IN THE IOWA DISTRICT COURT IN AND FOR JOHNSON COUNTY

Christy B. Logan,	)	
	)	
Petitioner,	)	
	)	**No. CVCV080486**
vs.	)	
	)	**RULING**
The Bon Ton Stores, Inc.,	)	
	)	
Employer,	)	
	)	
and	)	
	)	
Liberty Mutual Ins. Corp.,	)	
	)	
Insurance Carrier,	)	
	)	
Respondents.	)	

On this date, the Petition for Judicial Review filed by Petitioner came before the undersigned for review. The Court finds a hearing on the Petition is unnecessary. Having considered the file, relevant case law, and written arguments of counsel, the Court hereby enters the following ruling.

FACTUAL AND PROCEDURAL BACKGROUND

On April 4, 2016, Petitioner filed with the Iowa Workers' Compensation Commissioner an Original Notice and Petition for Arbitration and Medical Benefits, claiming that a work injury had affected her left knee. An Arbitration Decision was issued by Deputy Workers' Compensation Commissioner James F. Christenson on August 24, 2018. Deputy Christenson noted that there were four dates of injury before him, and found the issues related to those dates of injury to be as follows:

March 1, 2014 injury

1. Whether Petitioner sustained an injury that arose out of and in the course of employment.

2. Whether the injury resulted in a temporary disability.

3. Whether the injury resulted in a permanent disability.

4. Rate.

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

April 4, 2014 injury

1. Whether claimant sustained an injury that arose out of and in the course of employment.

2. Whether the injury resulted in a temporary disability.

3. Whether the injury resulted in a permanent disability.

4. Rate.

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

April 23, 2014

1. Whether claimant sustained an injury that arose out of and in the course of employment.

2. Whether the injury resulted in a temporary disability.

3. Whether the injury resulted in a permanent disability.

4. Rate.

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

October 18, 2014

1. Whether the claimant sustained an injury that arose out of and in the course of employment.

2. Whether the injury resulted in a temporary disability.

3. Whether the injury resulted in a permanent disability.

4. Rate.

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

With these issues framed, Deputy Christenson made the following findings of fact (references to "Claimant" are to Petitioner, and citations to exhibits are omitted):

Claimant began working at Younkers Department Store in August of 2008. Younkers is owned by Bon Ton. Claimant worked as a part-time retail clerk with Younkers, in the men's department. Claimant's job duties included, but were not limited to, assisting customers, checking out customers, and maintaining merchandise presentations.

Claimant's prior medical history is relevant. In August 2013 claimant was evaluated at the Steindler Clinic for left knee pain. Claimant complained of bilateral knee pain for the last month. Claimant was assessed as having patella chondromalacia. Claimant was recommended to have physical therapy. On August 19, 2013 claimant was seen in physical therapy and recommended to do routine stretching. Claimant was recommended to have physical therapy two times a week for six weeks.

Claimant testified in deposition she did not follow through on recommendations for physical therapy, as it conflicted with her work schedule.

Claimant testified that on March 1, 2014 she tripped on a frayed utility rug that was in her work area. Claimant said she reported the injury to her store manager, Jennifer McDermott. She said Ms. McDermott wrote about the accident on a Post-it note on her desk. Claimant indicated, in her post-hearing brief, she repeatedly asked Ms. McDermott for assistance for her injury but was ignored.

On March 18, 2014 claimant was evaluated by John Albright, M.D. at The University of Iowa Hospitals and Clinics (UIHC). Claimant had bilateral knee pain since July of 2013 with no incident of trauma or specific event. Claimant had been seen at the Steindler Clinic in August 2013, prescribed physical therapy but did not follow through on physical therapy due to work schedules. Claimant was assessed as having bilateral chondromalacia and synovitis, left worse than right. Claimant was recommended to be kept in a knee immobilizer for three days.

On April 10, 2014 claimant was seen for physical therapy. Claimant was assessed as having bilateral anterior knee pain. She was told to return to physical therapy every other week. The onset of claimant's knee complaints were described as "insidious."

In responses to discovery, claimant indicated she had a second injury to her left knee when she again tripped on a frayed utility rug in the men's department on April 6, 2014. Claimant indicated she reported her injury.

In her petition, claimant alleged a date of injury of April 4, 2014.

Claimant testified in deposition that she again reported the tripping incident to Ms. McDermott. Claimant said she got little or no response from Ms. McDermott.

