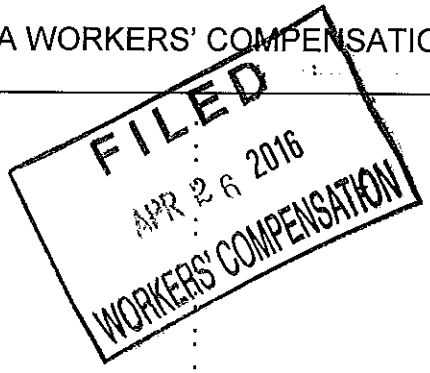
BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER



ROBERT W. TITMUS, JR., Claimant, vs. MORTON BUILDINGS, INC., Employer, and AMERICAN ZURICH INSURANCE COMPANY, Insurance Carrier, Defendants.	File No. 5049715 A R B I T R A T I O N D E C I S I O N Head Note Nos.: 1802, 1803

STATEMENT OF THE CASE

Robert W. Titmus, Jr., claimant, filed a petition in arbitration seeking workers' compensation benefits against Morton Buildings, Inc., employer, and American Zurich Insurance Company, insurer, for an accepted work injury date of March 18, 2013.

This case was heard on February 10, 2016, in Sioux City, Iowa. The case was considered fully submitted on March 2, 2016, upon the simultaneous filing of briefs.

The record consists of claimant's exhibits 1-9, defendants' exhibits A-K, and claimant's testimony.

ISSUES

1. Whether claimant is entitled to temporary or healing period benefits from December 17, 2013, through March 7, 2015;

2. The extent of claimant's industrial disability; and

3. The commencement date of permanent partial disability benefits.

STIPULATION

The parties stipulate the claimant sustained an injury on March 18, 2013 which arose out of and in the course of his employment. The parties further agree that the injury caused some temporary and permanent disability. They further agree that the disability is industrial in nature.

At the time of the injury, the claimant's gross earnings were $605.41 per week. He was single and entitled to one exemption. The parties believe the weekly benefit rate to be $385.13.

Prior to the hearing the claimant was paid 85 weeks of compensation at the rate of $385.13.

FINDINGS OF FACT

Claimant was a 58-year-old person at the time of the hearing. His educational background includes schooling to the 11th grade, a GED, and service in the Marine Corps. He served four years and was honorably discharged.

After his discharge, he went to work for a manufacturing company where he assembled wires for conveyor belts. He moved to Iowa in approximately 1985 where he worked as a dishwasher and a cook. He ran metal and punch presses, worked as a cook in a hotel, and began working for the defendant employer in late 1990. He left the defendant employer in 2007 to take a different job that paid a higher wage. He was then terminated on the allegation that he was working while under the influence. (Exhibit J)

His past medical history includes recurrent headaches, alcoholism, and a fight which resulted in a medical visit on November 24, 2010. (Ex, A, pages 1, 4-5) When asked about this incident during the hearing the claimant maintained that no such event happened. The medical record is quite detailed. The mix-up may be that the claimant asserted that he had never attended a Hawkeye football game. The medical record did not say he attended a game, but attended a party during the first Iowa Hawkeye football game of the year. (Ex. A, p. 5)

He began working for the defendant employer again in June 2011. He was working the night shift. Eventually he moved to the day shift as the picker. His duties required him to pick lumber. The work complex was quite large and consisted of at least four big buildings, an office building, a machine shop, and a steel room. Claimant estimated that the grounds covered approximately a half a mile. On the date of his injury he was helping the stack boards on a machine. He lifted two of them and felt a pop in his right shoulder. He reported this immediately to his supervisor, Bruce Stone, who referred claimant to the safety director.

He was seen by Ronald J. Creswell, M.D. for pain in his right shoulder. (Ex. 1, p. 3) Dr. Creswell ordered claimant to light duty with a 3 pound lifting limit on the right arm. Claimant testified that light-duty work consisted of stacking lumber with one arm.

