BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

TAMMY MORRIS, Claimant, vs. ARCONIC, INC., Employer, and INDEMNITY INSURANCE COMPANY OF NORTH AMERICA, Insurance Carrier, Defendants.	File No. 5064620 A R B I T R A T I O N D E C I S I O N Head Notes: 1803, 1803.1, 2502

STATEMENT OF THE CASE

This is a petition in arbitration. The contested case was initiated when claimant, Tammy Morris, filed her original notice and petition with the Iowa Division of Workers' Compensation. The petition was filed on August 6, 2018. Claimant alleged she sustained a work-related injury on April 27, 2018. Claimant alleged the work injury affected her left hand, left arm, and left shoulder. (Original notice and petition)

For purposes of workers' compensation, Arconic, Inc., is insured by Indemnity Insurance Company of North America. Claimant testified on her own behalf. Mr. Jim Hutchins also testified. He is the team supervisor. Defendants filed their answer on August 22, 2018. Defendants accepted the claim for the left tuft fractures of the tips of the left long and ring fingers. Defendants denied injuries to the left hand, arm or shoulder.

The hearing administrator scheduled the case for hearing on September 27, 2019. The hearing took place at Iowa Workforce Development in Des Moines, Iowa at 150 Des Moines Street. The undersigned appointed Ms. Delayne Johnson as the certified shorthand reporter. She is the official custodian of the records and notes.

Claimant testified at hearing. The parties offered joint exhibits 1 through 6. Claimant offered exhibits 1 through 5. Defendants offered exhibits A through F. The exhibits were admitted as evidence in the case.

Post-hearing briefs were filed on November 12, 2019. The case was deemed fully submitted on that date. The transcript of the proceedings was filed by defendants.

STIPULATIONS

The parties completed the designated hearing report. The various stipulations are:

1. There was the existence of an employer-employee relationship at the time of the injury;

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

3. The parties agree the injury resulted in a permanent disability;

4. Temporary or healing period benefits are no longer in dispute;

5. The commencement date for the payment of any permanent partial disability benefits is August 20, 2019;

6. The parties agree the weekly benefit rate is $628.99 per week;

7. Defendants have waived any affirmative defenses;

8. The parties agree claimant's independent medical examination has been paid by defendants, and at the commencement of the hearing, defendants agreed to pay the mileage involved; and

9. Prior to the hearing date, defendants have paid 5.28 weeks of permanent partial disability benefits in the amount of $628.99 per week and benefits will be ongoing.

ISSUES

The issues presented are:

1. Whether claimant's permanent condition is an injury to the left upper extremity or to the left hand;

2. The extent of permanent partial disability to which claimant is entitled;

3. Whether claimant is entitled to alternate medical care pursuant to Iowa Code section 85.27; and

4. Whether claimant is entitled to certain costs to litigate the claim.

FINDINGS OF FACT

This deputy, after listening to the testimony of claimant and to Mr. Hutchins at hearing, after judging the credibility of the two people who testified, and after reading the evidence, and the post-hearing briefs, makes the following findings of fact and conclusions of law:

The party who would suffer loss if an issue were not established has the burden of proving the issue by a preponderance of the evidence. Iowa Rule of Appellate Procedure 6.14(6).

Claimant is 53 years old. She is single. Claimant has two adult children. She resides in Rock Island, Illinois. Claimant is right hand dominant.

On Friday, April 27, 2018, claimant sustained a crush injury to her left hand. She was replacing a roller on a machine. A co-worker inadvertently pushed a button which caused the feed rollers to lower onto claimant's left hand, and rolled the left hand into a machine. (Transcript, pages 29-30) Dave Ellemets, the supervisor, escorted claimant to the medical department at Arconic, Inc. (Joint Exhibit 1, page 1)

Lenora Brooks treated claimant for a "Crush injury to left ring and long fingertips." (Jt. Ex. 1, p. 1) Conservative care was administered. Claimant requested hospital emergency room care but was denied. (Jt. Ex. 1, p. 1) Claimant used personal leave and went home. She was advised to return to the company medical department on Monday. A company representative indicated claimant was not to seek medical care on her own.

On April 30, 2018, claimant presented to the company medical department. Claimant had bruising and swelling. Conservative measures were recommended. (Jt. Ex. 1, p. 1)

X-rays were taken of the left fingers. Dietrich A. Gerhardt, M.D. interpreted the x-rays as:

> IMPRESSION: There are nondisplaced tuft fractures involving the tips of the distal phalanges of the middle and ring fingers.

