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 ARBITRATION DECISION Head Note Nos.: 1803.1, 1108

STATEMENT OF THE CASE

The claimant, Michael Curtis, filed a petition for arbitration seeking workers' compensation benefits from Heiar Fencing & Supply, Inc., employer, and Acuity Insurance, insurance carrier. The claimant was represented by Chadwyn Cox. The defendants were represented by Coreen Sweeney.

The matter came on for hearing on January 15, 2021, before Deputy Workers' Compensation Commissioner Joe Walsh in Des Moines, Iowa via Court Call videoconferencing system. The record in the case consists of Joint Exhibits 1 through 11; Claimant's Exhibits 1 through 10; and Defense Exhibits A through J. All exhibits were received without objection. The claimant testified at hearing, in addition to Jane Curtis and Doug Heiar. Emily Maiers was appointed the court reporter. The matter was fully submitted on March19, 2021, after helpful briefing by the parties.

ISSUES

The parties submitted the following issues for determination:

1. While the parties have stipulated that the injury is a cause of temporary disability is disputed, the claimant alleges he is entitled to additional temporary disability benefits between September 27, 2018, through February 12, 2020.

2. The nature and extent of the claimant's disability is disputed, including the correct commencement date for permanency benefits.

3. Claimant is seeking alternate medical care under Iowa Code section 85.27.

STIPULATIONS

Through the hearing report, the parties stipulated to the following:

1. The parties had an employer-employee relationship.

2. Claimant sustained an injury which arose out of and in the course of employment on September 27, 2018.

3. The admitted work injury is a cause of some temporary disability.

4. The elements comprising weekly rate of compensation are all stipulated. The parties assert the correct weekly rate is $633.91.

5. There is no claim for additional medical expenses.

6. Defendants have agreed to pay the Iowa Code section 85.39 IME expenses set forth in Claimant's Exhibit 9.

7. The parties have stipulated to the benefits which have been paid as set forth in Defendants' Exhibit A.

8. Affirmative defenses have been waived.

FINDINGS OF FACT

Claimant Michael J. Curtis was 63-years-old as of the date of hearing. He resides in Epworth, Iowa. Mr. Curtis testified live and under oath on the video hearing. I find his testimony to be generally credible. He was a decent historian and his testimony generally matched with other areas of the record. There was nothing about his demeanor which caused me concern regarding his truthfulness.

Mr. Curtis graduated from high school. He has no formal education beyond this. His past employment consists of manual labor including concrete work, farm labor and assembly work. He began working for Heiar Fencing (hereafter "Heiar") in May 2003. Heiar installs farm and DOT-grade fencing. Mr. Curtis worked full-time for Heiar as an installer. He earned $19.50 per hour. He worked 50 to 60 hours per week at busy times. At some point during his employment tenure, he obtained his commercial driver's license (CDL) and drove a semi so he could haul equipment to job sites. Mr. Curtis spent a great deal of time operating a semi-trailer or skid loader in his position. He was a valued employee and he never missed significant time from work prior to this work injury. In fact, he performed all of the aspects of his job, including some heavy lifting, all the way up until his work injury.

Prior to his work injury, Mr. Curtis suffered from a degenerative condition in his left hip. He had fallen on the ice in 2014, and was seen at Crescent Community Health Center beginning in March 2014. He was eventually referred to a specialist and diagnosed with severe left hip osteoarthritis. (Joint Exhibit 8, pages 108-111) In

January 2015, he was considering left total hip replacement. He was also diagnosed with chronic low back pain. (Jt. Ex. 7, pp. 91-93) At the same time, Mr. Curtis was also diagnosed with right femoral deep vein thrombosis and "intermittent burning of the left and right legs at night." (Jt. Ex. 7, p. 93)

Mr. Curtis followed up for his left hip condition in 2017 and 2018. In January 2018, his left hip osteoarthritis symptoms were significant. His physical therapist noted that the symptoms were increasing and he feared it would interfere with his ability to work. (Jt. Ex. 10, pp. 116-118) In March 2018, Mr. Curtis began seeing Stephen Pierotti, M.D. Dr. Pierotti recommended or at least offered surgery. (Jt. Ex. 2, p. 38) At that time, Mr. Curtis was given no medical restrictions. He was able to ambulate normally and work without limitations. Mr. Curtis did not schedule the surgery at that time. Dr. Pierotti characterized the issue was whether the "pain is bad enough to proceed with surgery." (Jt. Ex. 2, p. 38) Mr. Curtis admitted in his testimony that he had planned to have hip replacement surgery for at least two years prior to his work injury. Mr. Heiar testified he walked with a notable limp prior to the injury and had the nickname "grandpa."