He returned to Healthworks on March 25, 2015, reporting that his shoulder was worsening. An MRI was recommended. The MRI was conducted on March 28, 2013 which showed AP hypertrophy. (Ex. 3, p. 1; Ex. 2, p. 20)

He was then referred to Philip Deffer, M.D. (Ex. 2, p. 20) On examination, claimant exhibited some mild crepitus and limitation when he went into abduction. Dr. Deffer injected him to relieve pain and ordered him to physical therapy. (Ex. 2, p. 20) Dr. Deffer also imposed work restrictions of no pushing, pulling or lifting more than 25 pounds and no use above the shoulder level. (Ex. 2, p. 20)

Claimant returned on May 1, 2013 to Dr. Deffer, and due to the ongoing pain and the radiograph, Dr. Deffer recommended arthroscopic repair. (Ex. 2, p. 19) Surgery took place on May 20, 2013. (Ex. 3, p. 2) Claimant was returned to work with the restriction of no use of the right arm. His arm was in a sling at that point.

On May 29, 2013 he returned to Dr. Deffer for follow-up. (Ex. 2, p. 18) Dr. Deffer recommended the claimant begin a course of physical therapy. (Ex. 2, p. 18)

Claimant returned a month later on June 26, 2013. He was still having some minor problems, and from a work standpoint. Dr. Deffer recommended he return to work with no pushing, pulling or lifting more than 20 pounds and no use above the shoulder level. (Ex. 2, p. 17) Claimant's follow-up appointment occurred on July 31, 2013. (Ex. 2, p. 16) He had pain over the bicipital groove. Dr. Deffer injected claimant and imposed work restrictions of no pushing, pulling or lifting more than 20 pounds and no work above the shoulder level. (Ex. 2, p. 16)

During an August 5, 2013 physical therapy visit, claimant reported a pain level of 2 to 3 on a 10 scale. (Ex. B, p. 2) On August 7, 2013 he had full passive mobility in the right shoulder, but his endurance and strength were still limited. (Ex. 3, p. 10) On August 29, 2013, the therapist indicated that he did not believe claimant should be discharged from physical therapy. (Ex. B, p. 4)

Claimant followed up with Dr. Deffer on September 5, 2013, who recommended claimant undergo another surgery to address a biceps issue. (Ex. 2, p. 15) The surgery took place on September 16, 2013. (Ex. 3, p. 4)

October 14, 2013 claimant returned to Dr. Deffer. At that time claimant was not able to return to work because the defendant employer had no more light duty for him. (Ex. 1, p. 13) Claimant asserted that his safety director, Joe Banner, informed claimant that he could only work for one or two weeks on light duty. In early October claimant was taken off of work and told that he could not return until he could work without restrictions. He was given six weeks of FMLA leave.

Claimant was worried about his employment status, specifically that if he would not return to full duty work he would be terminated. November 11, 2013, claimant reported back to Dr. Deffer with pain anteriorly in the shoulder. (Ex. 2, p. 12) He was released to return to work on November 18, 2013, based upon claimant's report that if he was not returned to full duty without restrictions he would be terminated. (Ex. 2, p. 12)

By November 25, 2013, he had met all of his treatment goals in physical therapy and "has been able to return to work without restrictions". (Ex. B, p. 6) Claimant was discharged from physical therapy.

December 17, 2013 claimant left work at 8:00 AM. He could not find a supervisor. He informed a worker who had formerly been his night supervisor that he was leaving work due to pain. Claimant was fired for insubordination the following day. The defendants do not dispute the claimant's account but maintain that claimant could have called the superintendent or spoken to someone in the front office but failed to do so. Further, even though he left work because of his pain, he did not seek medical treatment.

On December 27, 2013 claimant returned to Dr. Deffer's office. (Ex. 1, p. 7) On examination, claimant's anterior shoulder pain was doing better although he had trigger point pain in his right trapezius. He was sent for more physical therapy and assigned work restrictions of no pushing, pulling or lifting more than 40 pounds and at shoulder level with the right arm. (Ex. 1, p. 7)

Claimant underwent an injection into his shoulder on January 15, 2014. (Ex. 2, p. 10) Because of ongoing pain, claimant followed up with Dr. Deffer and it was discovered that he had a failed hardware situation. An anchor was sitting in the subcutaneous tissue. (Ex. 2, p. 9) This anchor was removed on March 7, 2014. (Ex. 3, p. 6)

He began physical therapy again on March 17, 2014. He was given work restrictions of no overhead work and no pushing, pulling or lifting more than 20 pounds. (Ex. 2, p. 8)