(Jt. Ex. 2, p. 36)

Both Teresa Franzen, PA-C, and Dr. Chelli, the company physician (first name unknown), treated claimant conservatively. Claimant wore splints. On May 10, 2018, x-rays of the third and fourth digits were taken. Ronald W. Fuller, M.D., interpreted the x-rays as:

> FINDINGS: There [are] tuft fractures involving the 3rd and 4th digits which are similar in appearance to the prior exam.

> IMPRESSION: Tuft fractures of the long and ring finger for [sic] unchanged from the prior exam.

(Jt. Ex. 2, p. 37)

Tobias Mann, M.D., an orthopedic surgeon, saw claimant on May 29, 2018. Dr. Mann conducted an examination of claimant's left upper extremity. The orthopedist found:

> Exam of her left upper extremity shows no obvious abnormalities. No significant swelling or erythema. The skin is intact. All of the fingers are warm and well perfused. Sensation is grossly intact to light touch. She holds her fingers in normal flexion cascade at rest. She does have active flexion of the index finger. She will not flex her middle or ring fingers or small finger at all for me. On attempts at passive flexion, she actively extends her fingers. We spent a long time working on trying to bend her fingers. We were able to passively flex her index finger fully, but her middle, ring and small fingers, she has very limited passive flexion due to actively resisting this during exam. She states that it hurts too much. She does have an intact tenodesis effect with flexion extension of the wrist. Wrist and hand are otherwise stable to ligamentous exam. She has significant tenderness to palpation over the tip of the middle and ring fingers.

(Jt. Ex. 3, p. 39)

Dr. Mann assessed claimant as having the following conditions:

ASSESSMENT:

1. **Left ring finger and middle finger crush injury.**
2. **Left ring finger tuft fracture.**
3. **Left middle finger tuft fracture.**
4. **Left hand stiffness.**

(Jt. Ex. 3, p. 39)

Dr. Mann returned claimant to work with restrictions. Claimant was to wear splints on her left ring and middle fingers as needed. She was to lift no more than 25 pounds with her left upper extremity. (Jt. Ex. 3, p. 39)

Claimant returned to Dr. Mann on July 9, 2018. Claimant complained of significant pain in her left hand. She indicated she had a difficult time performing all of

her activities at work. (Jt. Ex. 3, p. 42) Dr. Mann ordered magnetic resonance imaging (MRI). (Jt. Ex. 3, p. 43)

Claimant underwent MRI testing of the left hand on July 12, 2018. (Jt. Ex. 3, p. 45) Marcus E. Cabay, M.D., interpreted the results as:

> FINDINGS: There is somewhat heterogenous signal throughout the bone marrow, which is nonspecific, but no discrete marrow edema is identified. Alignment is anatomic, and there is no evidence of fracture. No significant arthropathy identified throughout the hand or fingers.
>
> Tendons and ligaments are intact.
>
> There is nonspecific edema throughout the subcutaneous fat of the hand, as well as a small amount of fluid surrounding the flexor and extensor tendons of the fingers, consistent with tenosynovitis.
>
> IMPRESSION: Tenosynovitis of the flexor and extensor tendons of the fingers.

(Jt. Ex. 3, p. 45)

Dr. Mann examined claimant on July 17, 2018. The orthopedist did not recommend any surgical intervention. He did suggest physical therapy. (Jt. Ex. 3, p. 46) Dr. Mann proposed the following restrictions:

> At this point, she will go back to work with a 10-pound weight limit on the left upper extremity, and no pushing, pulling, or gripping greater than 10 pounds. Then in 1 week, we will advance this to 15 pounds. One week following that, we will advance to 20 pounds. Then 1 week following that, we will advance it to 25 pounds. Then after that, she will go back a week later without any restrictions. She also needs to be allowed to wear an edema glove while at work. I will plan to see her back now in about 6 weeks. I am hopeful, at that point, she will be back working without restrictions. I have continued to encourage Ms. Morris to make all of her therapy appointments and really work hard in therapy, as well as to do home exercises. I am concerned that if she does not do this, she may develop permanent loss of motion in her fingers, and I have explained this to her.