Claimant alleges a third tripping incident with Younkers on April 23, 2004. Claimant alleges she again tripped on a frayed utility rug in the men's department. Claimant testified in deposition she again reported the third injury to Ms. McDermott.

Claimant testified in deposition that her work hours were allegedly limited summer and fall of 2014 due to her knee injuries.

Claimant returned to physical therapy on May 23, 014. Claimant was "anxious" that she was not improving and felt more imaging studies were required of her knee. Claimant's history of her present illness was again described as being "insidious."

On May 24, 2014 claimant filed an incident report with Bon Ton indicating a date of injury of March 1, 2014 occurring when she strained her left knee while her shoe caught on a rug.

On June 5, 2014 claimant returned in follow up with Dr. Albright. Claimant associated her left knee pain with a trip on a rug at work. An MRI was recommended.

An MRI taken June 24, 2016 showed no evidence of a meniscus injury. Dr. Albright believed claimant's left knee pain was due to an iliotibial band "IT" tendinitis. Dr. Albright recommended continuing physical therapy and injections.

On August 18, 2014 claimant was evaluated by Timothy Vinyard, M.D. with Iowa Orthopaedics. Claimant indicated left knee pain that had been going on for years. Claimant underwent an injection to the left knee. Claimant was assessed as having a left patellofemoral syndrome.

Claimant attended physical therapy on August 21, 2014. Claimant told the physical therapist she was only going to do stationary bike exercises. Claimant was adamant about not doing other prescribed exercises.

Claimant testified in deposition she eventually changed physical therapists, as she believed her physical therapist at that time wanted her to perform high impact exercises. Claimant believed these exercises were worsening her knee condition.

On August 25, 2014 claimant returned to physical therapy. Claimant indicated she would be seeking a physical therapist with another provider.

Claimant continued to undergo physical therapy in August, October, and November of 2014. Claimant had soreness in her left knee in November of 2014 after tripping over her pant leg.

Claimant indicates that on October 18, 2014 she had a fourth left knee injury when she slipped on a circular hoop at work and hyperextended her left knee.

On October 30, 2014, claimant was evaluated by Dr. Albright. Claimant had been seen numerous times for a patellar chondromalacia problem. On October 18, 2014 claimant had slipped on something at work and hyperextended her knee. Claimant noted that her knee pain from the October 18, 2014 injury had resolved. Claimant was assessed as having left knee pain that had resolved.

In an April 8, 2016 letter, defendant insurer notified claimant that they would not accept her claim of an October 18, 2014 work injury.

On July 23, 2016 claimant was evaluated by Gregory Bell, M.D. for left knee pain occurring when claimant hit her knee in the shower. Claimant was assessed as having a contusion to the leg and sent home.

Claimant testified that, at the time of hearing, she was still employed with Younkers. Claimant said since her injuries, she does not work as many hours as she did prior to her injury. She testified she works approximately 26 hours per week.

Claimant testified since her injury she cannot stand for eight hours, she can only work four to six-hour shifts, she cannot run, and she cannot sit for extended periods of time. Claimant said she cannot do high impact activities.

Claimant testified she believed she has a patellofemoral syndrome in her knees and that her knee does not track properly.

Claimant testified she last saw Dr. Albright for her knee condition in October 2016. At the time of hearing, claimant was not taking any medication for her knee. Claimant had not been given any permanent impairment or permanent restrictions for her knees.

Claimant testified her employer accommodates her schedule and that she is able to set her own schedule at Younkers as she needs.

Claimant testified she has concerns regarding her future employment with other employers because of her left knee. She has concerns regarding her future healthcare treatment and expenses because of her left knee.

Claimant testified in deposition she has been diagnosed with having fibromyalgia. She testified there is no distinction in her pain between her fibromyalgia and her incidents at Younkers.

See Arbitration Decision, pp. 3-6.

After citing to the relevant case law, Deputy Christenson made the following conclusions:

Claimant treated for a bilateral knee condition in October 2013.

Claimant testified that, on March 1, 2014, she tripped over a utility rug at work and injured her left knee. Claimant testified she told a supervisor of the injury. There is no record, made on or about March 1, 2014 indicating claimant sustained a left knee injury at that time.

