

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

MICHAEL CURTIS,

Claimant,

vs.

HEIAR FENCING & SUPPLY, INC.,

Employer,

and

ACUITY INSURANCE,

Insurance Carrier,
Defendants.

File No. 1654627.01

A P P E A L

D E C I S I O N

Head Notes: 1402.20; 1402.40; 1402.60;
1403.10; 1802; 1803; 1803.1;
2502; 2907

Defendants Heiar Fencing and Supply, Inc., employer, and its insurer, Acuity Insurance, appeal from an arbitration decision filed on January 6, 2022. Claimant Michael Curtis responds to the appeal. The case was heard on January 15, 2021, and it was considered fully submitted in front of the deputy workers' compensation commissioner on March 19, 2021.

In the arbitration decision, the deputy commissioner found claimant met his burden of proof to establish he sustained permanent impairments to his left hip, left knee, left ankle, and low back caused by the stipulated September 27, 2018, work injury. The deputy commissioner found claimant sustained 75 percent industrial disability, which entitles claimant to receive 375 weeks of permanent partial disability benefits commencing on February 22, 2020. The deputy commissioner found claimant is entitled to receive healing period benefits from September 27, 2018, through February 21, 2020. The deputy commissioner denied claimant's request for alternate medical care, finding claimant did not prove the treatment provided by defendants was unreasonable, and the deputy commissioner denied claimant's request for chiropractic care. The deputy commissioner found defendants are responsible for future treatment for claimant's left ankle, left knee, and low back conditions. The deputy commissioner ordered defendants to pay claimant's costs of the arbitration proceeding.

Defendants assert on appeal that the deputy commissioner erred in finding claimant proved the work injury caused him to sustain permanent disability. Defendants allege the deputy commissioner erred in finding claimant sustained 75 percent industrial disability. Defendants allege the deputy commissioner erred in awarding claimant temporary benefits after June 26, 2019. Defendants allege the deputy commissioner erred in awarding claimant additional medical care.

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

Those portions of the proposed arbitration decision pertaining to issues not raised on appeal are adopted as part of this appeal decision.

I performed a de novo review of the evidentiary record and the detailed arguments of the parties. Pursuant to Iowa Code sections 86.24 and 17A.15, the arbitration decision filed on January 6, 2022, is affirmed in part, and reversed in part, with the following additional and substituted analysis.

I. Permanent Impairment

The deputy commissioner found claimant proved he sustained permanent impairments of his left hip, left knee, left ankle, and low back caused by the work injury. I affirm the deputy commissioner's finding that claimant sustained permanent impairment of his low back caused by the work injury with the following additional analysis. I reverse the deputy commissioner's finding that claimant proved he sustained permanent impairments of his left hip, left knee, and left ankle caused by the work injury, with the following additional and substituted analysis.

To receive workers' compensation benefits, an injured employee must prove, by a preponderance of the evidence, the employee's injuries arose out of and in the course of the employee's employment with the employer. 2800 Corp. v. Fernandez, 528 N.W.2d 124, 128 (Iowa 1995). An injury arises out of employment when a causal relationship exists between the employment and the injury. Quaker Oats Co. v. Ciha, 552 N.W.2d 143, 151 (Iowa 1996). The injury must be a rational consequence of a hazard connected with the employment, and not merely incidental to the employment. Koehler Elec. v. Wills, 608 N.W.2d 1, 3 (Iowa 2000). The Iowa Supreme Court has held, an injury occurs "in the course of employment" when:

. . . it is within the period of employment at a place where the employee reasonably may be in performing his duties, and while he is fulfilling those duties or engaged in doing something incidental thereto. An injury in the course of employment embraces all injuries received while employed in furthering the employer's business and injuries received on the employer's premises, provided that the employee's presence must ordinarily be required at the place of the injury, or, if not so required, employee's departure from the usual place of employment must not amount to an abandonment of employment or be an act wholly foreign to his usual work. An employee does not cease to be in the course of his employment merely because he is not actually engaged in doing some specifically prescribed task, if, in the course of his employment, he does some act which he deems necessary for the benefit or interest of his employer.

Farmers Elevator Co., Kingsley v. Manning, 286 N.W.2d 174, 177 (Iowa 1979).