(Jt. Ex. 3, pp. 46, 47)

Claimant participated in physical therapy through ORA Physical Therapy. The physical therapist recommended the therapy be discontinued in late August of 2018 due to claimant's lack of progress and motivation. (Jt. Ex. 4, p. 80)

On August 28, 2018, claimant presented to Dr. Mann. The physician had been shown a surveillance video of claimant holding a baby in her left arm. Claimant explained she had not been carrying a baby in her left upper extremity. Moreover, claimant stated, "[I]f she did any carrying at all or lifting using the left hand, it was only as a supporting hand, and did all of the lifting with the right upper extremity. She also states again that she has been wearing her edema glove." (Jt. Ex. 3, p. 49)

During the same appointment, Dr. Mann found:

> EXTREMITIES: Exam of her left upper extremity shows no obvious swelling over the left hand. She does have diffuse pain with any touch of the left upper extremity. She is able to fully flex her index finger into the palm. She has very limited flexion of the ring, middle and small finger. She has severe tenderness to palpation over the aspect of her left hand. She does have intact tenodesis with flexion and extension of the wrist. She has sensation to light touch in all of her fingers and all of the fingers are warm and well perfused. There is no erythema.

(Jt. Ex. 3, p. 50)

Dr. Mann modified claimant's restrictions to no lifting greater than 20 pounds. The orthopedist based his restriction on claimant's complaint of pain rather than on any obvious structural abnormality. (Jt. Ex. 3, p. 50) Claimant was instructed to wear her edema glove too. (Jt. Ex. 3, p. 50)

Claimant participated in a functional capacity evaluation at Rock Valley Physical Therapy on October 1, 2018. (Jt. Ex. 5, p. 81) The therapist noted claimant exhibited only minimal use of her left hand. Consequently, it was difficult to assess claimant's true abilities. However, the FCE was deemed valid for consistency of effort. (Jt. Ex. 3, p. 60) and (Jt. Ex. 5, p. 81)

Claimant presented to Dr. Mann on October 30, 2018. Claimant had significant discomfort in her hand, as well as hypersensitivity to the touch. (Jt. Ex. 3, p. 53) Dr. Mann modified claimant's restrictions to no use of the left upper extremity. (Jt. Ex. 3, p. 53)

Claimant saw a pain specialist, John B. Dooley, M.D., on January 17, 2019 and again on February 18, 2019. (Jt. Ex. 6) With respect to the left upper extremity, Dr. Dooley noted:

> No deformities, masses or tenderness, no known fractures, normal strength and tone, normal range of motion without pain and no instability, subluxation or laxity.
>
> Note: no color change, edema, hyperhidrosis, will not freely move.

(Jt. Ex. 6, p. 90)

Dr. Dooley opined claimant did not have chronic regional pain syndrome. The pain specialist released claimant to return to work without any restrictions. (Jt. Ex. 6, p. 91)

Claimant returned to Dr. Mann on January 29, 2019. (Jt. Ex. 3, p. 56) Dr. Mann examined claimant's left hand. The orthopedist noted:

> EXTREMITIES: Exam of her left upper extremity shows significant thickening of the skin as well as darkening of the skin over the dorsal PIP joints of the index, middle, and ring finger. This is not seen over any of the joints of the thumb or small finger. She has pull-through of the FDS and FDP tendons to all fingers. Passively, I can flex her small finger all the way into the palm. She has good passive flexion of the MP joints. Actively she flexes her MP joints to about 70 degrees, but passively I can flex them to 90. Her passive and active range of motion of the PIP joints of the index, middle, and ring finger are very limited, however. Actively she flexes them to about 20 degrees and passively I can flex them to about 30, but this causes a lot of pain for her. The swelling that she previously had in her hand has now completely resolved.

(Jt. Ex. 3, p. 56)

On March 26, 2018, claimant presented to Dr. Mann for another examination. The treating orthopedist opined claimant would not benefit from any surgical intervention. (Jt. Ex. 3, p. 60) Dr. Mann imposed the following permanent work restrictions:

> WORK RESTRICTIONS: With her left upper extremity, she cannot lift anything floor to waist. She cannot carry anything using her left upper extremity. She can pull 15 pounds and push 15 pounds. She is able to sit, stand, bend and stoop and walk, as well as climb stairs. She is able to do pinching with the thumb and index finger.