He returned on April 14, 2014. Dr. Deffer concluded that the biggest problem was claimant's conditioning. They were struggling with returning strength. (Ex. 2, p. 3) The claimant attended additional physical therapy. By the end of May, claimant had resolved much of his pain but he had internal rotation and loss of strength. (Ex. 2, p. 2) Dr. Deffer concluded the claimant was at maximum medical improvement on June 25, 2014. At that time claimant still had limitation with forward flexion introduction and complaining of a painful click with certain activities. (Ex. 2, p. 1)

Dr. Deffer assigned the following restrictions:

> Robert is here for followup of his right shoulder surgery. At this point he has reached maximum medical improvement.
>
> EXAMINATION: Still has some limitation with forward flexion and abduction. Complains of a painful click with certain activities. At this point we are going [sic] put him at maximum medical improvement as of 06/25/2014.
>
> PERMANENT IMPAIRMENT RATING: Robert is under my care for right shoulder injury sustained at Morton Building back in 2013. He has undergone 2 surgeries for his right shoulder. He had a distal clavicle excision, subacromial decompression, and biceps tenodesis. He had a second operation to remove the biceps tenodesis screw. He was seen today on June 25, 2014 and placed at maximum medical improvement. His range of motion is full internal and external rotation. He has abduction to 120 degrees, forward flexion to 130 degrees. His permanent impairment rating based on the 5th Edition AMA guidelines page 476 forward flexion figure is 16-40, forward flexion to 130 degrees gives him a 3% upper extremity impairment. Abduction page 477 figure 16-43, 120 degrees of abduction gives him a 3% upper extremity impairment. This gives him a 6% upper extremity impairment for loss of motion. He also receives impairment based on the distal clavicle excision. Table 16-27 on page 506 distal clavicle resection, arthroplasty with 10% upper extremity impairment. This is combined with the motion measurements and gives him a 15% upper extremity impairment right upper extremity. Still complains of fairly significant weakness and he has undergone maximum medical treatment with physical therapy. 15% upper extremity impairment can be converted to 9% body as a whole. He does have permanent restriction of no lifting greater than 50 pounds with bilateral upper extremities and no use of the right upper extremity above shoulder level.

(Ex. 2, p. 1) He recommended claimant avoid over the shoulder work but suggested the claimant could lift over 50 pounds.

Jerry Blow M.D. performed an independent medical examination on July 2, 2014. On examination he was very tender over his right bicipital tendon and some impingement signs on the right. He also was sore over his lateral scapula, supraspinatus, infraspinatus and upper rhomboid. The subscapularis was also tender on the right side. (Ex. 4, p. 18) Dr. Blow assigned a 17 percent whole person impairment based upon range of motion and the type of surgery he underwent. (Ex. 4, p. 18) Dr. Blow noted that claimant continued to have significant pain along with weakness in the shoulder. Dr. Blow made a few treatment recommendations and agreed with Dr. Deffer the claimant should avoid overhead work and instead of a 50-

pound lifting restriction, imposed restricting of 25 pounds frequently and 35 pounds occasionally. (Ex. 4, p. 19)

On July 6, 2015, claimant underwent another independent medical examination with Robin Sassman, MD. (Ex. 6, p. 10) At this examination, claimant reported constant pain in the right shoulder and upper arm which worsened upon use. He complained of headaches that he did not have before he was hurt in March 2013 and a loss of strength. (Ex. 6, p. 5)

Dr. Sassman recorded reduced range of motion in the shoulder in flexion, extension, abduction, adduction and internal rotation. (Ex. 6, p. 7) Claimant was tender to palpation and he had positive impingement signs on the right. (Ex. 6, p. 8)

Dr. Sassman assessed a 14 percent whole person impairment. Dr. Sassman went on to note:

> This differs from Dr. Blow's impairment rating of "17% whole person impairment". At first, my impairment rating appears lower than Dr. Blow's rating, but it is not. It appears that Dr. Blow assigned him 19% upper extremity impairment initially, but then used the wrong table to convert 19% upper extremity impairment to whole person impairment. The proper table to use for this is Table 16-3 on page 439, which converts upper extremity impairment to whole person impairment. In this case Dr. Blow's 19% upper extremity impairment would correctly convert to 11% whole person impairment. (It appears that Dr. Blow used Table 16-2 on page 439 which actually converts hand impairment to upper extremity impairment.)
>
> Restrictions
>
> Mr. Titmus should limit lifting, pushing, pulling and carrying to 10 pounds occasionally using both hands at waist height. I would not recommend working above shoulder height or from floor to waist. I would not recommend use of vibratory or power tools as these may exacerbate his symptoms. He should not use ladders as he would be unable to maintain a three-point safety stance due to his symptoms. This injury has affected Mr. Titus' dominant extremity and therefore the above restrictions and impairment rating are appropriate.