On March 18, 2014, approximately two weeks after the date of injury, claimant was evaluated by Dr. Albright for bilateral knee pain. Records from that visit indicate claimant began having pain in her knees in July of 2013 with "…no inciting trauma or specific event." There is no report in records from that visit or from x-rays performed on March 18, 2014 of a work injury.

On April 10, 2014 claimant had physical therapy for a knee condition. A description of the onset of the knee problems indicated the condition was "insidious." There is no mention in the April 10, 2014 physical therapy record of work injury.

Claimant contends she again tripped on a rug at work on April 14, 2014 and April 23, 2014, injuring her left knee on both occasions. There is no evidence of any records made on or about this time regarding injuries of April 14 or 23, 2014. There is no mention in any of the medical records in evidence of an April 14, 2014 or April 23, 2014 work injury.

On May 14, 2014 claimant returned to physical therapy. There is no mention in the physical therapy records from this visit that claimant was being treated for a work injury.

On May 23, 2014 claimant returned to physical therapy. The history of claimant's knee condition is again noted as being "insidious." There is no mention in physical therapy records from this visit of a work injury.

On May 24, 2014 claimant filed an injury report for the March 1, 2014 work injury. There is no record of any report filed for an April 14, 2014 or an April 23, 2014 work injury.

On June 5, 2014, over three months after the alleged first date of injury, the first record of a work injury appears in medical records.

On August 18, 2014 claimant was treated by Dr. Vinyard. A history of claimant's knee condition indicates "this has been going on for years."

Claimant alleges a work injury on March 1, 2014. There is no record of a work injury made on or about this time of the accident. Two weeks after the injury, claimant was treated by Dr. Albright for bilateral knee pain for an injury that happened in July of 2013 with no traumatic event. Claimant returned for three physical therapy sessions in April and May of 2014. In none of these sessions is there any note of a March 1, 2014, April 14, 2014, or April 23, 2014 work injury. Physical therapy records note the history of claimant's knee problems is "insidious." The first record of a March 1, 2014 work injury occurs on May 24, 2014. The first mention in a medical record of an alleged work injury occurs three months after the alleged first date of injury. No physician or expert has opined claimant's left knee condition was caused or materially aggravated by an injury at work in either March or April of 2014. Given this record, claimant has failed to carry her burden of proof she sustained an injury that arose out of and in the course of employment on March 1, 2014, April 14, 2014, or April 23, 2014.

As claimant has failed to carry her burden of proof she sustained an injury that arose out of and in the course of her employments for Files Nos. 5055594, 5056452, and 5056453, all other issues regarding those files and those dates of injury are moot.

Regarding the October 18, 2014 date of injury, claimant contends she slipped on a ring at work and hyperextended her knee. There is no indication claimant reported this injury to her employer. However, defendants have not raised notice as a defense regarding this injury.

On October 30, 2014 claimant was evaluated by Dr. Albright. Dr. Albright's notes indicated claimant hyperextended her knee while slipping at work on October 18, 2014. Given this record, it is found claimant has carried her burden of proof she sustained an injury to her left knee on October 18, 2014.

The next issue to be determined is claimant's entitlement to temporary benefits.
…

There is no record in evidence of claimant losing time from work due to the October 18, 2014 date of injury. No physician or expert has opined claimant lost any time from work due to the October 18, 2014 work injury. Records from Dr. Albright indicate any pain claimant had from hyperextending her knee on October 18, 2014 had resolved by October 30, 2014. Given this record, claimant has failed to carry her burden of proof she is entitled to any temporary partial disability benefits or temporary total disability benefits.

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

As noted above, records from Dr. Albright's office, dated October 30, 2014, note any symptoms claimant had from the October 18, 2014 date of injury had resolved. No expert has opined claimant suffered any permanent impairment or permanent restrictions from the October 18, 2014 date of injury. Given this record, claimant has failed to carry her burden of proof she is entitled to permanent partial disability benefits regarding the October 18, 2014 date of injury.

As claimant failed to carry her burden of proof she is entitled to either temporary or permanent partial disability benefits, the issue of rate is moot.

The next issue to be determined is whether defendants are liable for reimbursement for medical bills.
…

As noted, the only medical treatment claimant appears to have received regarding the October 18, 2014 date of injury is the evaluation by Dr. Albright on October 30, 2014. As noted, Dr. Albright's notes from that visit indicate any symptoms claimant had from

> the October 18, 2014 date of injury had resolved. Given this record, defendants are liable only for payment of medical bills associated with the October 30, 2014 visit with Dr. Albright.