An injury to one part of the body can later cause an injury to another. Mortimer v. Fruehauf Corp., 502 N.W.2d 12, 16-17 (Iowa 1993) (holding a psychological condition can be caused or aggravated by a scheduled injury). The claimant bears the burden of proving the claimant's work-related injury is a proximate cause of the claimant's disability and need for medical care. Ayers v. D & N Fence Co., Inc., 731 N.W.2d 11, 17 (Iowa 2007); George A. Hormel & Co. v. Jordan, 569 N.W.2d 148, 153 (Iowa 1997). "In order for a cause to be proximate, it must be a 'substantial factor.'" Ayers, 731 N.W.2d at 17. A probability of causation must exist, a mere possibility of causation is insufficient. Frye v. Smith-Doyle Contractors, 569 N.W.2d 154, 156 (Iowa Ct. App. 1997).

It is well-established in workers' compensation that "if a claimant had a preexisting condition or disability, aggravated, accelerated, worsened, or 'lighted up' by an injury which arose out of and in the course of employment resulting in a disability found to exist," the claimant is entitled to compensation. Iowa Dep't of Transp. v. Van Cannon, 459 N.W.2d 900, 904 (Iowa 1990). The Iowa Supreme Court has held,

a disease which under any rational work is likely to progress so as to finally disable an employee does not become a "personal injury" under our Workmen's Compensation Act merely because it reaches a point of disablement while work for an employer is being pursued. It is only when there is a direct causal connection between exertion of the employment and the injury that a compensation award can be made. The question is whether the diseased condition was the cause, or whether the employment was a proximate contributing cause.

Musselman v. Cent. Tel. Co., 261 Iowa 352, 359-60, 154 N.W.2d 128, 132 (1967).

The question of medical causation is "essentially within the domain of expert testimony." Cedar Rapids Cmty. Sch. Dist. v. Pease, 807 N.W.2d 839, 844-45 (Iowa 2011). The commissioner, as the trier of fact, must "weigh the evidence and measure the credibility of witnesses." Id. The trier of fact may accept or reject expert testimony, even if uncontroverted, in whole or in part. Frye v. Smith-Doyle Contractors, 569 N.W.2d 154, 156 (Iowa Ct. App. 1997). When considering the weight of an expert opinion, the factfinder may consider whether the examination occurred shortly after the claimant was injured, the compensation arrangement, the nature and extent of the examination, the expert's education, experience, training, and practice, and "all other factors which bear upon the weight and value" of the opinion. Rockwell Graphic Sys., Inc. v. Prince, 366 N.W.2d 187, 192 (Iowa 1985).

A. Left Hip

Three expert physicians provided causation opinions regarding claimant's left hip, Stephen Pierotti, M.D., a treating orthopedic surgeon who performed surgery on claimant's left hip, Robert Broghammer, M.D., an occupational medicine physician who performed an independent medical examination (IME) for defendants, and John Kuhnlein, D.O., an occupational medicine physician who conducted an IME for claimant.

In reaching his conclusion that claimant sustained permanent impairment of his left hip caused by the work injury, the deputy commissioner relied on a portion of Dr. Kuhnlein's report, as follows:

Concerning **the left hip**, the September 27, 2018, work injury materially aggravated the left hip pain Mr. Curtis experienced from the pre-existing osteoarthritis. He had bone-on-bone arthritic changes before and after the injury, so while the injury may have clinically aggravated the symptoms from the pre-existing arthritis, the injury did not materially aggravate the arthritic changes themselves. He already planned to have hip arthroplasty during the winter, but the hip arthroplasty was delayed for several months by the effects of this injury and concerns for the compensability of the left hip symptoms. The difficulty of this situation was acknowledged by multiple physicians who have seen Mr. Curtis. Both the records and Mr. Curtis state that his left hip pain worsened after this injury, so the worsened pain would be related to the September 27, 2018, work injury.

Mr. Curtis clearly had significant pre-existing left hip osteoarthritis before the injury. He saw Dr. Pierotti on March 28, 2018, and they discussed hip arthroplasty at the time. Mr. and Mrs. Curtis relate that this was accurate, and they planned to delay the hip arthroplasty until the winter months when Mr. Curtis would be laid off. Therefore, Mr. Curtis had osteoarthritis and already had a plan in place for hip arthroplasty before the September 27, 2018, injury.

With the September 27, 2018, injury, there would have been significant force transmitted through the already diseased left hip joint with [sic] as Mr. Curtis' legs "scissored." Both Mr. and Mrs. Curtis relate that by the following day, the pain was so significant that he was unable to lift the leg, which would be different than before the injury when Mr. Curtis relates that he was still able to work without accommodation despite the left hip problem.

