BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

DENNIS WALTERS , surviving spouse of DANNA WALTERS, Claimant, vs. METH-WICK COMMUNITY, Employer, Self-Insured, Defendant.	:	File No. 5067011 ARBITRATION DECISION Head Note Nos.: 1108, 1108.30, 1108.50

STATEMENT OF THE CASE

Dennis Walters, surviving spouse of Danna Walters, filed a petition in arbitration seeking workers' compensation benefits against Meth-Wick Community, self-insured employer, for an alleged work injury dated January 3, 2017.

This case was heard on March 17, 2020, via a conference call pursuant to agreement of the parties. The case was considered fully submitted on April 7, 2020 upon the simultaneous filing of briefs.

The record consists of Joint Exhibits 1-13; claimant's exhibits 1-3; defendant exhibits A-F but for pages 18-19 of Exhibit E, and the testimony of Dennis Walters and Barb Teply.

ISSUES

1. Whether claimant sustained an injury arising out of and in the course of her employment;
2. Whether claimant is entitled to 81 weeks and 1 day of temporary benefits;
3. Lack of timely notice under Iowa Code section 85.23;
4. Untimely claim under Iowa Code section 85.26

STIPULATIONS

The parties agree that at the time of the alleged injury, claimant was an employee of the defendant employer providing hair cutting and styling services to the residents and patients of the defendant employer's facility.

The defendant does not stipulate claimant is entitled to benefits, but agree that claimant was off work from January 4, 2017, through July 25, 2018, the period of time for which claimant seeks temporary benefits.

At the time of the alleged injury, claimant's gross earnings were $683.89 per week. She was married and entitled to two exemptions. Based on the foregoing, claimant's weekly benefit rate is $453.87.

FINDINGS OF FACT

Danna Walters obtained a degree in cosmetology and during her lifetime worked as a hairstylist. For the five years preceding the date of her death, she was employed by defendant employer providing hair styling services to the residents. Her regular hours of employment were from 9:00 a.m. to 5:00 p.m. or later in the evening.

During her work, she was exposed to various chemicals from the hair products such as hair spray, perm solution, hair coloring chemicals.

According to her husband, Dennis Walters who had visited the decedent's place of employment several times, the space in which the decedent worked was large but poorly ventilated.

There was an old surface-mounted air conditioner/air purifier on the interior wall. The decedent took photos of black liquid droppings coming from the air conditioner that Dennis Walters identified as black mold. A ceiling-mounted fan was also present in the work space. Dennis Walters testified that his wife was concerned about the indoor air quality because of the toxic mold smells inside. One solution she had was to leave the door to her studio open but this was disallowed by the defendant employer.

Decedent is a non smoker.

Ms. Walters was diagnosed with fibromyalgia at some point prior to May 7, 1997. (JE 2:3) She was improving but still had symptoms. (JE 2:3) There was also a positive ANA screen of a speckled pattern. (JE 2:3) Later screens in 2008 for both ANA and rheumatoid were negative. (JE 1:1-2) In March 2012, she was checked for a hypoxemia and an x-ray showed increased interstitial markings, a sign of chronic pulmonary changes. (JE 3:4)

Decedent began to develop a dry, chronic cough for which she sought medical care. On September 19, 2016, she passed an employee physical evaluation wherein she was found to be in good health and capable of performing the job requirements. (JE4:7) This physical was signed off by her family practice physician Ann Metzger, M.D. (JE 4:7) However, it was noted during the well woman visit that decedent had been wheezing and coughing up sputum for 7 months. (JE 5:9) Also noted was that decedent's husband did not want her to seek out medical care. (JE 5:9) Albuterol was prescribed for the wheezing and Levaquin 500 mg as an antibiotic. (JE 5:9)

On October 10, 2016, decedent returned to Dr. Metzger's office to review her DEXA study which revealed that decedent had osteoporosis. (JE 5:18) Dr. Metzger's notes point out that the decedent had also undergone a recent CT scan revealing probable pulmonary fibrosis. (JE 5:18) "She has been a hair stylist for over 40 years, the last 5 years she has been at Meth-Wick. She reports there is no outdoor ventilation to her room and she is probably using more hair spray than what she has ever used in her life." (JE 5:18) This assumption made by decedent was contradicted by the maintenance worker who documented that the beauty salon room did vent outside.