After the March 2018, appointment, Mr. Curtis continued to work with no medical restrictions or limitations. On September 27, 2018, Mr. Curtis was working on a project with a crew which included Mr. Heiar. Later in the evening, while working in the dark, he stepped in a four foot fence post hole. His right leg went in the hole and his left leg did not, causing a hyperextension type injury. A co-worker had to help him out of the hole. He testified that he told Mr. Heiar he would tough it out and keep working. In the hours after his injury, his entire left leg became painful. Overnight, his ankle swelled and he had difficulty getting out of bed the following morning. He sought treatment on September 28, 2018, with Tri-State Occupational Health (TSOH). The following is documented.

> He presents to the clinic for initial evaluation for an injury to his left ankle, knee and hip which occurred last evening. Reports he was working his regular job for Heiar Fencing but it was dark and he forgot there was a hole in the ground next to him, and his left leg fell into the hole. He states he finished his shift after midnight. He had difficulty walking at that time, but stayed in the skilled [sic] loader for the remainder of the shift. When he got home, he had difficulty walking. He continued to have difficulty walking this morning.

(Jt. Ex. 1, p. 1) He informed the clinic that his worst pain was in the ankle and hip and fully described his preexisting hip symptoms. He was provided medications, crutches, x-rays and was taken off work. No broken bones were detected in the radiographs. He continued to use the crutch to ambulate throughout his treatment.

Mr. Curtis returned to TSOH four days later with no improvement. He reported his hip and ankle were worse. (Jt. Ex. 1, p. 7) He began physical therapy and a regimen of conservative medical treatment primarily for his ankle. Eventually, Erin Kennedy, M.D., assumed his care. Treatment for his left hip condition was denied

because of his preexisting status. (Jt. Ex. 1, p. 22) He explained to Dr. Kennedy that he had never had left ankle or knee pain previously and his hip pain was much worse. (Jt. Ex. 1, p. 23)

Mr. Curtis returned to Dr. Pierotti in January 2019. He noted that the pain had worsened since the work accident. Dr. Pierotti documented the following:

> HPI: The patient is well known to me. I saw him in March 2018 where we diagnosed left hip arthritis. We did discuss at that time the diagnosis and treatment options, and I told him he would probably need a hip replacement because of the severity of the arthritis at that time. I have not seen him for almost 10 or 11 months. He is in today with a history of an injury at work where he stepped in a hole with his right leg and flexed his hip suddenly. At that time, he was seen and treated elsewhere in town by Occupational Health for injuries to his ankle, knee and hip. I reviewed the records. He has had an ankle MRI and knee MRI which were normal. Plain films of the knee and ankle were normal. He had an MRI of the hip that showed severe arthrosis, and plain films showed severe arthrosis of the hip. He has not been working for the last 3 months. He states the pain is intense, and he has to take occasional hydrocodone. He can hardly walk without a crutch. He states he was never this bad before. His wife multiple times stated that since stepping in the hole the pain has been worse, and he cannot work because of it.

(Jt. Ex. 2, p. 40) The physical examination demonstrated antalgic gait and his left leg was .75 inches shorter than the right. Dr. Pierotti could not internally or externally rotate his hip at all. Dr. Pierotti recommended surgery. (Jt. Ex. 2, p. 42)

