BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

GREG RICE,

Claimant,

vs.

SACHS ELECTRIC,

Employer,

and

AMERISURE INSURANCE COMPANY,

Insurance Carrier,

SECOND INJURY FUND OF IOWA,

Defendants.



File No. 5049190

ARBITRATION

DECISION

Head Note Nos.: 1108; 1803; 2500; 3200

STATEMENT OF THE CASE

Claimant, Greg Rice, filed a petition for arbitration seeking workers' compensation benefits from Sachs Electric, employer and Amerisure Insurance Company, insurance carrier, as well as the Second Injury Fund of Iowa.

The matter came on for hearing on September 14, 2015, before Deputy Workers' Compensation Commissioner Joseph L. Walsh in Des Moines, Iowa. The record in the case consists of claimant's exhibits 1 through 6; defense exhibits 7 through 9 and Second Injury Fund Exhibit 10; as well the sworn testimony of claimant, Greg Rice. All exhibits were offered without objection, with the exception of a few records from a treating physician which were offered late. Any prejudice was cured by holding the record open and allowing defendants to submit additional evidence. Following the hearing, defendants offered additional defense exhibits 10 and 11 which became part of the record. The parties briefed this case and the matter was fully submitted on November 2, 2015. Sonya M. Wright served as the court reporter for the proceedings.

ISSUES

The following issues were submitted for determination.

1. Whether the stipulated work injury caused any permanent disability.

2. If so, what is the extent of functional disability in the claimant's left leg?

3. Whether the claimant is entitled to Second Injury Fund benefits, and specifically, whether there is a first qualifying disability. Claimant alleges he suffered a first qualifying injury in 1998 to his right ankle and leg. Furthermore, if Fund liability is invoked, what is the appropriate credit?

4. The extent of industrial disability, if any, is disputed.

5. Whether the claimant is entitled to alternate medical care.

## STIPULATIONS

Through the hearing report, the parties agreed to the following stipulations which I have accepted and are now deemed binding upon the parties:

1. The claimant and employer had an employer-employee relationship at the time of the injury.

2. The claimant suffered an injury to his left knee on August 24, 2014, which arose out of and in the course of employment.

3. Temporary disability/healing period benefits are not in dispute.

4. If any permanent partial benefits are owed, the parties stipulate that the injury is to the left leg.

5. The commencement date for permanent partial disability benefits, if any are owed, is August 25, 2014.

6. Affirmative defenses have been waived.

7. The weekly rate of compensation is $900.87 per week based upon gross wages of $1,638.92 and being single with one exemption.

8. Defendant employer has agreed to pay the $2,600.00 IME bill of Dr. Irving Wolfe.

## FINDINGS OF FACT

Greg Rice was 58 years old at the time of hearing. He resides in St. Joseph, Missouri. He graduated from Central High School in St. Joseph, Missouri in 1975 and studied criminal justice for a time at Missouri Western State University. He never received a college degree. He has worked as a skilled journeyman electrician for the past 21 years working for various employers through his Union Hall. (Claimant's Exhibit 6, pages 26-27) He has worked for a number of employer's at Union scale. Prior to that, he was an apprentice.

Mr. Rice testified under oath at hearing. He presented credibly. His hearing testimony was consistent with his deposition testimony and the medical records in this case. His demeanor gave the undersigned no reason for concern.

In November 1998, Mr. Rice testified he broke his ankle after slipping on a freshly mopped floor at a bar. There are no medical records related to this accident in the record, however, Mr. Rice testified about the accident at hearing and provided numerous important details. Similar details were provided at his deposition testimony, which was consistent with his hearing testimony. (Fund Ex. 10, Rice Depo, pp. 40-42) Mr. Rice was treated at Heartland Hospital and then he wore a cast for 8 weeks. He was unable to work with the cast but after it was removed, he returned to full-duty. He testified his ankle was never the same after the injury. It has a tendency to "roll" if he is not careful and weather changes cause acute symptoms and pain. Overall, he healed up quite well and has not had much difficulty with it since the cast was removed. The uncontroverted medical evidence in this case demonstrates that he has a one percent permanent loss of function of his body as a whole as a result of the November 1998 injury. (Cl. Ex. 4, p. 21)

The injury itself is stipulated. Mr. Rice suffered an injury to his left leg which arose out of and in the course of his employment. On August 24, 2014, Mr. Rice was working for the defendant employer, Sachs Electric. While performing his job duties, he and his coworker picked up a piece of conduit to take it to a machine. Mr. Rice's foot slipped in the mud and he hyperextended his left knee. The injury was witnessed. At first, Mr. Rice felt very little pain in his knee. He did not feel it was a significant injury at all. As the day progressed, he noticed more pain. He returned and worked the next day as well and the pain continued to increase. By the third day, Mr. Rice could hardly put any weight on his left leg. Once he realized the injury was serious, he reported the injury to his foreman, Mike Evans. The safety director and union steward were present when the injury was reported. Mr. Rice was terminated the same day.