Dr. Metzger then referred claimant to J. David Cowden, M.D., a pulmonologist, in October 2016. (JE 9:66) She complained of recurrent cough, phlegm, shortness of breath, and pulmonary fibrosis stemming from at least February of the current year. (JE 9:66) He diagnosed her with chronic cough and interstitial lung disease/pulmonary fibrosis and recommended a variety of tests as well as a consideration of her work place. (JE9:70) Several tests were performed and decedent was directed to physical therapy for her lungs.

On October 25, 2016, decedent requested that the exhaust fan in the beauty shop be cleaned out. (Exhibit D: 10) This was completed on November 1, 2016. (Ex D:10) In response to the queries from the decedent, the maintenance worker noted that the air handler filters were cleaned every Monday and every three months the vent fan was cleaned. (Ex D:10) While decedent was concerned that the vent fan was not vented outside, the maintenance worker noted that it was. (Ex D:10)

On December 1, 2016, decedent returned to Dr. Cowden with chronic cough, interstitial lung disease/pulmonary fibrosis in the setting of significant work-place exposures and underlying collagen vascular disorder, chronic rhinitis, gastroesophageal reflux disease, anxiety/depression, fibromyalgia, and severely reduced diffusion capacity. (JE 9:71) Her lungs were clear to auscultation and she exhibited no wheezing, rhonchi or evidence of consolidation. (JE 9:73) Her chest x-rays were suggestive of early pulmonary fibrosis, degenerative changes in the spine as well as atelectasis and scarring in both lungs. (JE 9:74) Dr. Cowden referred claimant to pulmonary rehab, rheumatology, and suggested she avoid any unnecessary exposures. (JE 9:75) Mr. Walters characterized this visit as Dr. Cowden directing claimant not to return to her hairdressing position.

On January 3, 2017, Danna Walters sent a letter of resignation to defendant employer. (Ex F:21) In the letter she states as follows:

> I regret to inform you I have been advised by my medical professional to expeditiously remove myself from my work-place environment. Therefore, this is notice to you that my last day of work will be Tuesday, January 31st. I have appreciated the opportunity of serving the residents of Meth-Wick Community these last 5 years and upon returning from vacation I greatly look forward to my last 2 days in the salon to say goodbye to 'my ladies'. My Medicare coverage begins February 1, 2017.

> In February of 2016 I developed a chronic cough, the diagnosis of which has led to this notice of resignation as well as my notice of a work injury associated with my workplace exposures. As indicated, it has been recommended by my medical provider to remove myself from this environment.

(Ex F:21)

Decedent's last day of employment with defendant employer was January 4, 2017. On January 5, 2017 investigation report was filled out recording decedent's resignation letter and complaint of injury. (Defendant's Exhibit C:8) In the report, decedent's injury or illness is described as a cough. Id. No request for medical treatment was made and no referral to any designated doctor was given. Id. Decedent recommended that air purifier be used in the beauty shop. Id.

On January 10, 2017, Barb Teply, the director of Human Resources for defendant employer, sent a letter requesting claimant provide a medical release for her to return to work otherwise, her last day of employment would be January 27, 2017. (Exhibit E: 14) There was further request that decedent complete authorization releases so that the claim may be properly investigated and upon claimant's return from vacation, an appointment would be scheduled with the medical provider. (Exhibit E: 14) Mr. Walters testified that this paperwork was provided to their attorney but unfortunately was not passed on to the defendant. (See e.g. Ex 17)

She returned to Dr. Metzger on February 24, 2017, reporting her diagnosis of IPF, quitting her hair dressing job, attending a health institute in Austin, and treatment with Dr. Cowden. (JE 5:13) Her lungs were fairly clear but diminished in the bases. (JE 5:14) Dr. Metzger recommended decedent continue with her vitamin D3 for her lung disease. In the next month, claimant reported some improvement with pulmonary rehab three times a week, a vegan diet, and lack of exposure. (JE 5:16)