When Mr. Curtis finally saw Dr. Pierotti after the injury on January 8, 2019, Dr. Pierotti noted that Mr. Curtis had intensive hip pain that was never as bad before the injury, he could hardly walk without a crutch and did not work for the previous three months because of the pain severity. Dr. Pierotti deferred a causation opinion about the left hip condition but noted that the pain seemed to be worse after the injury.

(Ex. 3, p. 21) (emphasis in original)

Dr. Kuhnlein then assigned claimant a 51 percent left lower extremity impairment, or 20 percent whole person impairment "for the hip arthroplasty and sensory deficit, but not range of motion." (Ex. 3, p. 22) He did not apportion his rating.

The deputy commissioner found, "I read Dr. Kuhnlein's opinion to state that the work injury aggravated and/or accelerated the left hip condition." The deputy commissioner further stated:

. . . I therefore find that the work injury did, in fact, materially aggravate or light up his serious preexisting left hip condition, resulting in permanent disability. This is based upon the foregoing facts, the expert opinion of Dr. Kuhnlein, which I find is generally supported by the contemporaneous treatment opinions of the treating surgeon, Dr. Pierotti.

(Arb. Dec., p. 8)

The deputy commissioner's decision does not mention Dr. Pierotti's opinion from December 15, 2020. Defendants' counsel sent a letter to Dr. Pierotti on December 3, 2020, asking for his opinion as to whether claimant sustained permanent impairment of his left hip caused by the work injury using the AMA Guides. (JE 2, pp. 49-51) On December 15, 2020, Dr. Pierotti sent a response letter, as follows:

Regarding Mr. Curtis' cause for his total hip arthroplasty, his work accident/injury was not a substantial fracture [*sic*] in bringing about his hip surgery. As noted in your letter to me, I saw him prior to this, and he had severe osteoarthritis at that time. With the severe degree of changes before the work accident that occurred, he was going to need a total hip arthroplasty at some point. In fact, if at that time he wanted to have his hip replaced, I would have done it. He decided to wait for a variety of reasons, I assume. . . . Regarding permanent injury resulting from the hip condition or surgery, he has no permanent injury. I do not think it is appropriate at this time to give him any impairment pre or post injury at all. . . .

(JE 2, p. 52)

Contrary to the deputy commissioner's finding, Dr. Kuhnlein's opinion is not generally supported by Dr. Pierotti's opinion. Dr. Pierotti's opinion is also supported by Dr. Broghammer's opinion. (Ex. C, p. 20) Dr. Broghammer opined claimant's hip complaints predated the work injury and his need for a hip replacement was due to his preexisting and personal condition of left hip osteoarthritis. (Ex. C, p. 20)

I find Dr. Pierotti's opinion most persuasive as supported by Dr. Broghammer's opinion. Dr. Pierotti has treated claimant for many years, before and after the work injury. Dr. Pierotti performed surgery on claimant. Claimant chose to treat with Dr. Pierotti. Dr. Pierotti found the work injury was not a substantial factor in bringing about claimant's need for hip surgery. Contrary to the deputy commissioner's finding, Dr. Pierotti's opinion is supported by Dr. Kuhnlein's opinion. Dr. Kuhnlein did not opine the work injury accelerated, aggravated, or lit up claimant's osteoarthritis or the need for a total hip replacement. Dr. Kuhnlein opined the work injury aggravated claimant's left hip pain. Dr. Kuhnlein made no findings concerning impaired hip function following the work injury, noting claimant already planned to undergo a total hip arthroplasty before

the work injury. Moreover, Dr. Kuhnlein's rating is based on the total hip arthroplasty and the impairment "for the sensory deficit related to the hip arthroplasty." (Ex. 3, p. 22) I therefore find claimant did not meet his burden to prove he sustained permanent impairment of his left hip caused by the work injury, or that his need for a total hip arthroplasty and resulting treatment are causally related to the work injury. I therefore respectfully reverse the deputy commissioner's findings in this regard.

B. Left Ankle, Left Knee, and Lumbar Spine

The deputy commissioner further found claimant proved he sustained permanent impairments of his left ankle, left knee, and lumbar spine caused by the work injury.

