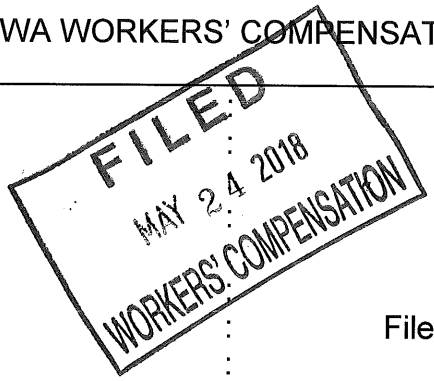
BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER



MELODY LINDERWELL, Claimant, vs. THE CATO CORP., INC., Employer, and SENTINEL INSURANCE COMPANY Insurance Carrier, Defendants.	File Nos. 5056913, 5059290 A R B I T R A T I O N D E C I S I O N Head Note Nos.: 1402.30; 1703; 1803; 2501; 2701

STATEMENT OF THE CASE

Claimant, Melody Linderwell, filed petitions in arbitration seeking workers' compensation benefits from Cato Corporation, (Cato), employer, and Sentinel Insurance Company, insurer, both as defendants. This matter was heard in Des Moines, Iowa, March 30, 2018 with a final submission date of April 30, 2018.

The record in this case consists of Joint Exhibits 1 through 6, Claimant's Exhibits 1 through 4, Defendants Exhibits A through E, and the testimony of claimant.

The parties filed a hearing report at the commencement of the arbitration hearing. On the hearing report, the parties entered into various stipulations. All of those stipulations were accepted and are hereby incorporated into this arbitration decision and no factual or legal issues relative to the parties' stipulations will be raised or discussed in this decision. The parties are now bound by their stipulations.

ISSUES

For File No. 5056913 (Date of injury, May 8, 2015):

1. Whether claimant sustained an injury on May 8, 2015 that arose out of and in the course of employment.

2. Whether claim is barred by application of Iowa Code section 85.23.

3. Whether the injury resulted in permanent disability; and if so,

4. The extent of claimant's entitlement to permanent partial disability benefits.

5. Whether there is a causal connection between the injury and the claimed medical expenses.

6. Whether claimant is entitled to alternate medical care.

7. Whether Iowa Code section 85.34(7) is applicable.

For File No. 5059290 (Date of injury, August 18, 2015):

1. Whether claimant sustained an injury on May 8, 2015 that arose out of and in the course of employment.

2. Whether the injury resulted in permanent disability; and if so,

3. The extent of claimant's entitlement to permanent partial disability benefits.

4. Whether there is a causal connection between the injury and the claimed medical expenses.

5. Whether claimant is entitled to alternate medical care.

6. Whether Iowa Code section 85.34(7) is applicable.

FINDINGS OF FACT

Claimant was 55 years old at the time of the hearing. Claimant graduated from high school. Claimant attended a community college for one semester.

Claimant has worked as a retail clerk, at a grocery store, and as a teacher's aide. Claimant also worked for an insurance/mortgage department at a bank. Claimant has worked in a credit union as a sales representative answering phones for a third-party administrator.

Claimant began with Cato in August 2014 as an assistant manager. As an assistant manager, claimant helped the manager, displayed merchandise, did book work, performed customer service, and processed shipments.

Claimant's medical history is relevant. Claimant was assessed as having fibromyalgia in 2009. Claimant testified she takes medication for fibromyalgia. (Joint Exhibit 6, page 47; Transcript pages 24-26)

In 2000, claimant was assessed as having right shoulder pain. (Jt. Ex. 6, p. 43) Claimant was again evaluated for right shoulder pain in December 2012. Claimant was recommended to have physical therapy. (Jt. Ex. 6, p. 46) In January 2013, claimant was evaluated for capsulitis in the right shoulder and given an injection in the right shoulder. (Jt. Ex. 6, p. 46)

Claimant testified that, on May 8, 2015, she was in a backroom at Cato when she tripped and fell on her right side.

Claimant testified she felt immediate pain in the right shoulder. Claimant testified she did not seek treatment as she did not want to deal with workers' compensation.