After Dr. Cowden moved to Colorado, claimant's lung care transferred to Mary Jo Henry, a nurse practitioner who saw claimant on August 30, 2017. (JE 9:76) The historical notes noted that since decedent stopped working, her serial spirometers showed steady improvement in diffusion capacity and stable spirometry. (JE 9:76)

> She stopped working as a cosmetologist in January 2017. She had worked in the same shop for approximately 5 years with reported poor ventilation and concerns of black mold in the air conditioning system. Since the serial spirometry has showed steadily improving diffusion capacity and stable spirometry. Serial chest x-rays have shown stable bilateral reticular opacities. Last one done just a few days ago s. [sic] He also completed pulmonary rehab and has continued to exercise regularly without shortness of breath. Couth has resolved. She attributes this to her lifestyle changes. She changed her diet and is now vegan vegetarian. She takes multiple dietary supplements. She recently participated and

> [sic] a 3 week health retreat intended to improve immune system (by their report) with intentional eructation. Resolution of her fibromyalgia symptoms after the retreat.

(JE 9:76) NP Henry wrote that improvement in decedent's lung capacity could be attributed to a number of factors including "removal from exposure to noxious stimuli in the work environment, positive response to NAC and/or homeopathic treatments, natural disease course of other atypical infection/inflammatory process." (JE 9:81) She had not been using the albuterol inhaler because her husband believed that it was not indicated based on research he had done regarding pulmonary fibrosis. (JE 9:81) NP Henry counseled them on the fact that the research was not conclusive and that wheezing during an examination could be treated with the short acting bronchodilator and encouraged its use. (JE 9:81)

On November 30, 2017, claimant was seen by Rodjawan Supakul, M.D., for progressive shortness of breath and follow up of her interstitial lung disease. (JE 7:44) When comparing Walters' 2009, 2012, and 2016 CTs, Dr. Supakul felt there was significant progression of honeycombing and reticulation. (JE7-48). Dr. Supakul diagnosed idiopathic pulmonary fibrosis with acute exacerbation as claimant's condition was worsening. (JE7-49). A battery of laboratory tests were conducted resulting only in a positive rheumatoid factor that was not consistent with rheumatoid arthritis. (JE 7:44, 48) A prednisone taper was prescribed for her despite decedent's reluctance to take a steroid due to hearing about negative side effects from a friend. (JE 7:49)

On December 13, 2017, she returned to Dr. Supakul. (JE 7:54) Despite the initial improvement evident in August 2017, decedent's cough was worsening as was her lung capacity (FEV1). (JE 7:54) It was noted that the previously prescribed prednisone taper script went unused and that a follow-up pulmonary function test had been planned after the prednisone prescription was not accomplished. (JE 7:54) Dr. Supakul was not sure whether the dropping FEVB1 was due to active inflammation or exacerbation of her IPF or a progression of her IPF. (JE 7:54) A referral to Center of Excellence at the UIHC was completed at the Walters' request.

Decedent began care on December 29, 2017 Center of Excellence at UIHC with Nabeel Y. Hamzeh, M.D. (JE 11:99) Dr. Hamzeh's initial assessment was of a 66-year-old lady with underlying interstitial lung disease of unclear etiology with imaging showing some groundglass changes, reticular changes and possible air – trapping. (JE 11:99) Dr. Hamzeh took note the claimant may have had some exposure at work with a possible multi-air conditioning wall unit and did use strong chemicals as part of her work as a hairstylist. (JE 11:99) With these historical notes in mind, he diagnosed claimant with a nonspecific pulmonary fibrosis in a pattern consistent with the NSIP/UIP spectrum. (JE 11:103) Air trapping noted in the expiratory scan suggested some superimposed obstructive small airway disease. (JE 11:103) The diagnosis also included mediastinal lymph nodes consistent with reactive node secondary to lung disease and severe kyphosis secondary to multiple compression fractures of the mid thoracic spine. (JE 11:103) Despite understanding the potentially hazardous conditions

under which claimant worked, Dr. Hamzeh drew no specific conclusions regarding the causation of claimant's lung disease but instead felt that it was yet to be determined. (JE 11:100)