Following the work injury, claimant was initially treated by Julie Muenster, ARNP. (JE 1, pp. 1-15, 18) Muenster assessed claimant with a left ankle sprain and left knee sprain. (JE 1, p. 7) In February 2019, claimant's care was transferred to Erin Kennedy, M.D., an occupational medicine physician. (JE 1, p. 20) Dr. Kennedy assessed claimant with left knee pain and left ankle pain. (JE 1, pp. 24-25) During an appointment on March 20, 2019, Dr. Kennedy found claimant's left knee condition was chronic and he may need additional treatment including a synvisc trial or total knee replacement, but Dr. Kennedy noted, "though I cannot state that the need for these is due to the work injury. He is at MMI w/o PPI today." (JE 1, p. 32)

Dr. Kennedy referred claimant to Kara Franzen, D.P.M., a podiatrist for his left ankle pain. (JE 1, pp. 30, 32-33, JE 3) Dr. Franzen assessed claimant with lateral ankle instability, sinus tarsi syndrome, and pain on the left and bilateral pes planus. (JE 3, p. 58) Dr. Franzen administered an injection, ordered electromyography, and recommended referrals to neurology and to Timothy Miller, M.D., a pain management specialist, for a pain consult. (JE 3, pp. 61, 64)

Claimant was examined by Christopher Groth, M.D., a neurologist with the University of Iowa Hospitals and Clinics (UIHC). (JE 4, p. 67) Dr. Groth thought claimant might have complex regional pain syndrome (CRPS) related to his left ankle. (JE 4, p. 67-68)

Dr. Miller ruled out CRPS of the left ankle and noted he believed claimant's symptoms were more consistent with either sciatic nerve pain related to the spine or through the pelvis. (JE 5, p. 73) Dr. Miller ordered lumbar spine magnetic resonance imaging. The reviewing radiologist listed an impression of mild to moderate mid lumbar degenerative disc disease, left foraminal disc osteophyte complex at L2-3 causing moderate to severe left foraminal narrowing, and right foraminal disc osteophyte complex at L4-5 causing severe right foraminal narrowing. (JE 5, pp. 76-77) Claimant returned to Dr. Miller on June 13, 2019, and Dr. Miller opined claimant had an acute worsening of a chronic disc bulge and had developed sciatic pain. (JE 5, p. 79)

Dr. Broghammer, Dr. Kuhnlein, and Patrick Hitchon, M.D., a neurosurgeon at UIHC retained by defendants to perform an IME, provided opinions on whether the work injury caused permanent impairments of claimant's left knee, left ankle, and lumbar

spine. Contrary to Dr. Miller's opinion, Dr. Broghammer, Dr. Kuhnlein, and Dr. Hitchon, did not find claimant sustained sciatica or radiculopathy caused by the work injury. (Ex. C, p. 21; Ex. 3, pp. 20-21; Ex. 11, p. 125)

Dr. Broghammer diagnosed claimant with a left knee strain, left ankle sprain, and lumbar strain. (Ex. C, p. 20) Dr. Broghammer agreed with Dr. Kennedy's opinion that claimant did not sustain permanent impairment of his left knee, and Dr. Broghammer opined claimant did not sustain permanent impairment of his left ankle, finding claimant's ankle condition should have resolved within six to eight weeks. (Ex. C, pp. 20, 24) Dr. Hitchon opined claimant sustained a soft tissue injury caused by the work injury, which Dr. Hitchon opined should have resolved within three months. (JE 11, p. 125)

Dr. Kuhnlein diagnosed claimant with a left knee contusion and strain, left ankle contusion and strain, and low back strain (Ex. 3, pp. 20-21) Dr. Kuhnlein noted claimant described intermittent left knee pain and issues with his gait related to hip pain. (Ex. 3, p. 21) Dr. Kuhnlein found it was more likely than not claimant's left knee pain and left ankle symptoms are sequelae of the gait changes from his injury and Dr. Kuhnlein assigned one percent left lower extremity impairment for the knee discomfort, which he converted to a zero percent whole person impairment, and Dr. Kuhnlein assigned two percent left lower extremity impairment for deficits in ankle and hindfoot range of motion, which Dr. Kuhnlein converted to one percent whole person impairment. (Ex. 3, pp. 21-23) As discussed above, I did not find claimant met his burden to prove he sustained permanent impairment of his left hip caused by the work injury. Any gait change caused by claimant's left hip is not related to the work injury. I do not find claimant has met his burden to prove he sustained permanent impairments of his left knee and left ankle caused by the work injury, as supported by the opinions of Dr. Kennedy and Dr. Broghammer.