The employer's insurance carrier accepted the claim as compensable and directed the medical treatment. Mr. Rice was directed to see Arthur West, M.D. The first visit occurred on August 27, 2014. He diagnosed a sprain/strain to the left knee. (Cl. Ex. 1, p. 1) He was provided conservative care in the form of medications, home exercises and ice, although no restrictions. (Cl. Ex. 1, p. 2) On September 2, 2014, Mr. Rice reported the symptoms were worsening. (Cl. Ex. 1, p. 3) Mr. Rice had an MRI on September 4, 2014, which on September 11, 2014, Dr. West released the claimant, opining he was at maximum medical improvement (MMI). (Cl. Ex. 1, p. 4) Dr. West also noted that claimant should see his primary care physician for "a pre-existing related condition." (Cl. Ex. 1, p. 4) An MRI was taken on September 4, 2014. The original report did not find a specific tear, only degenerative changes. (See Def. Ex. 10, pp. 4-5; Cl. Ex. 4, p. 13; Def. Ex. 7, p. 6)

Medical records of Louis Lam, M.D., are also in the file. (Def. Ex. 7) Based upon this record, it is not entirely clear what role Dr. Lam played as it does not appear he ever directly evaluated the claimant. It appears he tracked the claim, spoke with both the claimant and Dr. West and documented various medical issues for the employer. Dr. Lam reached his opinion very quickly that none of the claimant's ongoing symptoms were related to his work injury. (Def. Ex. 7, p. 7)

In September 2014, Dr. West checked boxes on a prepared form providing expert opinions. He opined that claimant's left knee sprain had completely recovered without any impairment. He checked "NO" regarding the following statement. "Do you feel that the medial meniscal and ACL pathologies notes on the 9/4/14 MRI are causally related to the 8/27/14 accident?" (Cl. Ex. 1, p. 5) He acknowledged that the claimant continued to have left knee pain at his release but opined that the ongoing pain is not "causally related" to the 8/27/14 accident. (Cl. Ex. 1, p. 5)

The injury did not prevent Mr. Rice from working. He returned to work at the union pay scale at Miller Electric just two weeks after being let go.

Mr. Rice did not receive follow up treatment until July 9, 2015. William Humphreys, M.D., saw him on that date. He recorded the following history.

> Gregory returns. He is now 58 years old. He hurt his knee last year while working on the Google facility up at Council Bluffs. He was seen by worker's comp and released that day but he still has an open case by his account. . . . His knee is still problematic. It will catch and give on him. He thinks it swells some. It hurts anteriolaterally. He had an MRI of his left knee which is substandard by my opinion.
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> . . .
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> I discussed with him the fact that his knee has been problematic now for 9+ months. I think he would probably benefit from an MR with a higher grade magnet to assess his knee better.

(Cl. Ex. 2, p. 6)

Open MRI of St. Joseph performed the MRI on the same date with the following finding. "There is a linear tear of the inferior surface of the posterior horn of the medial meniscus and a smaller tear of the anterior margin of the of the root of the medial meniscus." (Cl. Ex. 3, p. 8) Some osteoarthritis was also noted. (Cl. Ex. 3, p. 8) Mr. Rice returned to Dr. Humphreys on July 21, 2015. "The MRI . . . is positive for a posterior horn medial meniscus tear as well as some arthritic changes of his knee." (Cl. Ex. 2, p. 7) He reviewed the MRI with Mr. Rice at length and offered to see him back as needed.

Irving Wolfe, D.O., evaluated Mr. Rice by way of independent medical evaluation on August 5, 2015. (Cl. Ex. 4) He reviewed a number of medical records and recorded the history provided by Mr. Rice. Based upon the report, he was quite thorough. He also performed a thorough evaluation of the claimant's left knee. Dr. Wolfe diagnosed a "left medial meniscus tear with resultant chronic pain and decreased range of motion of the left knee." (Cl. Ex. 4, p. 18) He opined that the claimant's ongoing left knee symptoms and impairments "are directly causally related to" the work accident. (Cl. Ex. 4, p. 19) He noted that the claimant had not had a history of prior knee problems. He assigned an 11 percent whole body impairment rating based upon the AMA Guides. (Cl. Ex. 4, p. 19)

On September 29, 2015, Kenneth Mann, D.O., prepared an addendum to the September 2014, MRI report.

