BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

JOHN K. LOVELADY, Claimant, vs. OSCEOLA FOODS, Employer, Self-Insured, Defendant.	FILED MAR 29 2017 WORKERS COMPENSATION	File No. 5052930 ARBITRATION DECISION Head Note No. 1803

STATEMENT OF THE CASE

John K. Lovelady, the claimant, seeks workers' compensation benefits from defendant, Osceola Foods, a self-insured employer for purposes of workers' compensation liability, as a result of an alleged injury on January 8, 2014. Presiding in this matter is Larry P. Walshire, a deputy Iowa Workers' Compensation Commissioner. An oral evidentiary hearing commenced on February 28, 2017, but the matter was not fully submitted until the receipt of the parties' briefs and argument on March 8, 2017. Oral testimony and written exhibits received into evidence at hearing are set forth in the hearing transcript.

Claimant's exhibits were marked numerically. Defendant's exhibits were marked alphabetically. Joint exhibits were marked with double letters. References in this decision to page numbers of an exhibit shall be made by citing the exhibit number or letter followed by a dash and then the page number(s). For example, a citation to exhibit 1, pages 2 through 4 will be cited as, "Ex. 1-2:4."

The parties agreed to the following matters in a written hearing report submitted at hearing:

1. An employee-employer relationship existed between claimant and Osceola Foods at the time of the alleged injury.

2. On January 8, 2014, claimant received an injury arising out of and in the course of employment with defendant.

3. Claimant is not seeking temporary total or healing period benefits.

4. The stipulated injury was a cause of some degree of permanent, industrial disability to the body as a whole.

5. Permanent partial disability benefits shall begin on July 20, 2015.

6. At the time of the alleged injury, claimant's gross rate of weekly compensation was $540.57. Also, at that time, he was single and entitled to 1 exemption for income tax purposes. Therefore, claimant's weekly rate of compensation is $339.16 according to the workers' compensation commissioner's published rate book for this injury.

7. Medical benefits are not in dispute.

8. Prior to hearing, defendant voluntarily paid 45 weeks of permanent disability benefits for this work injury at the stipulated weekly rate of compensation.

ISSUES

The only issues submitted by the parties submitted for determination are the extent of claimant's entitlement to permanent disability benefits and claimant's entitlement to additional reimbursement for an independent medical exam (IME).

Claimant has submitted a bill from Advanced Radiology (Ex. 7-20). However, the hearing report indicated no dispute concerning treatment bills. Therefore, no finding about this bill will be made.

FINDINGS OF FACT

In these findings, I will refer to the claimant by his first name, John, and to the defendant employer as Osceola Foods.

I found nothing unusual about claimant's demeanor while testifying at hearing, but given his inconsistent statements, I could not find him credible on two factual issues, namely: the manner in which he left the employment of Osceola Foods and the extent of his physical activities since leaving Osceola Foods.

John began working at Osceola Foods in February 2012. Osceola Foods is a pork processing plant. John's testimony describing his job activities at Osceola Foods was not disputed at hearing. He started as a server, delivering product to the line in cart. He transferred to Belly Processing in May 2013. (Ex. A-3) His work involved removing pork bellies from the line with a hook and lifting them onto racks, which ranged from waist level to overhead. The bellies weighed between 20 and 40 pounds. Depending on which side of the line he was on, he would repetitively hook the bellies with either his right or left arm. John estimated that he would lift approximately 100 bellies per hour. John was able to fully perform his work duties in belly processing up until he was injured on January 8, 2014. His performance reviews at Osceola Foods show that he met or exceeded job standards. He consistently exceeded expectations in attendance, initiative, productivity and attitude. (Ex. 10-28:37) Osceola Foods' human resources manager incorrectly characterized John's employee evaluations at the hearing as only "average."