Claimant returned to work the next day. She said the day after the accident she and her supervisor, Cathy (no last name given) tried to fill out a report of the accident on-line. Claimant said it was the first time that she or her supervisor had completed an on-line report and something could have gone wrong.

Claimant said her supervisor, Cathy, kept her on light duty for the next few weeks. Claimant said her pain eventually worsened and she sought medical treatment.

On June 2, 2015, claimant was evaluated by Terence Alexander, M.D., for right shoulder pain. Claimant had no known injury. Claimant indicated pain had been going on for five years. Claimant was assessed as having rotator cuff syndrome. An MR arthrogram for the right shoulder was recommended.

Claimant testified she did not tell her doctor that her right shoulder injury was work related as she did not want to get involved with workers' compensation.

On June 18, 2015, claimant had an MRI arthrogram, which suggested a severe partial tear of the long head of the bicep tendon, and tears of the infraspinatus and supraspinatus tendons. Claimant was referred to an orthopaedic surgeon. (Jt. Ex. 2, pp. 5-6)

On July 25, 2015, claimant was evaluated by Scott Schemmel, M.D. Claimant had a five-year history of right shoulder pain with no specific accident or injury. Claimant was assessed as having disorder of the bicep tendon. Surgery was discussed as a treatment option. (Jt. Ex. 2, pp. 7-9)

Claimant returned to Dr. Schemmel on August 5, 2015 with complaints of popping in the right shoulder. Surgical and nonsurgical options of treatment were discussed. (Jt. Ex. 2, pp. 10-11)

Claimant testified she fell a second time at work on August 18, 2015. Claimant said she tripped on a tile in the backroom area at Cato. She said she grabbed a clothes rack with her right hand and felt her bicep tendon rip.

On August 19, 2015, claimant was seen in the emergency department at Mercy Medical Center. Claimant indicated she tripped at work, went to catch herself and pulled her right shoulder. Claimant was assessed as having a right shoulder sprain. Claimant's right arm was put in a sling. Claimant was prescribed medication and told to restrict use of her right arm.

Claimant was evaluated by Julie Muenster, ARNP, on August 20, 2015. Claimant had her arm in a sling. Claimant had pain in her right shoulder. An MRI was recommended. (Jt. Ex. 2, pp. 12-13)

An MRI, taken September 3, 2015, showed progressive tearing of the head of the bicep tendon. Claimant was referred to Dr. Schemmel for further care. (Jt. Ex. 2, pp. 15-16)

Claimant saw Dr. Schemmel on September 29, 2015. Claimant was assessed as having a possible rupture of the bicep tendon. Surgical intervention was discussed. (Jt. Ex. 2, pp. 19-20)

On March 4, 2016, claimant indicated she was leaving Cato for another job. Claimant resigned effective March 5, 2016. (Ex. A) Claimant testified that after leaving Cato, she worked full time at the Dubuque Driving Range. Claimant said she earned approximately $18.00 per hour at the range.

In a July 29, 2016 letter, Dr. Schemmel opined that even though claimant may have had a shoulder injury, the injury did not materially affect claimant's need for surgery to the shoulder. (Jt. Ex. 2, p. 22)

Claimant was evaluated by Gretchen Hong, N.P., on March 9, 2017 for right shoulder pain. Claimant was evaluated as having right shoulder impingement and probable proximal bicep rupture. Claimant was given a right shoulder injection. (Jt. Ex. 4)

In a July 17, 2017 report, Robin Sassman, M.D., gave her opinions of claimant's condition following an independent medical evaluation (IME). Claimant had right shoulder pain. Claimant indicated lifting, pulling, or working away from her shoulder aggravated her pain. She was assessed as having a right shoulder long head bicep tear. Dr. Sassman opined that claimant had initially injured her shoulder on May 8, 2015. She opined the August 2015 fall caused a progressive worsening of the tear of the long head of the bicep tendon. Dr. Sassman opined that claimant's need for recommended surgery was caused by her falls at work. She recommended claimant have a second opinion from an orthopaedic specialist regarding further treatment. (Cl. Ex. 2, pp. 13-19)