Decedent returned to Dr. Hamzeh for follow up. (JE 11:104) In the first page of his medical records, he writes, "The etiology of her interstitial lung disease is yet to be determined. She has declined a lung biopsy and overall her symptoms are stable to improved at this time." (JE 11:104) Decedent was planning to attend the health retreat in Texas for three months and Dr. Hamzeh plans to renew her care upon her return to Iowa. (JE 11:104)

Mr. Walters testified that decedent's time at the wellness retreat in Texas was well spent as they felt that her fibrosis had stabilized.

However, on June 29, 2018, she presented to South Austin Medical Center with worsening hypoxia, fatigue and malaise. (JE 8:57) The medical notes indicate that she has had no treatment for IPF and was not on O2. (JE 8:57) Perhaps Mr. Walters meant there was no effective treatment as she had had seen several doctors in 2016, 2017, and 2018 in Iowa for her lung and respiratory issues.

Leading up to the June 29, 2018, visit, decedent gave a history of suffering vaginal dryness. (JE 8:57) For treatment, decedent consulted with a homeopathic NP who "inserted 'estrogen implants' in her gluteal muscles. Pt was also to have taken progesterone concurrently but did not get the prescription at that time. In 2018, she got a 'boost' of her estrogen implants now with a prescription of progesterone." (JE 8:57) On April 20, 2018, decedent had a full blown menstrual cycle during which time decedent was receiving increased doses of Progesterone until the period stopped at the end of May. (JE 8:57) X-rays showed possible atypical pneumonia superimposed on moderate pulmonary fibrotic change. (JE8:59) Decedent expressed hesitancy toward steroid treatment and was instructed to follow up with her doctors in Iowa. (JE 8:65) Upon her return to Iowa, decedent was hospitalized at Mercy Medical Center in Cedar Rapids from July 10 through July 13, 2017, with symptoms of a fever for the past month as well as myalgia, headaches and fatigue. (Joint Exhibit 10) On July 12, 2018, an acute kidney injury was apparent and vasculitis needed to be ruled out. (JE10-88). A vasculitic process was also feared due to the fever of unknown origin. (JE10-88). Decedent's pulmonary fibrosis was considered clinically stable and the etiology of her fever remained unexplained. (JE10-94).

Her condition rapidly declined and she was transferred to UIHC for treatment. (JE 11:116) Decedent was admitted to UIHC on July 13, 2018, with a chief complaint of dyspnea on exertion. (JE 11:121)

In the Pulmonary Medicine Department, decedent was seen by Lakshmi Durairaj, M.D., for uncharacteristic interstitial lung disease, "thought to be NSIP/HP from decades if [sic] salon care products use." (JE 11-107) Dr. Durairaj's impression was that there was a nonspecific pattern of fibrosis "possibly from salon care chemicals contact over

decades or idiopathic." (JE 11:108) Decedent was clinically stable and therefore immunosuppression decisions were deferred to Dr. Hamzeh. (JE 11; 108) Decedent was also referred to infectious disease for a full work-up. (JE 11:113) The immunopathology screens were positive for ANCA, an autoimmune disease of the small blood vessels. (JE11:114) Resident James Min, M.D., documented decedent's hospital course "Found to have bilateral infiltrates on CXR, consistent with ARDS. Being treated for C difficile with PO vanc, on Zosyn and azithromycin to cover possible pneumonia, and receiving IV steroids for possible ILD flare. Drops in hemoglobin, bronchoscopy findings, positive P-ANCA raises concern for diffuse alveolar hemorrhage." (JE 11:118) Dr. Min's assessment was that decedent had a "syndrome entirely consistent with microscopic polyangitis and underlying Interstitial lung disease." (JE 1:120) She was critically ill due to respiratory and renal failure. (JE 11:120)

After being evaluated by rheumatology, it was recommended decedent received treatment with steroids, plasma exchange and immunosuppressive therapy. (Joint Exhibit 11:127) The interventional treatment was not successful and claimant passed away on July 26, 2018. An autopsy was performed at the UIHC following Ms. Walters' death and the cause was determined to be "diffuse alveolar damage due to ANCA-associated vasculitis." (Defendant's Exhibit A:2)

Mr. Walters suspected that decedent's death was precipitated by an adverse reaction to a CT/CAT scan ordered by the Mercy medical staff.