(Ex. 6, p. 9)

On November 11, 2015, Charles Mooney, M.D. examined claimant. Claimant's reports of pain and loss of strength and range of motion were consistent with his previous two medical examinations.

CURRENT COMPLAINTS:

> Currently Mr. Titmus is complaining of nearly constant pain anteriorly in the right shoulder. He reports a sensation of a burning pain in the lateral aspect of the shoulder. He reports both of these are constant. They are aggravated by "any use" of his right arm. They are somewhat relieved by holding his right arm close to his side. He reports he is taking over-the-counter pain medications twice a day. He reports he has increase in pain occasionally with sleeping on his shoulder, but no specific night pain. He rates his pain at 4/10 at rest, and up to a 6 with use. He has no other complaints at this time.

(Ex. 8, p. 4)

Dr. Mooney diagnosed claimant with having some evidence of chronic right shoulder crepitus and pain. (Ex. 8, p. 8) However, he went on to say that "There are significant and progressive loss of motions demonstrated after that time which cannot be otherwise explained." Dr. Mooney's examination resulted in much the same range of motion measurements, but he questioned those because they were different from Dr. Duffer and the treating physical therapist. (Ex. 8, p. 8)

Because of the "wide variation" of testing results, Dr. Mooney opted to assess impairment ratings more in line with the findings of Dr. Deffer and the physical therapist. (Ex. 8, p. 8)

He assessed a 9 percent impairment rate along with work restrictions of lifting 50 pounds and no work above the shoulder height on the right. (Ex. 8, p. 8)

There were competing vocational expert witness reports.

Tom Audet, CRC, performed a vocational assessment on November 6, 2014. (Ex. 7) At that time only the reports of Dr. Deffer and Dr. Blow had been issued. Pre-injury, claimant had the skills and abilities working 58 different occupations. Based on the work restrictions of Dr. Blow, those occupations would fall to 39. (Ex. 7, p. 6) Mr. Audet also estimated the claimant would sustain a wage loss of approximately 23 to 31 percent. (Ex. 7, p. 7) Mr. Audet did no assessment as to claimant's loss of employability based upon the work restrictions of Dr. Deffer. Ultimately, Mr. Audet concluded that the claimant sustained an overall loss of earning capacity ranging from 57 percent to 65 percent. (Ex. 7, p. 7)

Tom Karrow, M.Ed., CRC, performed a vocational assessment on November 4, 2015. (Ex. G) Mr. Karrow concluded claimant fell within the light to medium level of physical activity based on a review of the documentation provided as well as the interview with the claimant. (Ex. G, p. 5) Claimant's past history of work includes both light and medium category jobs. (Ex. G, p. 6) Mr. Karrow identified a number of regionally close jobs that fit claimant's skill set and varying physical levels of ability.

Some of those jobs required interaction with the public either through sales or customer support—positions claimant had not held in the past. (Ex. 6, pp. 7-8) Mr. Karrow felt there were positions available to the claimant but that they would likely be at a reduced hourly wage which was approximately 32 percent. (Ex. G, p. 9) He also noted that claimant had applied to only one position suggesting claimant's motivation to return to work was low.

Claimant has not been employed since being let go from defendant employer in October of 2014.

Claimant filed an application for Social Security Disability benefits. Part of the application was based upon migraine headaches. (Ex. K, pp. 10 to 12) The headaches occur monthly and can debilitate him for hours. (Ex. K, p. 9)

CONCLUSIONS OF LAW

The claimant has the burden of proving by a preponderance of the evidence that the injury is a proximate cause of the disability on which the claim is based. A cause is proximate if it is a substantial factor in bringing about the result; it need not be the only cause. A preponderance of the evidence exists when the causal connection is probable rather than merely possible. George A. Hormel & Co. v. Jordan, 569 N.W.2d 148 (Iowa 1997); Frye v. Smith-Doyle Contractors, 569 N.W.2d 154 (Iowa App. 1997); Sanchez v. Blue Bird Midwest, 554 N.W.2d 283 (Iowa App. 1996).