It was only after his work injury in this case, that John began to have attendance problems. Despite his testimonies in this case asserting he was fired by Osceola Foods management, the employment records show he actually resigned for the stated reason of seeking other employment, effective August 1, 2014, after giving one week notice. (Ex. 11-38; Ex. A-1) However, the resignation occurred after being warned a number of times about his lack of attendance beginning in May 2014. (Ex. A-4) His last warning was on the day before his left Osceola Foods. (Ex. A-5) John stated that he missed work due to his shoulder problems and eventually admitted he resigned because he felt his absences would eventually cause an involuntary termination. On the termination report, it states that John was not eligible for rehire despite giving one week notice. The HR manager testified that this was because he did not give a two-week notice.

The injury occurred when John was hooking a belly with his left arm. There was a malfunction in the line, causing the bellies to slide out of the hopper and pin John's shoulders underneath. He had immediate pain in his shoulders. John immediately reported the injury to his supervisors and to the company nurse. The nurse did not immediately refer John to a doctor, and he continued to work in the same job. John said he returned frequently to the nurse and was treated with topical pain reliever and/or ice. However, his shoulder symptoms did not improve. About a month after the injury, on February 10, 2014, John bid into a job in the Bulk Bacon department, which he believed would involve lifting less weight with less reaching. However, the work still involved repetitive use of his shoulders, and they continued to be symptomatic. John testified that the nurse asked that he be placed on light duty with a 10-15 pound lifting restriction, but it was not honored by his supervisors. Osceola Foods' H.R. manager testified that only doctors, not nurses, give work restrictions at Osceola Foods, but he admits to not reviewing any nursing notes before testifying.

John was finally referred to Methodist Occupational Medicine Clinic in June 2014. Alison J. Good, ARNP, examined John on June 6, 2014. (Ex. AA-1) John reported pain in both shoulders, but the pain on the right was greater than on the left. The diagnoses were bilateral shoulder pain and right arm pain. John was treated conservatively, with medication, exercises and ice. He was referred for 6 physical therapy visits over a 2 to 3-week period. ARNP Good restricted John from overhead lifting greater than 15 pounds, with no overhead work with the right arm. (Ex. AA-2)

John applied for work for Caliber Concrete (AAA Concrete), and began work in August or September 2014 as a seasonal employee. John stated in his application that he had a left shoulder injury. He advised his new employer about his restrictions and need for ongoing treatment. John testified that he was hired as a supervisor, not to do the physical work of concrete pouring. A report from a private investigator hired by OCF states that the owner of the concrete company told him that John only performed laborer work for the company intermittently and was fired for not showing up a work site. (Ex. B-2) John told a vocational expert retained by his attorney that he did "hands on" work for this employer. (Ex. 6-15) John's application for unemployment benefits was challenged by this owner on the basis that he failed to report for work, but the unemployment administrative law judge found that since the owner only left a message

on John's phone mail to report to a certain job site which John stated he did not receive, that no official offer of employment was made and therefore John was eligible for benefits. (Ex. 12-40:41)

John's bilateral shoulder problems were not evaluated by an orthopedic surgeon until October 22, 2014. John missed an earlier appointment with this specialist on August 6, 2014. The orthopedic surgeon, Jeffrey Davick, M.D., diagnosed probable bilateral shoulder impingement, mainly AC joint in nature, right side greater than left. (Ex. BB-3) Dr. Davick injected the right shoulder at this time and issued a ten-pound lifting restriction with no use of the right arm above chest height. (Ex. BB-3A)

John's right shoulder pain improved after the injection. However, he continued to experience pain and weakness in the left shoulder. Dr. Davick administered an injection to John's left shoulder on December 3, 2014. Dr. Davick indicated he was concerned about the left shoulder weakness. (Ex. BB-4:5).

On December 29, 2014, Dr. Davick noted improvement in the left shoulder, but the weakness persisted. He released John to return to regular work to see how he does and ordered an MRI arthrogram. (Ex. BB-5) The MRI was performed on January 21, 2015. It showed hypertrophy of the AC joint on the left, with inferior osteophytes coming from the AC joint. The findings were interpreted as being consistent with a "fairly large labral tear." (Ex. CC-2) However, Dr. Davick reported to John on January 26, 2015 that the MRI did not show a rotator cuff tear. (Ex. BB-8) The doctor recommended continued exercises and possibly another injection. (Id.)