See Arbitration Decision, pp. 6-10.

Petitioner filed an appeal of Deputy Christenson's Arbitration Decision, and the appeal was considered by Deputy Workers' Compensation Commissioner Stephanie J. Copley. Deputy Copley issued an Appeal Decision on December 5, 2018, finding and concluding as follows (Deputy Copley noted that while Deputy Christenson occasionally referred to an April 14, 2014 date of injury instead of the April 4, 2014 date of injury, this was simply a scrivener's error):

> On appeal, it appears claimant asserts the deputy commissioner erred in determining her alleged injuries on March 1, 2014, April 4, 2014, and April 23, 2014 did not arise out of and in the course of her employment. Claimant also appears to argue the deputy commissioner erred in determining claimant was not entitled to any temporary or permanent disability benefits or additional medical benefits relating to the October 18, 2014 date of injury.
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> Pursuant to Iowa Code section 17A.15 and Iowa Code section 86.24, I performed a de novo review of the evidentiary record before the presiding deputy commissioner. I affirm and adopt as the final agency decision those portions of the proposed arbitration decision filed on August 24, 2018 that relate to issues properly raised on intra-agency appeal.
>
> I find no error in the deputy commissioner's decision that claimant failed to carry her burden to prove she sustained injuries arising out of and in the course of her employment on March 1, 2014, April 4, 2014, and April 23, 204. As correctly noted by the deputy commissioner, claimant's treatment records from March through May of 2014 make no mention of any work-related incident. In fact, at her appointment on March 18, 2014, which was roughly two weeks after her first alleged work injury, claimant referenced only "pain began *in July 2013 with no inciting trauma or specific event*." (emphasis added) Her physical therapy record from April 10, 2014, which was roughly a week after her second alleged work injury, describe an "insidious" onset of pain. It was not until claimant's appointment on June 5, 2014, that she mentioned to any medical provider that she had tripped at work.
>
> Further, even after she reported the tripping incident to Dr. Albright on June 5, 2014, Dr. Albright never offered an opinion that claimant's ongoing knee condition was caused or materially aggravated by any of claimant's alleged tripping incidents in March or April of 2014. In fact, no physician or expert offered any such opinion. This is problematic given claimant's history of left knee pain in 2013 and subsequent diagnosis of fibromyalgia in 2015, which claimant acknowledged also causes knee pain.
>
> Considering both claimant's delay in mentioning the alleged tripping incidents to her medical providers and the absence of any expert opinions in the record, I concur with and affirm the deputy commissioner's finding and conclusion that claimant failed to carry her

> burden to prove she sustained injuries arising out of and in the course of her employment on March 1, 2014, April 4, 2014, and April 23, 2014.
>
> I find no error in the deputy commissioner's decision that claimant sustained an injury to her left knee on October 18, 2014 but failed to carry her burden to prove it caused any temporary or permanent disability. While claimant contemporaneously reported the October 18, 2014 incident to Dr. Albright, she also reported that her pain from the incident had "resolved." No physician or expert opined that claimant's ongoing left knee symptoms were caused by or materially aggravated by the October 18, 2014 incident, nor did any physician or expert opine that claimant sustained any permanent impairment from the October 18, 2014 incident. For these reasons, I concur with and affirm the deputy commissioner's finding and conclusion that while claimant satisfied her burden to prove she sustained an injury that arose out of and in the course of her employment on October 18, 2014, she failed to carry her burden to prove she sustained any resulting temporary or permanent disability. I likewise concur with and affirm the deputy commissioner's finding and conclusion that the only medical treatment defendants are responsible for is the October 30, 2014 appointment with Dr. Albright.
>
> In sum, I find that deputy commissioner provided sufficient analysis of the issues raised in the arbitration proceeding. I affirm the deputy commissioner's findings of fact and conclusions of law pertaining to those issues in their entirety.

See Appeal Decision, pp. 2-3.

Petitioner seeks judicial review of the final agency action. For her legal argument, Petitioner asserts that the employer did not file accident reports to provide medical attention at the time of the alleged injuries, and that the notes of Dr. Albright and Dr. Peter Lenert indicate Petitioner was injured while working. Petitioner further asserts the employer and the insurer were aware Petitioner had been injured, and that they were required to provide treatment. Petitioner contends any allegation of lack of proper notice is moot, and the employer should be held responsible for medical treatment. Petitioner denies that any prior medical treatment led to her injuries, and the May, 2014 accident report makes clear that Petitioner was injured at work when she tripped on a frayed rug. Petitioner argues that a pre-existing condition, on its own, is not a defense, and requests the Court reverse the agency's final decision.