Dr. Kennedy attempted an injection for the left knee in March 2019, which offered little relief. (Jt. Ex. 1, pp. 28-30) She noted that the issues were complex and opined that the prognosis for the leg was poor because of a number of factors including the preexisting hip condition and the work injury. (Jt. Ex. 1, p. 30) Dr. Kennedy referred Mr. Curtis to Kara Franzen, D.P.M., for treatment for the foot and ankle and an injection was tried. On March 20, 2019, Dr. Kennedy released claimant from care for his ankle and knee. (Jt. Ex. 1, p. 32) "His chronic condition requires further management, potentially synvisc trial or TKA though I cannot state that the need for these is due to the work injury. He is at MMI w/o PPI today." (Jt. Ex. 1, p. 32) Dr. Franzen, however, continued to treat Mr. Curtis. She documented that Mr. Curtis also had pain in his low back. (Jt. Ex. 3, pp. 57, 60) By May 2019, however, Dr. Franzen referred Mr. Curtis to University of Iowa Hospitals and Clinics (UIHC) to neurologist Christopher Groth, M.D. Dr. Groth saw Mr. Curtis in May 2019, performed an EMG and documented the pain was both musculoskeletal and neurologic. (Jt. Ex. 4, p. 67) The diagnosis of complex regional pain syndrome (CRPS) was discussed.

Dr. Franzen then quickly referred Mr. Curtis to Timothy Miller, M.D., at Finley Pain Clinic. Dr. Miller opined that CRPS was not the appropriate diagnosis, however, ordered a lumbar MRI and diagnosed lumbar radiculopathy from a herniated disc. (Jt. Ex. 5, p. 79) On June 13, 2019, he provided the following opinion. "Therefore I

consider the radiculopathy acute problem even though there is clearly chronic changes in his lumbar spine. It is my opinion within a reasonably [sic] [degree] of medical certainty that the sciatica should be treated as an acute Workmen's Compensation injury." (Jt. Ex. 5, p. 79) He recommended attempting lumbar injections before considering surgery. The workers' compensation carrier, however, did not authorize further treatment, but instead arranged a defense evaluation with Robert Broghammer, M.D., on June 24, 2019.

In a report dated June 24, 2019, Dr. Broghammer diagnosed left hip, knee and back sprains. (Def. Ex. C, p. 20) He opined that the left ankle sprain should have healed within six to eight weeks. Of course, the symptoms did not resolve in six to eight weeks. He opined Mr. Curtis was at maximum medical improvement (MMI) and further opined that sciatica was not the problem. (Def. Ex. C, p. 21)

In July 2019, Heiar terminated Mr. Curtis. (Cl. Ex. 6, p. 40) There is really no dispute that Mr. Curtis was not capable of performing meaningful labor at this time. The employer took the position that since Mr. Curtis never called in, he had voluntarily terminated. There is no evidence that defendants made any effort to communicate with claimant or vice versa.

Dr. Pierotti performed hip replacement surgery on August 12, 2019. (Jt. Ex. 2, p. 43) Follow up care continued through October 2020. (Jt. Ex. 2, pp. 44-48) He testified that the surgery helped. (Tr., p. 36) In October 2020, Dr. Pierotti opined the surgery was successful and recommended continued activities to strengthen his leg muscles. (Jt. Ex. 2, pp. 45-46)

Defendants had Mr. Curtis evaluated by Patrick Hitchon, M.D., in October 2019. Dr. Hitchon essentially concurred with Dr. Broghammer. Like Dr. Broghammer, Dr. Hitchon diagnosed a "soft tissue injury." "Generally, such injuries resolve in no longer than 3 months." (Jt. Ex. 11, p. 125) With regard to the low back (lumbar spine) he provided the following opinion. "The MRI of the lumbar spine from 6/7/19 does not display evidence of trauma or pathology that warrants any surgical intervention or could in any way be related to the above work-related injury of 9/27/18." (Jt. Ex. 11, p. 125)

In July 2020, Mr. Curtis was evaluated by John Kuhnlein, D.O., for an Iowa Code section 85.39 independent medical evaluation (IME). Dr. Kuhnlein reviewed records and evaluated Mr. Curtis. With regard to the left hip, Dr. Kuhnlein authored a lengthy explanation where he ultimately opined that the work injury aggravated claimant's hip pain and symptoms.

> 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.
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> 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.
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> 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 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.
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> When Mr. Curtis finally saw Dr. Pierotti after the injury on January 8, 2019, Dr. Pierotti noted that Mr. Curtis had intense 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.

(Cl. Ex. 3, p. 21) Dr. Kuhnlein also opined that the work injury did cause permanent conditions in claimant's lumbar spine, left knee and left ankle. (Cl. Ex. 3, p. 20-21) I find his opinions convincing and well-reasoned.