On March 9, 2015, John reported no improvement. Dr. Davick's impression at this time was left shoulder tendonitis with a labral tear, and after a lengthy discussion with John, the doctor recommended left shoulder arthroscopy surgery. (Ex. BB-9) On March 31, 2015, Dr. Davick performed arthroscopic decompression followed by distal clavicle excision. (Ex. DD-1) Postoperatively, John was given a 5-pound lifting restriction, with no use of the left arm above shoulder level. (Ex. BB-11) On May 18, 2015, Dr. Davick modified the lifting restriction to 25 pounds. (Ex. BB-13)

On July 20, 2015, Dr. Davick placed John at maximum medical improvement (MMI) and released John to regular work. (Ex. BB-16) The doctor assigned a nine percent whole body permanent impairment rating under the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, based on the surgery and decreased range of motion. (Ex. BB-16:18) Osceola Foods paid John permanent disability benefits based on Dr. Davick's impairment rating.

At the request of his attorney, John was evaluated by Mark Kirkland, D.O., another orthopedic surgeon, on October 20, 2015. Dr. Kirkland indicated that John was still experiencing pain from his left shoulder into his neck, and left arm pain and weakness. (Ex. 1-1) On physical examination, Dr. Kirkland noted stiffness with cervical extension and rotation, left posterior scapulae pain, and "noticeable atrophy of the biceps muscle mass and the left proximal forearm." (Ex. 1-3) On range of motion testing, he had limited left elbow range of motion. (Ex. 1-4) Dr. Kirkland documented a

significant difference in the muscle mass of the left upper extremity compared to the right. (Ex. 1-4) Dr. Kirkland's diagnoses were: left shoulder AC joint internal derangement/osteoarthritis/impingement syndrome; status post left shoulder arthroscopic subacromial decompression and excision of the distal clavicle; left upper extremity atrophy, rule out brachial plexus neurapraxia; resolved right shoulder acromioclavicular joint internal derangement; and bilateral elbow range of motion loss. (Ex. 1-4:5) He agreed with Dr. Davick's nine percent whole body permanent impairment. (Ex. 1-5)

However, contrary to Dr. Davick, Dr. Kirkland recommended restrictions of: no lifting greater than 20 pounds with both hands at waist level, and no frequent or repetitive work at shoulder level or above. (Ex. 1-5-6) Dr. Kirkland explained that these restrictions were temporary pending further workup including an EMG of the left upper extremity and possibly more physical therapy. Dr. Kirkland concluded, "The objective findings on physical examination today correlate with his complaints of weakness in his upper extremity." (Ex. 1-6) Absent further workup, Dr. Kirkland said the restrictions would be permanent. (Ex. 3-8)

An EMG was conducted by Robert Chesser, M.D. and provided to Dr. Kirkland and Dr. Davick. Dr. Chesser's impression was "Most consistent with a C5 radiculopathy, but with the paraspinals being normal, I cannot rule out plexopathy." (Ex. 4-9) Dr. Kirkland reports on August 22, 2016 that he contacted Dr. Chesser, who told him that he felt John has a slight-to-mild brachial plexus neuropraxia. The EMG study showed some slowing at the left deltoid and the left biceps brachii. Based on the involvement of the deltoid muscle supplied by the axillary nerve and the biceps muscle supplied by the musculocutaneous nerve shown by the EMG and observed atrophy of those muscles, Dr. Kirkland increased the body as a whole rating under the AMA Guides, Fifth Edition, to 17 percent of the whole person. Dr. Kirkland also states that the temporary restrictions are now permanent.