> Following a phone conversation with Dr. West and after obtaining the patient's most recent MRI study of the left knee performed on 7/9/15 at Open MRI in St. Joseph Missouri, this additional addendum was generated.
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> The patient's study performed at Watson Imaging Center dated 9/4/2014 was compared to the most recent evaluation of 7/9/15 performed at Open MRI.
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> On the most recent study, there is abnormal signal suggestive of a horizontal cleavage phase and possibly a small vertical tear towards the free margin of the posterior horn medial meniscus. There was abnormal signal intensity demonstrated within the posterior horn of the medial meniscus on study performed 9/4/2014. No definite horizontal cleavage plane was demonstrated. Therefore the abnormal signal was attributed to degeneration of the meniscus. The image quality of the study dated 9/4/2014 was less than optimal secondary to aguistions obtained utilizing the body coil and motion. Was the tear present and not visualized on prior study due to less than optimal image quality? Degenerative menisci are more prone to tears. Did this patient experience an injury between the examinations? The most recent examination was performed approximately nine months following the initial examination. The amount of joint effusion on the most recent study appears to have increased slightly when compared to the study of 9/4/2014. Arthroscopy of the knee offered if deemed clinically necessary to confirm the suspected tear of the posterior horn of the medial meniscus.
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> . . .
>
> In conclusion, abnormal signal intensity was demonstrated within the posterior horn of the medial meniscus on the study of 9/4/2014 which was

> attributed to myxoid degeneration. The most recent study performed on 7/9/2015 demonstrates what is suggestive of a horizontal cleavage plane and possible small vertical tear. Arthroscopy would confirm the presence of a tear of the medial meniscus if deemed clinically necessary. It is not out of the realm of possibility, that this tear occurred between the examinations or possibly was present on the previous study on 9/4/2014 and not visualized due to the less than optimal image quality.

(Def. Ex. 10, pp. 1-2) After speaking with Dr. West, Dr. Mann modified his opinion slightly. The finding on the MRI "would most likely represent a chronic finding and not relate to the patient's recent injury." (Def. Ex. 10, p. 2) He also suggested that a new injury could have given the same appearance. (Def. Ex. 10, pp. 2-3)

There is no evidence of a new injury in the record before the agency.

On October 11, 2015, Dr. Lam wrote a three page report which is now in evidence. He spent three pages (without formal paragraphs) going over all of the information surrounding the MRI reports. He essentially concluded that the findings on the new MRI were either preexisting or occurred in a subsequent injury after the date of the work injury. (Def. Ex. 11) I find the report confusing and not convincing. I give it very little weight.

## CONCLUSIONS OF LAW

The first question is whether August 24, 2014, work injury caused any permanent disability to the claimant's left leg. Specifically the issue revolves around the appropriate diagnosis of the condition(s) caused or aggravated by the work injury. The claimant alleges he suffered a torn meniscus, while the defendants claim the appropriate diagnosis was a mere sprain. Any ongoing problems, according to the defendants, are unrelated to the work injury. They are either preexisting degenerative conditions or there was a new injury after the work injury.

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).

The expert medical opinions are conflicted. Dr. Lam and Dr. West essentially opined that claimant's ongoing symptoms were not work-related. Specifically, Dr. West checked the "NO" box to the following question. "Do you feel that the medial meniscal and ACL pathologies notes on the 9/4/14 MRI are causally related to the 8/27/14 accident?" (Cl. Ex. 1, p. 5) Dr. Wolfe opined that the findings on the July 2015, MRI are causally related to the claimant's August 2014, work injury.

The greater weight of evidence establishes that the claimant suffered a torn meniscus as a result of his work injury. He also probably aggravated his underlying degenerative conditions, which, prior to the work injury, were asymptomatic. I base this upon the credible opinion of Dr. Wolfe, combined with the claimant's credible testimony in the record. The claimant's testimony and the medical records from Dr. Humphreys and Open MRI, support this conclusion. The initial addendum report from Dr. Mann also supported a conclusion that, assuming there was no new injury, the tear was likely already there. (Def. Ex. 10, pp. 1-2) I find this portion of Dr. Mann's report credible.

