

## BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

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PAULETTE WILCOX,

Claimant,

vs.

CATHOLIC HEALTH INITIATIVES  
d/b/a MERCY MEDICAL CENTER  
DES MOINES,

Employer,

and

INDEMNITY INSURANCE CO. OF  
NORTH AMERICAInsurance Carrier,  
Defendants.

File No. 5053237

A P P E A L

D E C I S I O N

Head Notes: 1402.40; 1804; 2206; 2501;  
2907; 5-9998

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Defendants Catholic Health Initiatives, d/b/a Mercy Medical Center Des Moines, employer, and its insurer, Indemnity Insurance Company of North America, appeal from an arbitration decision filed on December 24, 2019. Claimant Paulette Wilcox responds to the appeal. The case was heard on July 24, 2018, and it was considered fully submitted in front of the deputy workers' compensation commissioner on September 24, 2018.

The deputy commissioner found claimant carried her burden of proof to establish she sustained a permanent material aggravation of her pre-existing degenerative low back condition as a result of the stipulated July 20, 2014, work injury. The deputy commissioner found claimant is permanently and totally disabled as a result of the work injury. The deputy commissioner found defendants are responsible for all requested past medical expenses for treatment received by claimant for the work injury after June 27, 2016. The deputy commissioner found defendants are responsible for all ongoing reasonable medical treatment needed by claimant for the work injury. The deputy commissioner ordered defendants to pay claimant's costs of the arbitration proceeding in the amount of \$3,323.85.

Defendants assert on appeal that the deputy commissioner erred in finding claimant sustained permanent disability as a result of the work injury. Defendants assert the deputy commissioner erred in finding claimant is permanently and totally

disabled as a result of the work injury. Defendants assert the deputy commissioner erred in finding defendants are responsible for the past requested medical expenses. Defendants assert the deputy commissioner erred in finding defendants are responsible for ongoing medical treatment for claimant.

Claimant asserts on appeal that the arbitration decision should be affirmed in its entirety.

I have performed a de novo review of the evidentiary record and the detailed arguments of the parties, and I reach the same analysis, findings, and conclusions as those reached by the deputy commissioner.

Pursuant to Iowa Code sections 17A.5 and 86.24, I affirm and adopt as the final agency decision those portions of the proposed arbitration decision filed on December 24, 2019, which relate to the issues properly raised on intra-agency appeal.

I find the deputy commissioner provided a well-reasoned analysis of all of the issues raised in the arbitration proceeding. I affirm the deputy commissioner's findings of fact and conclusions of law pertaining to those issues.

I affirm the deputy commissioner's finding that claimant proved she sustained a permanent material aggravation of her pre-existing degenerative low back condition as a result of the work injury. I affirm the deputy commissioner's finding that claimant is permanently and totally disabled as a result of the work injury. I affirm the deputy commissioner's finding that defendants are responsible for the requested past medical expenses. I affirm the deputy commissioner's finding that defendants are responsible for all ongoing reasonable medical treatment needed by claimant for the work injury. I affirm the deputy commissioner's order that defendants pay claimant's costs of the arbitration proceeding in the amount of \$3,323.85.

I affirm the deputy commissioner's findings, conclusions and analysis regarding those issues.

#### ORDER

IT IS THEREFORE ORDERED that the arbitration decision filed on December 24, 2019, is affirmed in its entirety.

Defendants shall pay claimant permanent total disability benefits at the weekly rate of six hundred sixty-nine and 91/100 dollars (\$669.91), commencing on the date of injury for as long as claimant remains permanently and totally disabled.

Defendants shall receive credit for the weeks of benefits and wages paid to claimant following the injury.

Defendants shall pay accrued weekly benefits in a lump sum together with interest at the rate of ten percent for all weekly benefits payable and not paid when due which accrued before July 1, 2017, and all interest on past due weekly compensation benefits accruing on or after July 1, 2017, shall be payable at an annual rate equal to the one-year treasury constant maturity published by the federal reserve in the most recent H15 report settled as of the date of injury, plus two percent. See Gamble v. AG Leader Technology, File No. 5054686 (App. Apr. 24, 2018).

Defendants shall pay for all requested past medical expenses for treatment received by claimant for the work injury after June 27, 2016.

Defendants shall pay for claimant's ongoing reasonable and necessary medical treatment for the work injury.

Pursuant to rule 876 IAC 4.33, defendants shall pay claimant's costs of the arbitration proceeding in the amount of three thousand three hundred twenty-three and 85/100 dollars (\$3,323.85), and defendants shall also pay the costs of the appeal, including the cost of the hearing transcript.

Pursuant to rule 876 IAC 3.1(2), defendants shall file subsequent reports of injury as required by this agency.

Signed and filed on this 12<sup>th</sup> day of August, 2020.

*Joseph S. Cortese II*

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JOSEPH S. CORTESE II  
WORKERS' COMPENSATION  
COMMISSIONER

The parties have been served as follows:

Jason D. Neifert (via WCES)

Kent M. Smith (via WCES)