Dr. Davick reports on August 25, 2016 and again on December 9, 2016 the EMG testing only revealed an abnormality in John's cervical spine, unrelated to a shoulder injury. After reviewing a surveillance video of John's activity and the reports of Dr. Kirkland, he continues to not recommend permanent activity restrictions for the left shoulder injury. (Ex. F-3:7)

The surveillance video reviewed by Dr. Davick was received into evidence as Exhibit E. It depicts John doing some tree and brush trimming for his landlord on June 24, 2016. The activity lasted for little over an hour. John is seen using both arms to operate shears to cut off branches and each arm individually to grab limbs and throw them to the ground. All of the branches and limbs he handled did not appear to weigh over 20 pounds. There was some reaching overhead to cut off limbs, but the activity was not repetitive. Initially, John denied doing such activity, but later admitted to doing it for one time in exchange for a lower rent for that month.

John currently is working full-time for a temp agency assigned to a job at K-Mart tearing down cardboard boxes and bundling them. He states that this is largely done by

a machine, but he must put the boxes into this machine. Apparently, flattened boxes come out of the machine and are stacked in bundles. John must then tie the bundles manually and transport the bundles to another area using a manually operated pallet jack. John's wages in this job were not placed in evidence.

Extent of Functional Loss:

I find that the work injury of January 8, 2014 is a cause of a significant permanent partial impairment to the body as a whole. A finding of an exact percentage of impairment is unnecessary in an industrial case. More important to an industrial analysis are the permanent restrictions that directly impact a worker's ability to perform jobs in the economy. I found the views of Dr. Kirkland concerning restrictions more convincing than those of Dr. Davick for two reasons. First, there is no mention of atrophy of the left shoulder observed by Dr. Kirkland in Dr. Davick's reports. Dr. Davick states that he reviewed the reports of Dr. Kirkland, but does not quarrel with that finding. Second, Dr. Kirkland based his rating and restrictions on the EMG testing results which he discussed with the doctor who performed the testing. Although the EMG may have shown a cervical back problem, it apparently also revealed nerve damage that adversely impacted the shoulder muscles. Dr. Davick does not mention this aspect and does not take issue with such findings. Admittedly, Dr. Davick saw the surveillance video and Dr. Kirkland did not. However, I did not see any activity that would violate Dr. Kirkland's restrictions. There was no obvious lifting of 20 pounds or more and no "repetitive" use of his left shoulder at or above shoulder level.

Admittedly, as pointed out by defendant's attorney, John attempted to downplay the physical demands of the jobs and other activity since leaving Osceola Foods, and his statements concerning the extent of his disability cannot be relied upon. He also denied resigning from Osceola Foods, although it seemed apparent that John was very close to being fired for absenteeism given his numerous warnings. He had no absenteeism problem before his injury as demonstrated by his performance ratings. Consequently, his claim that the injury caused the absenteeism problem is believable.

John's lack of credibility did not impact my findings on his disability because Dr. Kirkland's ratings and restrictions are based on objective findings, i.e. the surgery, the atrophy and the EMG testing. They were not based on John's complaints, although the EMG testing was motivated by John's symptoms. Therefore, the work injury of January 8, 2014 is a cause of restrictions consisting of no lifting greater than 20 pounds with both hands at waist level, and no frequent or repetitive work at shoulder level or above.

Extent of Industrial Loss:

John was 52 years old at the time of the hearing. He dropped out after completing the 10th grade, but later completed his GED in 1988. He obtained an associate's degree in graphics and design from ITT Tech, but he has never had employment utilizing the degree. His work history is in manual labor, primarily construction and manufacturing. (Ex. 8-23) John's work history shows that he worked

full time his entire adult life at physically demanding occupations, with only customary seasonal layoffs. John did not have any previous left shoulder injuries. He was able to perform his job duties and did not have any restrictions at the time he began working for Osceola Foods.

At the request of John's attorney, John was evaluated by Phil Davis, M.S., a vocational specialist. In his report dated June 10, 2016, Davis reports that John's past employment has been in jobs where the physical demand level ranged from medium to very heavy. Given Dr. Kirkland's restrictions, John now is only able to perform jobs at the light physical demand level. (Ex. 6-18) Davis opines that John has lost access to 89 percent of the jobs listed in the Department of Labor's Dictionary of Occupational Titles and he is precluded from all of his past jobs, including his former job at Osceola Foods. John's current job at K-Mart appears to fall within Dr. Kirkland's restrictions.

