care provided to an injured employee." Ramirez-Trujillo v. Quality Egg, L.L.C., 878 N.W.2d 759, 769 (Iowa 2016) (citing R.R. Donnelly & Sons v. Barnett, 670 N.W.2d 190, 195, 197 (Iowa 2003)). Under the law, the employer must "furnish reasonable medical services and supplies *and* reasonable and necessary appliances to treat an injured employee." Stone Container Corp. v. Castle, 657 N.W.2d 485, 490 (Iowa 2003) (emphasis in original). Such employer-provided care "must be offered promptly and be reasonably suited to treat the injury without undue inconvenience to the employee." Iowa Code § 85.27(4). An employer's right to select the provider of medical treatment to an injured worker does not include the right to determine how an injured worker should be diagnosed, evaluated, treated, or other matters of professional medical judgment. Assmann v. Blue Star Foods, Inc., File No. 866389 (Declaratory Ruling, May 19, 1988).

An injured employee dissatisfied with the employer-furnished care (or lack thereof) may share the employee's discontent with the employer and if the parties can't reach an agreement on alternate care, "the commissioner may, upon application and reasonable proofs of the necessity therefor, allow and order other care." Id. "Determining what care is reasonable under the statute is a question of fact." Long v. Roberts Dairy Co., 528 N.W.2d 122, 123 (Iowa 1995); Pirelli-Armstrong Tire Co. v. Reynolds, 562 N.W.2d 433, 436 (Iowa 1997). As the party seeking relief in the form of alternate care, the employee bears the burden of proving that the authorized care is unreasonable. Id. at 124; Gwinn, 779 N.W.2d at 209; Reynolds, 562 N.W.2d at 436; Long, 528 N.W.2d at 124. Because "the employer's obligation under the statute turns on the question of reasonable necessity, not desirability," an injured employee's dissatisfaction with employer-provided care, standing alone, is not enough to find such care unreasonable. Id.

Here, the defendants provided timely care responsive to Centner's injuries by Drs. Anderson and Janssen. Centner has rejected two courses of treatment recommended by Dr. Janssen. Consequently, Dr. Janssen has no additional care to offer. Neither does Dr. Anderson, who does not believe there is a surgical solution to her symptoms.

Neither Dr. Anderson nor Dr. Janssen opined there is nothing any doctor can do to provide beneficial care for Centner. Rather, the defendants' chosen doctors concluded, in their medical judgment, a referral to a pain specialist at the Mayo Clinic was the best option for Centner's care. Given Centner's ongoing and worsening symptoms and the fact neither Dr. Anderson nor Dr. Janssen has any additional care to offer under the circumstances, the denial of their referral to a pain specialist at the Mayo

Clinic is unreasonable. Centner is therefore entitled to the requested alternate care under the Iowa Workers' Compensation Act.

ORDER

THEREFORE, IT IS ORDERED:

1) Centner's application for alternate care is GRANTED.

2) The defendants must promptly arrange for Centner to receive care from a pain specialist at the Mayo Clinic.

On February 16, 2015, the Iowa workers' compensation commissioner issued an order delegating authority to deputy workers' compensation commissioners, such as the undersigned, to issue final agency decisions on applications for alternate care. Consequently, there is no appeal of this decision to the commissioner, only judicial review in a district court under the Iowa Administrative Procedure Act, Iowa Code chapter 17A.

Signed and filed this 5th day of November, 2021.

BENJAMIN G. HUMPHREY
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Leif Erickson (via WCES)

Kathryn Johnson (via WCES)

Eric Lanham (via WCES)