At the request of the defendant, Patrick J. Hartley, the Medical Director of the University of Iowa Hospital and Clinics Occupational Medicine Clinic and a Professor of Internal Medicine in the Division of Pulmonary Diseases, Critical Care and Occupational Medicine reviewed the medical records and rendered opinions regarding Ms. Walter's pulmonary disease and resulting death. (Defendant's Exhibit A)

Dr. Hartley acknowledged that lung disease has been reported in association with occupational exposures encountered in hairdressing salons. Most commonly, airway symptoms and airflow obstruction, including cases of occupational asthma have been reported in this context. (Defendant's Exhibit A:3) Dr. Hartley mentioned three articles and one paper.

The bulk of claimant's exhibits are two of the cited materials pertaining to lung disease and occupational exposures. The first article is merely a summary and states no probable conclusions only that hairdressing work is associated with a high frequency of work-initiated respiratory symptoms. There are no details of the participants in the studies to determine whether their co-morbidities were consistent with that of the decedent. The second article states, "The etiologic factors associated with IPF remain elusive, because there have been few investigations." (Claimant's Ex. 2:6) The results showed that there was an increase in odd ratios for individuals who were hair dressers but the numbers were not statistically significant. (Claimant's Ex. 2:10) In the study, there were only five cases with backgrounds in hairdressing and three cases in the control. (Claimant's Ex. 2:15)

While the articles are interesting, they are not the basis of any expert's medical opinion. Despite citing them, Dr. Hartley was of the medical belief that those cited materials did not provide medical guidance for the decedent's case. Regrettably, the articles have little evidentiary value in the present case.

Instead, he referenced medical literature on antinuclear cytoplasmic antibody associated vasculitis which highlighted that patients may be initially diagnosed with interstitial lung disease or idiopathic pulmonary fibrosis and subsequently be diagnosed with vasculitis. (Ex. A:3) The observations in the published medical literature on this topic were consistent with the clinical course of the decedent's case according to Dr. Hartley. (Ex. A:3)

Based upon his review of the medical records along with a review of the medical literature, Dr. Hartley concluded to a reasonable degree of medical certainty that the decedent's interstitial lung disease was attributable to a connective tissue autoimmune disorder. (Ex A:3) It was further his opinion, to a reasonable degree of medical certainty, that her occupational exposures as a hairdresser were not a significant contributing factor in the causation of her interstitial lung disease and/or pulmonary fibrosis. (Ex. A:3)

While the initial speculations regarding Ms. Walter's occupational exposures were understandable, her subsequent clinical course in positive serology during decedent's terminal illness reveals that she did have ANCA associated vasculitis with lung injury. (Ex A:3) Per Dr. Hartley, it is not uncommon for connective tissue disease-related diagnosis to be made several years after an initial clinical presentation of lung disease. (Ex A:3)

CONCLUSIONS OF LAW

The claimant has the burden of proving by a preponderance of the evidence that the alleged injury actually occurred and that it both arose out of and in the course of the employment. Quaker Oats Co. v. Ciha, 552 N.W.2d 143 (Iowa 1996); Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa 1996). The words "arising out of" referred to the cause or source of the injury. The words "in the course of" refer to the time, place, and circumstances of the injury. 2800 Corp. v. Fernandez, 528 N.W.2d 124 (Iowa 1995). An injury arises out of the employment when a causal relationship exists between the injury and the employment. Miedema, 551 N.W.2d 309. The injury must be a rational consequence of a hazard connected with the employment and not merely incidental to the employment. Koehler Electric v. Wills, 608 N.W.2d 1 (Iowa 2000); Miedema, 551 N.W.2d 309. An injury occurs "in the course of" employment when it happens within a period of employment at a place where the employee reasonably may be when performing employment duties and while the employee is fulfilling those duties or doing an activity incidental to them. Ciha, 552 N.W.2d 143.