Importantly, there is no evidence in this record of a new injury to the claimant's knee after August 24, 2014. The record is clear that the claimant did not have knee pain and symptoms prior to his work injury. He continued to have significant difficulties after the work injury. His symptoms were clearly not resolved at the time he was released by his physicians. I believe the claimant that the symptoms continued through his visit with Dr. Humphreys. All of these facts support the conclusion reached by Dr. Wolfe.

For these reasons, I find the claimant has met his burden that his injury is a proximate cause of disability.

Having found that the claimant has proven causal connection between his stipulated work injury and permanent functional loss in his left leg, the next question submitted is the extent of claimant's bilateral hands disability.

Under the Iowa Workers' Compensation Act, permanent partial disability is compensated either for a loss or loss of use of a scheduled member under Iowa Code section 85.34(2)(a)-(t) or for loss of earning capacity under section 85.34(2)(u). The extent of scheduled member disability benefits to which an injured worker is entitled is determined by using the functional method. Functional disability is "limited to the loss of the physiological capacity of the body or body part." Mortimer v. Fruehauf Corp., 502 N.W.2d 12, 15 (Iowa 1993); Sherman v. Pella Corp., 576 N.W.2d 312 (Iowa 1998).

The fact finder must consider both medical and lay evidence relating to the extent of the functional loss in determining permanent disability resulting from an injury to a scheduled member. Terwilliger v. Snap-On Tools Corp., 529 N.W.2d 267, 272-273 (Iowa 1995); Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417, 420 (Iowa 1994).

Since the location of the disability is his left leg, the compensation is dictated by Iowa Code section 85.34(2)(0) (2015). The benefits are capped and calculated as a percentage of 220 weeks.

The best evidence in the record is the rating of Dr. Wolfe. He assigned an 11 percent whole body rating based upon the AMA Guides to the Evaluation of Permanent Impairment Guides, Fifth Edition. This rating converts to 27 percent of the left leg. AMA Guides, Fifth Ed., Table 17-3. I find that the claimant has suffered a loss of left leg function of 27 percent. This entitles claimant to 59.4 weeks of compensation.

The next issue is whether the claimant has proven a first qualifying injury and disability such that Second Injury Fund liability is triggered.

The first paragraph of section 85.64 states:

> If an employee who has previously lost, or lost the use of, one hand, one arm, one foot, one leg, or one eye, becomes permanently disabled by a compensable injury which has resulted in the loss of or loss of use of another such member or organ, the employer shall be liable only for the degree of disability which would have resulted from the latter injury if there had been no preexisting disability. In addition to such compensation, and after the expiration of the full period provided by law for the payments thereof by the employer, the employee shall be paid out of the "*Second Injury Fund*" created by this division the remainder of such compensation as would be payable for the degree of permanent disability involved after first deducting from such remainder the compensable value of the previously lost member or organ.

Iowa Code section 85.64 governs Second Injury Fund liability. Before liability of the Fund is triggered, three requirements must be met. First, the employee must have lost or lost the use of a hand, arm, foot, leg, or eye. Second, the employee must sustain a loss or loss of use of another specified member or organ through a compensable injury. Third, permanent disability must exist as to both the initial injury and the second injury.

The Second Injury Fund Act exists to encourage the hiring of workers with disabilities by making a current employer responsible only for the amount of disability related to an injury occurring while that employer employed the individual as if the individual had had no preexisting disability. See Anderson v. Second Injury Fund, 262 N.W.2d 789 (Iowa 1978).

The Fund is responsible only for the industrial disability present after the second injury that exceeds the disability attributable to the first and second injuries. Section 85.64. Second Injury Fund of Iowa v. Braden, 459 N.W.2d 467 (Iowa 1990); Second Injury Fund v. Neelans, 436 N.W.2d 335 (Iowa 1989); Second Injury Fund v. Mich. Coal Co., 274 N.W.2d 300 (Iowa 1970).

The only issue regarding Fund liability is whether the first injury resulted in any permanent loss of function. Mr. Rice suffered an injury in a bar in 1998. He broke his ankle. This fact is not seriously disputed. He was wearing cowboy boots and he slipped on a freshly mopped floor. While it is somewhat unusual to have none of the prior records in evidence, I believe him.