Dr. Miller, a treating physician, opined claimant had an acute worsening of a chronic disc bulge. (JE 5, p. 79) I agree with Dr. Kuhnlein that Dr. Hitchon's opinion that claimant sustained a soft tissue injury is vaguely worded. As noted by Dr. Kuhnlein, Dr. Franzen, the treating podiatrist, also noted claimant had back pain during his first visit on March 11, 2019. (Ex. 3, p. 20) In his brief opinion, Dr. Hitchon did not address claimant's ongoing back pain complaints. (JE 11, p. 125) Dr. Broghammer opined claimant did not have sciatica or radiculopathy, but Dr. Broghammer never addressed whether claimant's lumbar strain had resolved. (Ex. C, p. 21) Dr. Kuhnlein opined claimant sustained a lumbar strain caused by the work injury and he assigned claimant three percent whole person impairment. (Ex. 3, p. 22) Dr. Kuhnlein's opinion is supported by the record evidence, and unrebutted by Dr. Broghammer. I find claimant met his burden to prove he sustained permanent impairment of his lumbar spine caused by the work injury.

II. Extent of Disability

The deputy commissioner found claimant sustained 75 percent industrial disability caused by the work injury. I disagree.

"Industrial disability is determined by an evaluation of the employee's earning capacity." Cedar Rapids Cmty. Sch. Dist. v. Pease, 807 N.W.2d 839, 852 (Iowa 2011). In considering the employee's earning capacity, the deputy commissioner evaluates several factors, including "consideration of not only the claimant's functional disability, but also [his] age, education, qualifications, experience, and ability to engage in similar employment." Swiss Colony, Inc. v. Deutmeyer, 789 N.W.2d 129, 137-38 (Iowa 2010). The inquiry focuses on the injured employee's "ability to be gainfully employed." Id. at 138.

The determination of the extent of disability is a mixed issue of law and fact. Neal v. Annett Holdings, Inc., 814 N.W.2d 512, 525 (Iowa 2012). Compensation for permanent partial disability shall begin at the termination of the healing period. Iowa Code § 85.34(2). Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Id. § 85.34(2)(u).

Dr. Kuhnlein assigned restrictions of lifting up to 30 pounds occasionally from floor to waist and waist to shoulder, and 20 pounds occasionally over the shoulder, working occasionally at or above shoulder height, sitting, standing, and walking occasionally with the ability to change positions for comfort, bending at the waist occasionally, and crawling, kneeling, and climbing stairs with a guardrail occasionally. (Ex. 3, p. 23) Dr. Kuhnlein found claimant can work on ladders or at heights as long as he can maintain a three-point safety stance and is not taking medication that would affect his sensorium on ladders or at heights. Dr. Kuhnlein found claimant can drive vehicles, such as a forklift with his left lower extremity, but also found claimant should not operate industrial machinery with his left lower extremity. (Ex. 3, p. 23) Dr. Kuhnlein assigned the above restrictions for claimant's back, hip, knee, and ankle conditions. No other expert has assigned any permanent restrictions related to claimant's lumbar spine condition.

At the time of the hearing claimant was 63 years old. Claimant is a high school graduate. Claimant earned average grades in high school. Claimant holds a commercial driver's license. Claimant's past employment includes working in the concrete business, as a farm laborer, machine assembler, meat processor, and installer of fencing. Dr. Kuhnlein found claimant can operate a forklift, climb ladders and work at heights, and occasionally lift up to 30 pounds from floor to waist and waist to shoulder, occasionally lift 20 pounds over the shoulder, and occasionally bend. Claimant has not applied for any work since his position with defendant ended. I find claimant is not motivated to work. Considering all of the factors of industrial disability, I find claimant has sustained 20 percent industrial disability because of the work injury.

III. Temporary Benefits

The deputy commissioner awarded claimant temporary benefits from September 27, 2018, through February 21, 2020. Defendants contend claimant is not entitled to additional temporary benefits after June 24, 2019.