The question of causal connection is essentially within the domain of expert testimony. The expert medical evidence must be considered with all other evidence introduced bearing on the causal connection between the injury and the disability. Supportive lay testimony may be used to buttress the expert testimony and, therefore, is also relevant and material to the causation question. The weight to be given to an expert opinion is determined by the finder of fact and may be affected by the accuracy of the facts the expert relied upon as well as other surrounding circumstances. The expert opinion may be accepted or rejected, in whole or in part. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); IBP, Inc. v. Harpole, 621 N.W.2d 410 (Iowa 2001); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995). Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417 (Iowa 1994). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994).

Since claimant has an impairment to the body as a whole, an industrial disability has been sustained. Industrial disability was defined in Diederich v. Tri-City R. Co., 219 Iowa 587, 258 N.W. 899 (1935) as follows: "It is therefore plain that the legislature intended the term 'disability' to mean 'industrial disability' or loss of earning capacity and not a mere 'functional disability' to be computed in the terms of percentages of the total physical and mental ability of a normal man."

Functional impairment is an element to be considered in determining industrial

disability which is the reduction of earning capacity, but consideration must also be given to the injured employee's age, education, qualifications, experience, motivation, loss of earnings, severity and situs of the injury, work restrictions, inability to engage in employment for which the employee is fitted and the employer's offer of work or failure to so offer. McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Olson v. Goodyear Service Stores, 255 Iowa 1112, 125 N.W.2d 251 (1963); Barton v. Nevada Poultry Co., 253 Iowa 285, 110 N.W.2d 660 (1961).

Compensation for permanent partial disability shall begin at the termination of the healing period. Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Section 85.34.

Both parties agree that the claimant sustained injury that necessitated three surgeries. The defendants argue claimant is entitled to only a minimal finding of industrial disability due to the fact that he has been released to work with only a few restrictions.

Physician	Impairment	Restrictions
Dr. Deffer	9%	No work above the shoulder level and no lifting more than 50 pounds.
Dr. Blow, IME	17%[1]	No work above the shoulder level and no lifting more than 25 pounds.
Dr. Sassman, IME	14%	No work above the shoulder level and no lifting, pushing, or pulling more than ten pounds.
Dr. Mooney, IME	9%	No work above the shoulder level and no lifting more than 50 pounds.

Dr. Mooney made his findings based upon the varying range of motion results that he recorded along with the findings of Dr. Deffer a year earlier. In doing so, he disregarded the claimant's subjective complaints to a great degree along with the opinions and conclusions of Dr. Sassman and Dr. Blow.

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[1] Dr. Blow's conversion calculations are incorrect per Dr. Sassman. A 19 percent combined upper extremity rating should be converted to a 11 percent whole body impairment. (Ex. 6, p. 9) See also AMA Guidelines page 439.

Defendants argue claimant is highly unmotivated to return to the workforce and that he faces other obstacles such as drinking and pneumonia which has affected his employability.

The evidence does suggest the claimant has low motivation in returning to work. He did not apply for any of the positions found for him by Mr. Karrow, although it should be noted that quite a few of the positions suggested by Mr. Karrow did not align with the claimant's prior work experience. Claimant further testified that he did not particularly care to drive to another town for employment, finding 20 miles to be too onerous. At one point in his recovery, claimant was very motivated to return to work. He explained to Dr. Deffer that if claimant was not given a full release he would be terminated. Dr. Deffer reluctantly gave in and agreed to release claimant without restrictions.

However, motivation to return to work is only one factor to be considered in determining the extent of an injured worker's industrial disability. We are asked to weigh the employee's age, education, qualifications, experience, loss of earnings, severity and situs of the injury, work restrictions, inability to engage in employment for which the employee is fitted and the employer's offer of work or failure to so offer.

Claimant worked for the defendant for over 20 years during two different periods of time. They terminated him after his third surgery and did not re-offer employment when he reached maximum medical improvement. According to Mr. Karrow, most of claimant's jobs were unskilled or semi-skilled labor. While there were jobs in the claimant's past that fell within his work restrictions, most of them required some amount of lifting and carrying.

The restrictions varied from doctor to doctor, but beginning with Dr. Blow, claimant's subjective complaints of pain and discomfort and lack of strength and range of motion remained consistent.

While there may have been some alcohol problems in the past, they did not affect his ability to work for the defendant, and there was no evidence it was keeping him from employment at the time of his injury. Dr. Mooney smelled alcohol on the claimant, but did not see any signs of drunkenness or impairment.