Respondent argues that Petitioner's alleged injuries on March 1, April 4, and April 23, 2014 did not arise out of her employment with Bon Ton; Petitioner waived any claim related to fibromyalgia by not bringing it before the Commissioner, and even if she had brought the claim before the Commission, her fibromyalgia was not caused by the alleged workplace incident; and Petitioner has been fully compensated for her October 18, 2014 injury.

Petitioner replies that the mere existence of a pre-existing condition is not a defense, and even if the pre-existing condition was present at the time of her injury, it is compensable if it is aggravated, worsened, or lighted up by the work injury. Petitioner contends she has provided proof of a workplace injury on March 1, 2014, which is confirmed by Dr. Albright's records. Petitioner also contends that Dr. Lenert's records show that the fibromyalgia diagnosis is related

to her knee injury incurred at work, and should be compensated. Finally, Petitioner argues that her October 18, 2014 injury was aggravated by previous injuries, and she has not been fully compensated for the October 18, 2014 injury.

CONCLUSIONS OF LAW

Petitioner is entitled to judicial review of this action pursuant to Iowa Code § 17A.19 (2019). "A person or party who has exhausted all adequate administrative remedies and who is aggrieved or adversely affected by any final agency action is entitled to judicial review thereof under this chapter." Iowa Code § 17A.19(1) (2019). "Iowa Code section 17A.19(8)(g) authorizes relief from agency action that is 'unreasonable, arbitrary or capricious or characterized by an abuse of discretion or a clearly unwarranted exercise of discretion.'" Dico, Inc. v. Emp. Appeal Bd., 576 N.W.2d 352, 355 (Iowa 1998). "These terms have established meanings: 'An agency's action is "arbitrary" or "capricious" when it is taken without regard to the law or facts of the case…Agency action is "unreasonable" when it is "clearly against reason and evidence."'" Id. (citing Soo Line R.R. v. Iowa Dep't of Transp., 521 N.W.2d 685, 688-89 (Iowa 1994)). "An abuse of discretion occurs when the agency action 'rests on grounds or reasons clearly untenable or unreasonable.'" Id. (citing Schoenfeld v. FDL Foods, Inc., 560 N.W.2d 595, 598 (Iowa 1997)). The Iowa Supreme Court has stated that an "abuse of discretion is synonymous with unreasonableness, and involves a lack of rationality, focusing on whether the agency has made a decision clearly against reason and evidence." Id. (citing Schoenfeld, 560 N.W.2d at 598).

"Section 17A.19[10] provides that a party may successfully challenge an agency decision when the party's substantial rights have been prejudiced because the agency action 'is unsupported by substantial evidence' or 'is affected by other error of law.'" Titan Tire Corp. v. Emp. Appeal Bd., 641 N.W.2d 752, 754 (Iowa 2003). Factual findings are reversed "only if they are unsupported by substantial evidence in the record made before the agency when the record is viewed as a whole." Loeb v. Emp. Appeal Bd., 530 N.W.2d 450, 451 (Iowa 1995). "Evidence is substantial if a reasonable mind would find it adequate to reach the same conclusion. Id. (citing Dunlavey v. Economy Fire & Casualty Co., 526 N.W.2d 845, 849 (Iowa 1995)). "The agency's decision does not lack substantial evidence because inconsistent conclusions may be drawn from the same evidence." Id. (citing Dunlavey, 526 N.W.2d at 849).

"Substantial evidence is 'the quantity and quality of evidence that would be deemed sufficient by a neutral, detached, and reasonable person, to establish the fact at issue when the consequences resulting from the establishment of that fact are understood to be serious and of great importance.'" University of Iowa Hospitals and Clinics v. Waters, 674 N.W.2d 92, 95 (Iowa 2004). "'While "courts must not simply rubber stamp the agency fact finding without engaging in a fairly intensive review of the record to ensure that the fact finding is itself reasonable ⋯ evidence is not insubstantial merely because it would have supported contrary inferences.'" Id. "'The substantial evidence rule requires to review the record *as a whole* to determine whether there is sufficient evidence to support the decision the commission made.'" Stark Const. v. Lauterwasser, No. 13-0609, 2014 WL 1495479, *8 (Iowa Ct. App. 2014) (citing Woodbury Cnty. v. Iowa Civil Rights Comm'n, 335 N.W.2d 161, 164 (Iowa 1983)).