Iowa Code section 85.33 (2018) governs temporary disability benefits, and Iowa Code section 85.34 governs healing period and permanent disability benefits. Dunlap v. Action Warehouse, 824 N.W.2d 545, 556 (Iowa Ct. App. 2012). As a general rule, “temporary total disability compensation benefits and healing-period compensation benefits refer to the same condition.” Clark v. Vicorp Rest., Inc., 696 N.W.2d 596, 604 (Iowa 2005). The purpose of temporary total disability benefits and healing period benefits is to “partially reimburse the employee for the loss of earnings” during a period of recovery from the condition. Id. The appropriate type of benefit depends on whether the employee has a permanent disability. Dunlap, 824 N.W.2d at 556. I found claimant sustained permanent impairment of his lumbar spine. Therefore, any temporary benefits he is entitled to are healing period benefits.

“[A] claim for permanent disability benefits is not ripe until maximum medical improvement has been achieved.” Bell Bros. Heating & Air Conditioning v. Gwinn, 779 N.W.2d 193, 201 (Iowa 2010). “Stabilization of the employee’s condition ‘is the event that allows a physician to make the determination that a particular medical condition is permanent.’” Dunlap, 824 N.W.2d at 556 (quoting Bell Bros. Heating & Air Conditioning, 779 N.W.2d at 200). If the employee has a permanent disability, then payments made prior to permanency are healing period benefits. Id. If the injury has not resulted in a permanent disability, then the employee may be awarded temporary total benefits. Id. at 556-557.

Iowa Code section 85.33(1) governs temporary total disability benefits as follows:

[e]xcept as provided in subsection 2 of this section, the employer shall pay to an employee for injury producing temporary total disability weekly compensation benefits, as provided in section 85.32, until the employee has returned to work or is medically capable of returning to employment substantially similar to the employment in which the employee was engaged at the time of injury, whichever occurs first.

Dr. Kuhnlein found claimant reached maximum medical improvement on February 21, 2020, six months after his hip surgery. As discussed above, I did not find claimant sustained permanent impairment of his left hip or that his need for hip surgery was causally related to the work injury. Dr. Broghammer opined claimant achieved maximum medical improvement for the work injury on June 24, 2019. No physician restricted claimant from working due to his lumbar spine condition after that date. I find claimant is entitled to receive healing period benefits through June 24, 2019.

The record reflects defendants paid claimant temporary benefits through June 26, 2019. (Ex. A) Therefore, claimant is not entitled to receive any additional temporary benefits in this case.

IV. Additional Medical Care

The deputy commissioner found claimant did not prove the care offered by defendants for his left knee, left ankle, low back, and left hip was unreasonable and denied claimant's request for alternate care for chiropractic care. The deputy commissioner found that if claimant needed additional treatment for his left ankle, left knee, and low back conditions, "defendants shall name a physician to treat claimant's conditions in these areas, however, these conditions at this time, appear to be primarily soft-tissue injuries which are likely still symptomatic because of the severity of claimant's left hip symptoms." (Arb. Dec., p. 10) I found claimant did not establish he sustained permanent impairment of his left ankle, left knee, or left hip caused by the work injury. Claimant is not entitled to any additional treatment for his left ankle, left knee, or left hip. I found claimant established he sustained permanent impairment of his lumbar spine caused by the work injury. No additional treatment has been recommended for his lumbar spine at this time. Defendants are responsible for any future causally related medical care for claimant's lumbar spine.

ORDER

IT IS THEREFORE ORDERED that the arbitration decision filed on January 6, 2022, is affirmed in part, and reversed in part, with the above-stated additional and substituted analysis.

Defendants shall pay claimant 100 weeks of permanent partial disability benefits, at the stipulated weekly rate of six hundred thirty-three and 91/100 dollars (\$633.91), commencing on June 27, 2019.

Claimant shall take nothing further in the way of temporary benefits.

Defendants shall receive credit for all benefits paid to date.

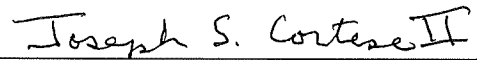
Defendants shall pay accrued weekly benefits in a lump sum together with interest at an annual rate equal to the one-year treasury constant maturity published by the federal reserve in the most recent H15 report settled as of the date of injury, plus two percent.

Defendants remain responsible for all causally related medical care for claimant's lumbar spine.

Pursuant to rule 876 IAC 4.33, defendants shall pay claimant's costs of the arbitration proceeding, and the parties shall split 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 2nd day of June, 2022.



JOSEPH S. CORTESE II
WORKERS' COMPENSATION
COMMISSIONER

The parties have been served as follows:

Chadwyn Cox (via WCES)

Coreen Sweeney (via WCES)