I read Dr. Kuhnlein's opinion to state that the work injury aggravated and/or accelerated the left hip condition. Regarding the low back, left knee and left ankle, he agreed with Dr. Broghammer that these were strains and not likely a radiculopathy or "sciatica." (Cl. Ex. 3, pp. 21-22) Using the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, Dr. Kuhnlein assigned a 3 percent whole body rating for the lumbar condition. He assigned 1 percent of the left leg for his left knee condition and 2 percent of the left lower extremity for the left ankle condition. (Cl. Ex. 3, pp. 22-23) Dr. Kuhnlein also assigned a 51 percent impairment for the left lower extremity for the hip condition. Dr. Kuhnlein did not apportion any of the hip condition between his preexisting condition and his work injury.

After his termination, Mr. Curtis does not believe he can work. He applied for and was awarded Social Security Disability benefits. He has not looked for work.

CONCLUSIONS OF LAW

The primary question submitted is the nature of claimant's disability. He alleges he has sustained a body as a whole disability under Iowa Code section 85.34(2)(v)(2019). The defendants dispute this and contend that he merely sustained a strain to his left leg under Section 85.34(2)(p), which resulted in no permanent disability. This is a question of medical causation.

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).

It has long been the law of Iowa that Iowa employers take an employee subject to any active or dormant health problems and must exercise care to avoid injury to both the weak and infirm and the strong and healthy. Hanson v. Dickinson, 188 Iowa 728, 176 N.W. 823 (1920). A material aggravation, worsening, lighting up or acceleration of any prior condition has been a viewed as a compensable event ever since initial enactment of our workers' compensation statutes. Ziegler v. United States Gypsum Co., 252 Iowa 613; 106 N.W.2d 591 (1961). While a claimant must show that the injury proximately caused the medical condition sought to be compensable, it is well established in Iowa that a cause is "proximate" when it is a substantial factor in bringing about that condition. It need not be the only causative factor, or even the primary or the most substantial cause to be compensable under the Iowa workers' compensation system. Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417 (Iowa 1994); Blacksmith v. All-American, Inc., 290 N.W.2d 348 (Iowa 1980).

There is no question in this case that the claimant had a preexisting condition in his left hip prior to the work injury. Mr. Curtis had a bad hip. He had been putting off a hip replacement surgery for some time prior to the work injury and the condition was significantly symptomatic. He already had a bone on bone condition. Mr. Curtis himself acknowledged this in testimony. The defendants seem to rely on this fact alone to deny any responsibility for the consequences of the injury. The facts, however, are fairly clear, that Mr. Curtis was able to work without restriction and move around freely, prior to his work injury. Furthermore, the claimant's injury was not a minor injury. He fell into a four foot hole in the ground, essentially hyperextending his bad (bone on bone) hip. A younger, healthier hip may have absorbed this injury much easier. Claimant's did not. In other words, the fact that he had a bad hip, made this injury much more serious. The

evidence shows that the next day, his symptoms were so severe he needed to use a crutch just to ambulate and he has never been able to walk the same since the injury. Prior to the work injury, Mr. Curtis was able to ambulate and work without any limitations. After the work injury, this was not the case at all. 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.

The medical opinions all suggest that his preexisting condition made it very difficult to sort out the medical issues – not merely medical causation, but even diagnosing the problem in his left leg. The most credible medical opinions in the record opine that the conditions in claimant's left knee and ankle are sprains or soft tissue injuries. I find the medical opinions of Dr. Kuhnlein to be the most compelling medical causation opinions in the record. He opined that the low back, knee and ankle are all soft-tissue type injuries.

Both of the defense experts contend that these conditions should have healed somewhere between 6 and 12 weeks after the injury. Mr. Curtis, however, testified credibly, the conditions did not heal and he still has serious symptoms more than two years after the injury.

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

Claimant's disability is to his low back, left hip and left leg and must be assessed under Iowa Code section 85.34(2)(v) (2019).

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 Ry. Co. of Iowa, 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).