(Jt. Ex. 3, pp. 60-61)

Pursuant to a request from claimant's counsel, Richard L. Kreiter, M.D., conducted an independent medical examination on April 10. 2019. Then Dr. Kreiter issued a report. In the report, the evaluating physician determined:

> At the present time, since MMI has not been reached, only provisional rating can be made. I will use the 5th Edition of the AMA Guide. The 80 degrees flexion of the MP of the long and ring fingers would be perhaps a 6% finger impairment for each or 1% of the hand for each. The PIP joints with only 20 to 25 degrees of flexion which would be perhaps a 45% impairment for each which for the middle finger would be a 9% of the hand and for the ring finger a 5% of the hand. From page 492, table 16-15,

> deficit of peripheral nerves and this the median nerve below the mid forearm, this could be a max of 39% upper extremity impairment secondary to sensory deficit and pain. Certainly should proper treatment be carried out and the median nerve if found to be compromised would be released and certainly this impairment would be only very provisional and would improve considerably.

(Claimant's Exhibit 2, page 3)

In an August 20, 2019 report, Dr. Mann expressed his opinion regarding a permanent partial impairment to claimant's left upper extremity. The orthopedist opined claimant had a 24 percent permanent impairment to the left upper extremity. Dr. Mann calculated the permanent impairment as follows:

> I will be using the AMA's Guide to the Evaluation of Permanent Impairment, Fifth Edition, for this rating. Given that grip strength should not be used for the evaluation for rating of a permanent impairment in the setting of significant pain and lost motion, I will be using the decreased motion of her fingers as the main source for this impairment. On my last exam with her, she was able to extend all of her fingers fully, but had very limited flexion. Her middle finger MP joint flexed to about 80 degrees, ring finger to 70 degrees, and small finger to 80 degrees. The PIP joints of her middle finger flexed to 20 degrees, ring finger to 10 degrees, and small finger to 10 degrees. The DIP joints had very minimal motion, if any. According to Figure 16.21, each of the fingers had essentially no DIP joint flexion when she attempted to make a fist. This equates to an impairment of 36% per finger due to lost DIP joint flexion. PIP joint flexion to 20 degrees at the middle finger results in a 48% impairment due to the lost PIP joint flexion according to figure 16.23. Ring and small finger flexion at the PIP joint to 10 degrees results in a 54% finger impairment due to lost PIP joint flexion according to Figure 16.23. Finally, according to Figure 16.25, middle finger MP joint flexion to 80 degrees results in a 6% impairment due to lost middle finger flexion, MP joint flexion. Ring finger flexion to 70 degrees results in 11% impairment due to lost flexion, and small finger MP flexion to 80 degrees results in a 6% impairment due to lost MP joint flexion. Using the combined values chart on page 604 for the middle finger, combining 36% impairment due to lost DIP joint flexion with 48% impairment due to lost PIP joint flexion results in 67% impairment. Combining this with the 6% impairment due to lost MP joint flexion results in 69% middle finger impairment due to lost flexion. For the ring finger, combining 36% impairment due to lost DIP joint flexion with 54% impairment due to lost PIP joint flexion results in 71% impairment. Combining 71 with the 11% impairment due to lost MP joint flexion results in 74% impairment due to lost ring finger flexion, and finally for the small finger, combining 36% impairment due to lost DIP joint flexion with 54% impairment due to lost PIP joint flexion results in the 71% impairment.

> Combining this with the 6% impairment due to lost MP joint flexion results in a 73% impairment due to lost small finger flexion. Using Table 16.1, a middle finger impairment of 69% result [sic] in a 14% hand impairment and a ring finger impairment of 74% results in an 8% hand impairment and a small finger impairment of 73% results in a 7% impairment. Using the combined values chart on page 604, combining a 14% due to lost middle finger flexion with 8% due to lost ring finger flexion results in a 21% impairment. Combining that with 7% impairment of the small finger result [sic] in a 27% impairment of the hand due to lost motion of the middle, ring and small finger. Using Table 16.2, a 27% hand impairment results in a 24% upper extremity impairment. I will therefore assign Ms. Morris a 24% upper extremity impairment due to lost motion of her middle, ring and small finger from her injury.
>
> With results to whether or not Ms. Morris can return to her job without restrictions, given her very limited use of her left upper extremity according to her functional capacity evaluation, she meets the physical demand strength rating for sedentary type work. This was a valid functional capacity evaluation for consistency of effort. Based on this, I do not think that Ms. Morris could return to her regular job without restrictions.