Dr. Sassman did not believe claimant was at maximum medical improvement (MMI). However, if claimant did not pursue further medical treatment, Dr. Sassman placed claimant at MMI as of August 18, 2016. She found claimant had a 4 percent

permanent impairment to the body as a whole based upon Table 16-3 of the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. Dr. Sassman limited claimant to lifting, pushing, pulling, and carrying up to 10 pounds occasionally from floor to waist, and rarely lifting above shoulder height. (Cl. Ex. 2, pp. 19-21)

In a January 29, 2018 report, Matthew Bollier, M.D., gave his opinions of claimant's condition following a records review. Dr. Bollier opined that claimant's work injury of May 8, 2015 and August 18, 2015 caused a temporary aggravation from an underlying degenerative process to the right shoulder. He opined claimant's need for a shoulder surgery was due to a pre-existing degenerative condition, and not a work injury. This was based, in part, on claimant reporting shoulder pain back in 2012 and 2013. Dr. Bollier also opined that clinical records indicated that claimant had no loss of range of motion to her shoulder. (Ex. C)

In a December 27, 2018 report, Dr. Sassman indicated she had read Dr. Bollier's January 29, 2018 report. Dr. Sassman noted that no prior provider had given any range of motion studies to claimant. She noted that her measurements of claimant's range of motion that claimant lacked full range of motion in the right shoulder. Dr. Sassman also noted that while claimant did have shoulder issues in 2012 and 2013, records indicated an injection improved symptoms, and claimant had worked symptom free until the two dates of injury. Dr. Sassman believed that claimant injured her right shoulder on the two dates of injury. Dr. Sassman believed that claimant's injury to the right shoulder on May 8, 2015 and had a subsequent shoulder injury on August 18, 2015. (Cl. Ex. 3)

Claimant testified she has shoulder pain daily. Claimant said she has difficulty lifting, pulling, and pushing. She said she avoids lifting too much weight or lifting above her shoulder. Claimant said she has loss of strength of range of motion in her right shoulder.

Claimant testified she could not return to many of her prior jobs given her limitation in the right shoulder.

Claimant testified she wants to be seen by an orthopaedic surgeon for further evaluation and treatment.

Claimant testified she is paid 40 hours per week from Medicaid to take care of her son. Claimant earns between $24.00 to $26.00 per hour working as her son's job coach. She earns $21.00 per hour while working as her son's caretaker at home. At the time of hearing, claimant was looking for other part-time work as well.

CONCLUSIONS OF LAW

The first issue to be determined is whether claimant sustained an injury on May 8, 2015 that arose out of and in the course of employment.

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P. 6.14(6).

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).

Claimant testified she fell at work on May 8, 2015. She said that she and her supervisor attempted to complete an on-line accident report, but may have failed to correctly file the report. There is no record in evidence of an injury report for claimant with Cato occurring on May 8, 2015. There is no evidence from a coworker or a supervisor corroborating this testimony.

Claimant first treated with the right shoulder on June 2, 2015. Dr. Alexander's records indicate that claimant had no known injury, and that claimant had a history of shoulder problems going back five years. (Jt. Ex. 2, pp. 1-2)

Claimant saw Dr. Schemmel in June 2015 and August 2015. Records from these visits indicate no known accident and make no reference to a work injury. (Jt. Ex. 2, pp. 7-11)

On August 19, 2015, following the alleged August 18, 2015 fall at work, claimant was seen for emergency care. There is no reference in this record that claimant had a May 2015 work-related shoulder injury.

Dr. Sassman evaluated claimant one time for an IME. Dr. Sassman opined that claimant had a May 8, 2015 fall at work, causing her right shoulder injury. Dr. Sassman's opinion does not discuss or explain why claimant's treatment records from June 2, 2015 through September 29, 2015 make no reference to a work-related accident occurring on May 8, 2015. Given this discrepancy, Dr. Sassman's opinions regarding causation of claimant's right shoulder problems with a May 8, 2015 work injury are found not convincing.

Between June 2, 2015 and September 29, 2015, claimant saw multiple providers for her right shoulder pain. None of the records from any of these providers refer to a May 8, 2015 work injury. Many of the records from this period note claimant did not have a specific traumatic accident. Dr. Sassman's opinion regarding causation of the May 8, 2015 injury is found not convincing. Given this record, claimant has failed to carry her burden of proof her May 8, 2015 injury arose out of and in the course of employment.