Iowa Code section 85.34(7) states:

> 7. Successive disabilities. An employer is liable for compensating only that portion of an employee's disability that arises out of and in the course of the employee's employment with the employer and that relates to the

> injury that serves as the basis for the employee's claim for compensation under this chapter, or chapter 85A, 85B, or 86. An employer is not liable for compensating an employee's preexisting disability that arose out of and in the course of employment from a prior injury with the employer, to the extent that the employee's preexisting disability has already been compensated under this chapter, or chapter 85A, 85B, or 86. An employer is not liable for compensating an employee's preexisting disability that arose out of and in the course of employment with a different employer or from causes unrelated to employment.

Having reviewed all of the factors of industrial disability I find that the claimant has proven a 75 percent loss of earning capacity as a result of the work injury. He is 63-years-old with a high school education. He has been a hard worker his entire life. He has few transferrable skills. Mr. Curtis does not believe he is capable of working and has not sought work. Dr. Kuhnlein prescribed moderate restrictions, indicating he could operate a forklift and lift up to the 30 pounds. In all likelihood, some employment would be available to the claimant.

I conclude he is entitled to three hundred and seventy-five (375) weeks of benefits commencing on June 27, 2019. There is no evidence that Mr. Curtis ever had any impairment rating from the AMA Guides prior to his work injury, therefore, under the law as currently written, there can be no apportionment of any preexisting disability.

The next issue is whether claimant is entitled to temporary disability or healing period benefits from September 27, 2018, through February 12, 2020.

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, 312N.W.2d 60 (Iowa App. 1981). Healing period benefits can be interrupted or intermittent. Teel v. McCord, 394 N.W.2d 405 (Iowa 1986).

I have found that the claimant's work injury did, in fact, aggravate or accelerate his underlying hip condition. Consequently, claimant is entitled to healing period benefits from the date he went off work following his injury through the date he reached maximum medical improvement on February 21, 2020.

The next issue is 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).

An employer's statutory right is to select the providers of care and the employer may consider cost and other pertinent factors when exercising its choice. Long, at 124. An employer (typically) is not a licensed health care provider and does not possess medical expertise. Accordingly, an employer does not have the right to control the methods the providers choose to evaluate, diagnose and treat the injured employee. An employer is not entitled to control a licensed health care provider's exercise of professional judgment. Assmann v. Blue Star Foods, File No. 866389 (Declaratory Ruling, May 19, 1988). An employer's failure to follow recommendations of an authorized physician in matters of treatment is commonly a failure to provide reasonable treatment. Boggs v. Cargill, Inc., File No. 1050396 (Alt. Care January 31, 1994).

I find that the medical care for the claimant's left knee, ankle and low back has been complicated by the relationship of those conditions to the claimant's left hip condition. The preexisting left hip condition has made it extraordinarily difficult to even diagnose the correct issues in those body parts. I find that the claimant has failed to prove that the treatment provided has been unreasonable in these circumstances. I do find that the claimant is entitled to treatment for his left ankle, left knee and low back. If requested, the 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. The claimant is not entitled to an alternate care award for chiropractic care.

ORDER

THEREFORE IT IS ORDERED:

All weekly benefits shall be paid at the rate of six hundred thirty-three and 91/100 ($633.91) per week.

Defendants shall pay the claimant healing period benefits from the date he went off work through February 21, 2020.

Defendants shall pay the claimant three hundred and seventy-five (375) weeks of permanent partial disability benefits commencing February 22, 2020.

Defendants shall pay accrued weekly benefits in a lump sum.

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

Defendants shall be given credit for the weeks previously paid.

If requested, defendants shall authorize an appropriate physician to treat claimant's ongoing conditions in his left ankle, left knee, and low back.

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

Costs are taxed to defendants.

Signed and filed this 6th day of January, 2022.

JOSEPH L. WALSH
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Chadwyn Cox (via WCES)

Coreen Sweeney (via WCES)

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 filed via Workers' Compensation Electronic System (WCES) unless the filing party has been granted permission by the Division of Workers' Compensation to file documents in paper form. If such permission has been granted, the notice of appeal must be filed at the following address: Workers' Compensation Commissioner, Iowa Division of Workers' Compensation, 150 Des Moines Street, Des Moines, Iowa 50309-1836. The notice of appeal must be received by the Division of Workers' Compensation 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 legal holiday.