(Jt. Ex. 3, pp. 59-60)

CONCLUSIONS OF LAW AND RATIONALE

PERMANENT PARTIAL DISABILITY BENEFITS

Under the Iowa Workers' Compensation Act, permanent partial disability is compensated either for a loss or loss of use of a scheduled member under Iowa Code section 85.34(2)(a)-(t) or for loss of earning capacity under section 85.34(2)(u). The extent of scheduled member disability benefits to which an injured worker is entitled is determined by using the functional method. Functional disability is "limited to the loss of the physiological capacity of the body or body part." Mortimer v. Fruehauf Corp., 502 N.W.2d 12, 15 (Iowa 1993); Sherman v. Pella Corp., 576 N.W.2d 312 (Iowa 1998). The fact finder must consider both medical and lay evidence relating to the extent of the functional loss in determining permanent disability resulting from an injury to a scheduled member. Terwilliger v. Snap-On Tools Corp., 529 N.W.2d 267, 272-273 (Iowa 1995); Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417, 420 (Iowa 1994).

Claimant’s permanent partial disability shall be calculated according to Iowa Code section 85.34(2)(m). The subsection states:

> o. The loss of two-thirds of that part of an arm between the shoulder joint and the elbow joint shall equal the loss of an arm and the compensation therefor shall be weekly compensation during two hundred fifty weeks.

Rule 876 Iowa Administrative Code 2.4 governs the use of the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed. The relevant portion of the rule provides:

> **876-2.4(85,86) Guides to evaluation of permanent impairment.** The Guides to the Evaluation of Permanent Impairment, Fifth Edition, published by the American Medical Association are adopted for determining the extent of loss or percentage of impairment for permanent partial disabilities and payment of weekly compensation for permanent partial scheduled injuries under Iowa Code section 85.34(2) not involving a determination of reduction in an employee's earning capacity. Payment so made shall be recognized by the workers' compensation commissioner as a prima facie showing of compliance by the employer or insurance carrier with the foregoing sections of the Iowa workers' compensation Act.

Dr. Mann rated claimant as having a 24 percent permanent impairment to the left upper extremity. Dr. Kreiter rated claimant as having a 39 percent permanent impairment to the left upper extremity. Both evaluators relied on the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed. Dr. Mann was the treating physician. He had numerous opportunities to examine claimant over the course of thirteen months. Dr. Kreiter examined claimant on one occasion only. Dr. Mann reviewed the surveillance evidence of claimant. Dr. Kreiter did not review the surveillance. Dr. Mann was very precise in his assessment of claimant's left upper extremity. Dr. Kreiter was not as detailed as Dr. Mann. Therefore, it is the determination of the undersigned; Dr. Mann has the most accurate assessment of claimant's permanent impairment. It is the decision of this deputy; claimant has a twenty-four percent permanent partial disability in the amount of twenty-four percent to the left upper extremity. The determination is based upon Dr. Mann's opinions.

The calculation is: 250 weeks x 24 percent equals 60 weeks of permanent partial disability owed. Prior to the date of the hearing, claimant was paid 5.28 weeks of permanent partial disability benefits at the correct rate of $628.99. Defendants shall take credit for all benefits paid prior to the date of the hearing, including any overpayments paid.

Accrued benefits shall be paid in a lump sum, together with interest, as allowed by law. All interest on past due weekly compensation benefits accruing on or after July 1, 2017, shall be payable at an annual rate equal to the one-year treasury constant maturity published by the federal reserve in the most recent H15 report settled as of the date of injury, plus two percent. See Gamble v. AG Leader Technology, File No. 5054686 (App. April 24, 2018).

The next issue for resolution is the payment of medical mileage pursuant to Iowa Code section 85.27. Claimant is requesting payment in the amount of $438.74 less $321.74 previously paid. The balance owed is $117.00. Defense counsel agreed on behalf of her clients to pay the costs to travel to and from authorized medical

appointments. Defendants shall pay unto claimant medical mileage in the amount of $117.00.