As claimant has failed to carry her burden of proof she sustained a work-related injury on May 8, 2015, all other issues regarding File No. 5056913 are moot.

Regarding the August 18, 2015 injury, the record indicates that claimant did give notice of the injury to her employer. Records indicate that claimant also told all providers of a fall at work occurring on or about August 18, 2015.

Two experts have opined regarding the causal connection between claimant's fall at work on August 18, 2015 and her shoulder symptoms.

Dr. Sassman evaluated claimant once for an IME. Dr. Sassman opined that records and diagnostic testing indicate that claimant's right shoulder injury was causally connected to her August 18, 2015 fall at work. (Cl. Ex. 2 and 3)

Dr. Bollier opined that claimant's August 18, 2015 work injury caused only a temporary aggravation of a pre-existing condition. (Ex. C, p. 6)

As both experts opine that claimant's injury was causally related to her August 18, 2015 fall at work, claimant has carried her burden of proof she sustained a right shoulder injury that arose out of and in the course of employment on August 18, 2015.

The next issue to be determined is whether the injury is a cause of a permanent disability.

As noted above, Dr. Sassman found that claimant had a permanent impairment from the August 2015 injury. This opinion is based, in part, on changes found on the MRI's taken in May and August 2015, and a loss of range of motion in the right shoulder. (Cl. Ex. 2, p. 19; Cl. Ex. 3)

Dr. Bollier opined that claimant's August 18, 2015 fall at work only resulted in a temporary aggravation of a pre-existing condition. This opinion is based in part, on a history claimant had a pre-existing shoulder problem in 2012 and 2013. Dr. Bollier also based his opinion on the understanding that claimant had no loss of range of motion in the right shoulder. (Ex. C, p. 6)

However, as noted in Dr. Sassman's supplemental letter, while claimant did have shoulder problems in 2012 and 2013, an injection in 2013 seemed to resolve most of her symptoms. There is no evidence in the record that the 2012 or 2013 right shoulder injury resulted in any permanent impairment or permanent restrictions. In addition, Dr. Bollier indicates that claimant had normal range of motion and strength per clinical notes. The records indicate no range of motion studies were taken of claimant by treating physicians following her August 2015 injury. The only range of motion studies taken were done by Dr. Sassman. Because of these discrepancies, it is found the opinions of Dr. Bollier regarding permanent impairment are found not convincing.

Claimant credibly testified she has had significant loss of range of motion and strength in the right shoulder for over two and one-half years since the date of injury. Dr. Sassman found claimant had a permanent impairment. The opinions of Dr. Bollier regarding permanent impairment are found not convincing. Based on this record, it is found that claimant has carried her burden of proof that she sustained a permanent impairment to the right shoulder from the August 2015 injury.

The next issue to be determined is the extent of claimant's entitlement to permanent partial disability benefits.

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.

Claimant was 55 years old at the time of hearing. She graduated from high school. Claimant has worked as a retail clerk at a grocery store, and as a teacher's aide. Claimant has worked in the insurance/mortgage department for a bank. Claimant has also worked as a call representative for a credit union.

Dr. Sassman found that claimant had a 4 percent permanent impairment to the body as a whole regarding her right shoulder pain. As noted above, the opinions of Dr. Bollier regarding permanent impairment are found not convincing. Based on this, it is found claimant has a 4 percent permanent impairment to the right shoulder due to her August 18, 2015 work injury.

Claimant's unrebutted testimony is that given her current limitations in her right shoulder, she could not return to most of her prior jobs. Claimant was earning $11.00 per hour while working at Cato. At the time of hearing, claimant earned between $21.00 to $26.00 per hour while taking care of her son. While this is a dramatic increase in hourly earnings, two factors need to be considered. First, claimant's restrictions and symptoms limit her employability given her prior work history. Second, money claimant receives comes through a Federal/State funded program. Absent this program, there is no evidence in the record that claimant could earn $21.00-$26.00 per hour in the labor market.

When all relevant factors are considered, it is found claimant has a 10 percent loss of earning capacity or industrial disability.