The Fund argues correctly that the claimant has had no treatment whatsoever since he had his cast removed. He has never gone in for a recheck or had any documented issues with the ankle since he was released. There was no surgery and he has no documented loss of range of motion. The first time his ankle has been evaluated by any physician since being released is when Dr. Wolfe evaluated him for litigation purposes. All of this, of course is true. And all of this points to the fact that the claimant's loss of function in his right leg is minimal. He does, however, have some loss of function in his ankle. Mr. Rice testified his ankle was never the same after the injury. I believe him. He testified his ankle has a tendency to "roll" if he is not careful and weather changes cause acute symptoms and pain. Again, I believe him. While this would be an easier case had the claimant simply produced earlier medical records better documenting the injury, I find the greater weight of evidence supports a finding that the claimant has a 2 percent loss of function of his right leg. See AMA Guides, Fifth Ed., Table 17-3. Two percent of 220 weeks equates to 4.4 weeks of benefits, which is the additional credit to which the Fund is entitled.

The next issue the claimant's extent of industrial disability.

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.

I find that the greater weight of evidence supports a finding that claimant has suffered a 15 percent loss of earning capacity as a result of his combined injuries. At the time of hearing, claimant was 59 years old. He has a 27 percent functional loss of his left leg and a 2 percent functional loss of his right from separate injuries. Thus far, these disabilities have caused very little impact on his employability. The combined difficulties, however, undoubtedly cause some objective loss of earning capacity in the competitive job market. The industrial disability is minimal, not nonexistent.

Fifteen percent of 500 weeks is 75 weeks of benefits. The Fund is entitled to a credit of 63.8 weeks of benefits, therefore, the Fund is liable for 11.2 weeks of benefits, commencing at the conclusion of the employer's obligation.

The final issue is the claimant's need for alternate medical care.

The employer shall furnish reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance and hospital services and supplies for all conditions compensable under the workers' compensation law. The employer shall also allow reasonable and necessary transportation expenses incurred for those services. The employer has the right to choose the provider of care, except where the employer has denied liability for the injury. Iowa Code section 85.27 (2013).

By challenging the employer's choice of treatment – and seeking alternate care – claimant assumes the burden of proving the authorized care is unreasonable. See Long v. Roberts Dairy Co., 528 N.W.2d 122 (Iowa 1995). Determining what care is reasonable under the statute is a question of fact. Id. The employer's obligation turns on the question of reasonable necessity, not desirability. Id.; Harned v. Farmland Foods, Inc., 331 N.W.2d 98 (Iowa 1983).

An application for alternate medical care is not automatically sustained because claimant is dissatisfied with the care he has been receiving. Mere dissatisfaction with the medical care is not ample grounds for granting an application for alternate medical care. Rather, the claimant must show that the care was not offered promptly, was not reasonably suited to treat the injury, or that the care was unduly inconvenient for the claimant. Long v. Roberts Dairy Co., 528 N.W.2d 122 (Iowa 1995).

The claimant is entitled to medical treatment for his work injury. I have now found that the claimant's condition is causally connected to his work injury. Correspondingly, the defendants must provide treatment for this condition. Alternate medical care is ordered. Defendant employer shall authorize a new treatment provider to provide medical care for the claimant.

ORDER

THEREFORE IT IS ORDERED

Defendant employer shall pay the claimant fifty-nine and four-tenths (59.4) weeks of permanent partial disability benefits at the rate of nine hundred and 87/100 ($900.87) per week commencing August 25, 2014.

Defendant employer shall pay accrued weekly benefits in a lump sum.

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

Defendant employer shall promptly authorize a new physician to treat claimant's left knee condition.

Defendant employer shall pay the IME costs in the amount of two thousand six hundred and no/100 dollars ($2,600.00).

Defendant Fund shall pay the claimant eleven and four-tenths (11.4) weeks of permanent partial disability benefits at the rate of nine hundred and 87/100 dollars ($900.87) per week commencing upon the conclusion of defendant employer's obligation to pay permanent partial disability benefits.

Defendant Fund shall pay accrued weekly benefits in a lump-sum.

Defendant employer shall file subsequent reports of injury as required by this agency pursuant to rule 876 IAC 3.1(2).

Reasonable costs are taxed to defendant employer.

Signed and filed this 17th day of August, 2016.

JOSEPH L. WALSH
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

Copies to:

Randall Schueller
Attorney at Law
1311 – 50th ST
West Des Moines, IA 50266
randy@loneylaw.com

Bill M. Lamson
Attorney at Law
222 South 72nd St., Ste. 302
Omaha, NE 68114
blamson@evans-dixon.com

Stephanie Jo Copley
Dept. Of Justice-Special Litigation
Hoover State Office Bldg.
Des Moines, IA 50319
stephanie.copley@iowa.gov

JLW/kjw

**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.