Claimant is not able to do overhead shoulder work, and his lifting restrictions place him in either the light or medium category of work. Mr. Karrow, defendants' vocational expert, opined that claimant had around a 32 percent loss of earnings given the reduction in wages available to him.

Mr. Karrow felt that claimant belonged in the light to medium category of work based upon his review of the claimant's restrictions along with an interview of the claimant himself. At the upper end of the medium category of work is the ability to lift 50 pounds.

Claimant's last physical therapy appointment was on June 16, 2014. (Ex. B, p. 10) In that visit, he still exhibited signs of muscle weakness, some limitation in the joint motion at the shoulder and pain in the right shoulder. His flexion and abduction range of motions were full. Claimant and the therapist discussed that claimant would not be able to perform overhead repetitive activities and that claimant would have to find a lower-impact employment due to the pain and weakness in his shoulder.

The test results with Dr. Blow shortly after this showed a different picture as it related to range of motion, and subsequent IMEs with Dr. Sassman and Dr. Mooney also suggested a reduced range of motion.

Based on claimant's testimony, it is found that claimant is capable of light duty work, lifting up to 25 pounds on a regular basis. He may be able to lift more on an occasional basis, but given his restriction of no overhead work and his lifting, pushing, and pulling restrictions, he is limited from doing many of the positions he had in the past.

Given all the factors above, it is determined claimant has sustained a 50 percent industrial disability.

The next question is the commencement date of permanent partial disability benefits.

Permanent benefits begin when temporary benefits end.

Section 85.34(1) provides that healing period benefits are payable to an injured worker who has suffered permanent partial disability until (1) the worker has returned to work; (2) the worker is medically capable of returning to substantially similar employment; or (3) the worker has achieved maximum medical recovery. The healing period can be considered the period during which there is a reasonable expectation of improvement of the disabling condition. See Armstrong Tire & Rubber Co. v. Kubli, Iowa App 312 N.W.2d 60 (1981). Healing period benefits can be interrupted or intermittent. Teel v. McCord, 394 N.W.2d 405 (Iowa 1986).

The first two situations do not apply in claimant's case. He has not returned to work, and he is not capable of returning to substantially similar employment. Thus, the date at which claimant achieved MMI is the appropriate commencement date for permanent benefits.

Dr. Sassman opined that claimant had reached MMI as of March 8, 2015, one year after claimant's third surgery. There was no explanation for Dr. Sassman's conclusion. Claimant's last medical visit was with Dr. Deffer in June 2014. There was no reasonable expectation of claimant improving after June 2014, and there was no evidence that he did improve after that date.

Therefore, claimant reached maximum medical recovery on June 25, 2014, as stated by Dr. Deffer. Claimant is entitled healing period benefits from December 17, 2013, up to June 25, 2014.

Appropriate commencement date for permanent partial disability benefits would be June 26, 2014.

ORDER

THEREFORE, it is ordered:

That defendants are to pay unto claimant two hundred fifty (250) weeks of permanent partial disability benefits at the rate of three hundred eighty-five and 13/100 dollars ($385.13) per week from June 25, 2014.

That defendants shall pay accrued weekly benefits in a lump sum.

That defendants shall pay interest on unpaid weekly benefits awarded herein as set forth in Iowa Code section 85.30.

That defendants are to be given credit for benefits previously paid.

That defendants shall pay the costs of this matter pursuant to rule 876 IAC 4.33.

Signed and filed this 26th day of April, 2016.

JENNIFER S. GERRISH-LAMPE
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

Copies to:

David A. Scott
Attorney at Law
PO Box 999
Spencer, IA 51301-0999
david@cabslaw.com

Lindsey Mills
Attorney at Law
225 - 2nd St. SE, Ste. 200
PO Box 36
Cedar Rapids, IA 52406
lmills@scheldruplaw.com

JGL/sam

Right to Appeal: This decision shall become final unless you or another interested party appeals within 20 days from the date above, pursuant to rule 876-4.27 (17A, 86) of the Iowa Administrative Code. The notice of appeal must be in writing and received by the commissioner's office within 20 days from the date of the decision. The appeal period will be extended to the next business day if the last day to appeal falls on a weekend or a legal holiday. The notice of appeal must be filed at the following address: Workers' Compensation Commissioner, Iowa Division of Workers' Compensation, 1000 E. Grand Avenue, Des Moines, Iowa 50319-0209.