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 claimant argues that she does not need to prove that her work conditions caused her condition only that her work aggravated those conditions to the point that she could no longer work under those conditions. (Claimant's Brief, p. 3) In support of this argument, claimant relies on the case of Anita Finders v Department of Human Services, File No. 5004205 (Arb. December 24, 2003).

The primary difference between Finders and the present case is medical testimony. Claimant does not have similar medical testimony or opinion. The medical records of Dr. Metzger and Dr. Cowden identify that decedent's work environment could have been a cause of claimant's worsening cough and other related lung symptomology, not that it was a substantial factor to a reasonable degree of medical certainty.

Claimant also seems to assert that she was not working or missing work based on her doctor's advice. Even if that were true, that is not sufficient to entitle a worker to worker's compensation benefits. The doctor's release from work must be related to a work injury and that causation link is missing in the present case. In David Cluff v. Universal Rundle Corporation, File No. 5013250 (Arb. June 28, 2005), the injured worker's pulmonologist opined that the injured worker's COPD related to tobacco use was exacerbated by the environmental exposures. There is no such opinion in this case exists.

Instead, decedent lays out the medical history and asks the deputy to arrive at a medical conclusion. We are not medical doctors. Rather, we view the medical evidence and the medical opinions and weigh which pieces of evidence and/or opinions are the

most reliable and credible. The lack of an expert opinion connecting the claimant's condition to her workplace is fatal to the case.

Even the doctors who identified that the work environment may have impact on decedent's health equivocated the conclusion. Dr. Metzger wrote that decedent's condition and diagnosis should take consideration of decedent's workplace. Dr. Cowden recommended decedent avoid unnecessary exposures. At no time did either Dr. Metzger or Dr. Cowden instruct decedent to avoid returning to work. Neither was decedent given a work release by any health care provider leading up to decedent's resignation.

After decedent ceased being exposed to the potential workplace hazards, her condition did improve but during the same period, decedent had undergone pulmonary rehab and changed her diet. NP Henry wrote that improvement in decedent's lung capacity could be attributed to a number of factors including "removal from exposure to noxious stimuli in the work environment, positive response to NAC and/or homeopathic treatments, natural disease course of other atypical infection/inflammatory process." Claimant showed improvement after she ceased exposure to the hair chemicals, but she also participated in pulmonary rehabilitation, medication therapy, and diet changes. However the brief period of improvement for claimant's lung condition was followed by a severe worsening over time even after the cessation to industrial exposures.

Dr. Durairaj thought the nonspecific pattern of fibrosis was *possibly* from salon care chemicals contact over decades or idiopathic. (Emphasis added). Dr. Hamzeh noted that decedent may have had exposure at work due to a godly air conditioner and the use of strong chemicals but offered no opinion regarding the causation of claimant's lung disease but instead felt that it was yet to be determined.

In the end, decedent was deemed to have ANCA associated vasculitis with lung injury. No medical doctor took claimant off of work, or drew a specific conclusion from her alleged workplace exposures to worsening of her ANCA associated vasculitis. There were no air quality tests of decedent's workplace, no testing of the black streaking on the air conditioning unit, no photos of the same. One maintenance worker contradicted decedent's belief that the room did not vent to the outside. Filters were changed and cleaned regularly. There are too many variables and too little evidence on the conclusiveness that the workplace exposures exacerbated decedent's condition or caused decedent's lung disease to find in favor of the claimant.

Because of the foregoing, the remaining issues are moot.

ORDER

THEREFORE, it is ordered:

Claimant shall take nothing

Each party shall pay their own costs.

The cost of the transcript shall be shared by the parties equally.

Signed and filed this 23rd day of April, 2020.

JENNIFER S. GERRISH-LAMPE
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Thomas B. Read (via WCES)

Matthew R. Phillips (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.