Claimant is requesting alternate medical care under the provisions of Iowa Code section 85.27. Specifically, claimant is requesting certain care recommended by Dr. Kreiter in his independent medical report. Dr. Kreiter recommended:

> It is my opinion further diagnostic tests are needed and these would include perhaps EMG/nerve conduction velocities. Perhaps referral to the hand service at the University of Iowa. Dr. Mann did not record any carpal tunnel-type symptoms or perform any tests like Tinel's, Phalen's, etc.

(Cl. Ex. 2, p. 4)

It is the determination of the undersigned; Dr. Mann, the authorized treating physician, has always provided reasonable and necessary medical care to claimant. If claimant is experiencing difficulties with her left upper extremity, it is incumbent on claimant to request medical care from her employer before she requests alternate medical care. There is no evidence to establish claimant requested additional medical care subsequent to her final appointment with Dr. Mann. Claimant's request for alternate medical care pursuant to Iowa Code section 85.27 is denied. Claimant is premature in requesting alternate medical care.

Iowa Code section 86.40 states:

> **Costs.** All costs incurred in the hearing before the commissioner shall be taxed in the discretion of the commissioner.

Iowa Administrative Code Rule 876—4.33(86) states:

> **Costs.** Costs taxed by the workers' compensation commissioner or a deputy commissioner shall be (1) attendance of a certified shorthand reporter or presence of mechanical means at hearings and evidential depositions, (2) transcription costs when appropriate, (3) costs of service of the original notice and subpoenas, (4) witness fees and expenses as provided by Iowa Code sections 622.69 and 622.72, (5) the costs of doctors' and practitioners' deposition testimony, provided that said costs do not exceed the amounts provided by Iowa Code sections 622.69 and 622.72, (6) the reasonable costs of obtaining no more than two doctors' or practitioners' reports, (7) filing fees when appropriate, (8) costs of persons reviewing health service disputes. Costs of service of notice and subpoenas shall be paid initially to the serving person or agency by the party utilizing the service. Expenses and fees of witnesses or of obtaining doctors' or practitioners' reports initially shall be paid to the witnesses, doctors or practitioners by the party on whose behalf the witness is called or by whom the report is requested. Witness fees shall be paid in accordance with Iowa Code

> section 622.74. Proof of payment of any cost shall be filed with the workers' compensation commissioner before it is taxed. The party initially paying the expense shall be reimbursed by the party taxed with the cost. If the expense is unpaid, it shall be paid by the party taxed with the cost. Costs are to be assessed at the discretion of the deputy commissioner or workers' compensation commissioner hearing the case unless otherwise required by the rules of civil procedure governing discovery. This rule is intended to implement Iowa Code section 86.40.

Iowa Administrative Code rule 876—4.17 includes as a practitioner, "persons engaged in physical or vocational rehabilitation or evaluation for rehabilitation." A report or evaluation from a vocational rehabilitation expert constitutes a practitioner report under our administrative rules. Bohr v. Donaldson Company, File No. 5028959 (Arb. November 23, 2010); Muller v. Crouse Transportation, File No. 5026809 (Arb. December 8, 2010). The entire reasonable costs of doctors' and practitioners' reports may be taxed as costs pursuant to 876 IAC 4.33. Caven v. John Deere Dubuque Works, File Nos. 5023051, 5023052 (App. July 21, 2009).

Claimant is requesting certain costs. They are:

Filing fee: $100.00

Service fees: unknown

Defendants are also liable for the aforementioned costs to litigate the claim.

ORDER

THEREFORE, IT IS ORDERED:

Defendants shall pay unto claimant sixty (60) weeks of permanent partial disability benefits commencing from August 20, 2019 and payable at the rate of six hundred twenty-eight and 99/100 dollars ($628.99).

Accrued benefits, shall be paid in a lump sum together with interest, as detailed in the body of the decision.

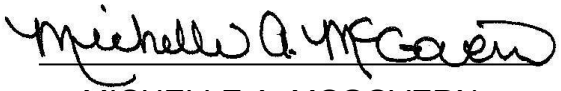
Defendants shall take credit for all benefits paid prior to the date of the hearing, including any benefits paid in excess of the weekly benefit rate.

Defendants shall pay medical mileage in the amount of one hundred seventeen and 00/100 dollars ($117.00).

Defendants shall pay the costs to litigate as detailed in the body of the decision.

Defendants shall file all reports as required by law.

Signed and filed this 28th day of February, 2020.



MICHELLE A. MCGOVERN
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

M. Leanne Tyler (via WCES)
Jane Lorentzen (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.