The next issue to be determined is whether there is a causal connection between the injury and the claimed medical expenses.

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. Section 85.27. Holbert v. Townsend Engineering Co., Thirty-second Biennial Report of the Industrial Commissioner 78 (Review-Reopening October 1975).

Claimant seeks reimbursement of medical expenses detailed in Exhibit 1. It is found claimant failed to carry her burden of proof her May 8, 2015 injury arose out of and in the course of employment. As a result, all medical charges associated with the May 2015 injury are not reimbursable. Defendants shall only pay medical expenses related to the August 2015 work injury, including medical mileage.

The next issue to be determined is if claimant is entitled to alternate medical care.

Iowa Code section 85.27(4) provides, in relevant part:

> For purposes of this section, the employer is obliged to furnish reasonable services and supplies to treat an injured employee, and has the right to choose the care. . . . The treatment must be offered promptly and be reasonably suited to treat the injury without undue inconvenience to the employee. If the employee has reason to be dissatisfied with the care offered, the employee should communicate the basis of such dissatisfaction to the employer, in writing if requested, following which the employer and the employee may agree to alternate care reasonably suited to treat the injury. If the employer and employee cannot agree on such alternate care, the commissioner may, upon application and reasonable proofs of the necessity therefor, allow and order other care.

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).

Claimant testified she wants to be evaluated for a second opinion from an orthopaedic specialist. (Cl. Ex. 4, p. 29)

The record indicates that Dr. Schemmel, the authorized treating physician, indicated surgery may be beneficial for claimant. (Jt. Ex. 2, pp. 10-11; 19-20) Dr. Sassman has also indicated further evaluation from an orthopaedic specialist would be beneficial to claimant. (Cl. Ex. 2, p. 19) Given this record, claimant has carried her burden of proof she is entitled to alternate medical care consisting of further evaluation by an orthopaedic specialist.

The final issue to be determined is whether Iowa Code section 85.34(7)(b) is applicable.

Iowa Code section 85.34(7)(a) provides that "An employer is fully liable for compensating all of an employee's disability that arises out of and in the course of the employee's employment with the employer."

However, Iowa Code section 85.34(7)(b)(2) states:

> If ... an employer is liable to an employee for a combined disability that is payable under subsection 2, paragraph "u," and the employee has a preexisting disability that causes the employee's earnings to be less at the time of the present injury than if the prior injury had not occurred, the

> employer's liability for the combined disability shall be considered to be already partially satisfied to the extent of the percentage of disability for which the employee was previously compensated by the employer minus the percentage that the employee's earnings are less at the time of the present injury than if the prior injury had not occurred.

The legislative history relevant to the above statutory provision indicates, "The general assembly intends that an employer shall fully compensate all of an injured employee's disability that is caused by work-related injuries with the employer without compensating the same disability more than once." 15 Iowa Practice, Workers' Compensation, § 13.6, page 164 (2014-2015) (citation omitted).

There is no evidence in the record that claimant's industrial disability is due to anything other than the August 18, 2015 date of injury. For this reason, Iowa Code section 85.34(7)(b) does not apply.

ORDER

THEREFORE, IT IS ORDERED:

Regarding File No. 5056913 (Date of injury, May 8, 2015):

The claimant shall take nothing from these proceedings.

That each party shall pay their own costs as it relates to the May 8, 2015 date of injury.

Regarding File No. 5059290 (Date of injury, August 18, 2015):

That defendants shall pay claimant fifty (50) weeks of permanent partial disability benefits at the rate of two hundred ninety-two and 74/100 dollars ($292.74) per week commencing on August 19, 2015.

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

That defendants shall pay interest on unpaid weekly benefits as ordered above and as set forth in Iowa Code section 85.30.

That defendants shall reimburse claimant for medical costs, including medical mileage, only as it relates to the August 18, 2015 date of injury.

That defendants shall furnish claimant alternate medical care as detailed above.

That defendants shall pay costs only as they relate to the August 18, 2015 date of injury.

That defendants shall file subsequent reports of injury as required by this agency under rule 876 IAC 3.1(2).

Signed and filed this 24th day of May, 2018.

JAMES F. CHRISTENSON
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

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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.