"[T]he agency is not required to mention each item of evidence in its decision and explain why it found the evidence persuasive or not persuasive." Keystone Nursing Care Center v. Craddock, 705 N.W.2d 299, 305 (Iowa 2005). "While it is true that the commissioner's decision must be 'sufficiently detailed to show the path he has taken through conflicting evidence,'…the law does not require the commissioner to discuss each and every fact in the record and explain why or why not he has rejected it." Terwilliger v. Snap-On Tools Corp., 529 N.W.2d 267, 274 (Iowa 1995). "Such a requirement would be unnecessary and burdensome." Id.

A claimant has the burden of establishing causal connection between his condition and his injury or treatment for the condition. Yount v. United Fire & Cas. Co., 129 N.W.2d 75, 77 (Iowa 1964).

> Generally, expert testimony is essential to establish causal connection. Bodish v. Fischer, Inc., 257 Iowa 516, 521, 133 N.W.2d 867, 870 (1965). The commissioner must consider the expert testimony together with all other evidence introduced bearing on the causal connection between the injury and the disability. Id. The commissioner, as the fact finder, determines the weight to be given to any expert testimony. Id. Such weight depends on the accuracy of the facts relied upon by the expert and other surrounding circumstances. Id.; see Sondag v. Ferris Hardware, 220 N.W.2d 903, 908 (Iowa 1974) (holding deputy commissioner disregarding uncontroverted expert testimony must state why). The commissioner may accept or reject the expert opinion in whole or in part. Sondag, 220 N.W.2d at 907.

Sherman v. Pella Corp., 576 N.W.2d 312, 321 (Iowa 1998).

Petitioner generally has argued that the agency erred in concluding that her injury was not compensable as a workplace injury. Petitioner seeks compensation for her medical treatment, expenses, and costs for the March 1, April 4, and April 23, 2014 alleged injuries, and all costs related to the October 18, 2014 date of injury. Petitioner also seeks compensation for her fibromyalgia diagnosis. The Court finds there is substantial evidence in the record to support the agency's finding that Petitioner is not entitled to benefits for the injuries she claims took place on March 1, April 4, and April 23, 2014, and the decision of the agency is not affected by error of law. There also is substantial evidence in the record to support the agency's findings and conclusions regarding the October 18, 2014 injury, as well as to support the conclusion that Petitioner is not entitled to compensation for the fibromyalgia diagnosis. The evidence in the record supports a conclusion that there simply was no workplace injury for the March 1, April 4, and April 23, 2014 events. There also is evidence in the record that Petitioner had joint and left knee pain that occurred before she had any alleged workplace injury. Issues related to Petitioner's arguments regarding Respondents' lack of defense notice were not raised before the agency, and cannot be considered by this Court for the first time on judicial review. The Court notes that Petitioner has not moved for the Court to consider further evidence on this issue. See Iowa Code § 17A.19(7) (2019). There simply is no medical evidence in the record to show that Petitioner's left knee injury was caused by the alleged March and April, 2014 events. With respect to Petitioner's fibromyalgia diagnosis, Petitioner did not plead this as a claim before the agency, and there is no evidence in the record to support a conclusion that the fibromyalgia was caused by any workplace injury. Finally, with respect to the October 18, 2014 injury, there is

substantial evidence in the record to support the agency's conclusion regarding Petitioner's damages on this claim, in the form of the records from Dr. Albright, and Petitioner's own testimony.

Petitioner's request for relief on judicial review should be denied, and the agency's decision should be affirmed.

RULING

IT IS THEREFORE ORDERED that Petitioner's request for relief on judicial review is **DENIED**. The agency's decision is affirmed. This matter is deemed closed and finalized. If there are costs to be assessed, they are assessed to Petitioner.

Clerk to notify.

State of Iowa Courts

Type: OTHER ORDER

Case Number	**Case Title**
CVCV080486	CHRISTY LOGAN VS THE BON TON STORES INC, ET AL

So Ordered

Kevin McKeever, District Court Judge,
Sixth Judicial District of Iowa