I find that John's work injury of January 8, 2014 is a cause of a 60 percent loss of earning capacity.

IME

Dr. Kirkland itemized his charges for the IME in Exhibit 2 as follows:

$1,500.00 for an IME

300.00 for a record review

230.00 for an x-ray

500.00 for an IME of extra body parts (from EMG results)

600.00 for dictation of the IME report.

$3,130.00 total

Defendant only paid Dr. Kirkland $1,565.00 or one-half of the bill because Dr. Kirkland evaluated both shoulders, but only the condition of the left shoulder was litigated in this proceeding. (Ex. 5-11) The unpaid balance for the cost of the IME is $1,565.00.

CONCLUSIONS OF LAW

I. 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).

A treating physician's opinions are not to be given more weight than a physician who examines the claimant in anticipation of litigation as a matter of law. Gilleland v. Armstrong Rubber Co., 524 N.W.2d 404, 408 (Iowa 1994); Rockwell Graphic Systems, Inc. v. Prince, 366 N.W.2d 187, 192 (Iowa 1985).

The extent of claimant's entitlement to permanent disability benefits is determined by one of two methods. If it is found that the permanent physical impairment or loss of use is limited to a body member specifically listed in schedules set forth in one of the subsections of Iowa Code section 85.34(2)(a-t), the disability is considered a scheduled member disability and measured functionally. If it is found that the permanent physical impairment or loss of use is to the body as a whole, the disability is unscheduled and measured industrially under Iowa Code subsection 85.34(2)(u). Graves v. Eagle Iron Works, 331 N.W.2d 116 (Iowa 1983); Simbro v. DeLong's Sportswear, 332 N.W.2d 886, 887 (Iowa 1983); Martin v. Skelly Oil Co., 252 Iowa 128, 133; 106 N.W.2d 95, 98 (1960).

Industrial disability was defined in Diederich v. Tri-City R. Co., 219 Iowa 587, 593; 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. However, consideration must also be given to the injured worker's medical condition before the injury, immediately after the injury and presently; the situs of the injury, its severity, and the length of healing period; the work experience of the injured worker prior to the injury, after the injury, and potential for rehabilitation; the injured worker's qualifications intellectually, emotionally and physically; the worker's earnings before and after the injury; the willingness of the employer to re-employ the injured worker after the injury; the worker's age, education, and motivation; and, finally the inability because of the injury to engage in employment for which the worker is best fitted. Thilges v. Snap-On Tools Corp., 528 N.W.2d 614, 616 (Iowa 1995); 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).

The parties agreed in this case that the work injury is a cause of permanent impairment to the body as a whole, a nonscheduled loss of use. Consequently, this agency must measure claimant's loss of earning capacity as a result of this impairment.

Although claimant is closer to a normal retirement age than younger workers, proximity to retirement cannot be considered in assessing the extent of industrial disability. Second Injury Fund of Iowa v. Nelson, 544 N.W.2d 258 (Iowa 1995). However, this agency does consider voluntary retirement or withdrawal from the work force unrelated to the injury. Copeland v. Boones Book and Bible Store, File No. 1059319 (App. November 6, 1997). Loss of earning capacity due to voluntary choice or lack of motivation is not compensable. Id.

A release to return to full duty work by a physician is not always evidence that an injured worker has no permanent industrial disability, especially if that physician has also opined that the worker has permanent impairment under the AMA Guides. Such a rating means that the worker is limited in the activities of daily living. See AMA Guides to Permanent Impairment, Fifth Edition, Chapter 1.2, p. 2. Work activity is commonly an activity of daily living. This agency has seen countless examples where physicians have returned a worker to full duty, even when the evidence is clear that the worker continues to have physical or mental symptoms that limit work activity, *e.g.* the worker in a particular job will not be engaging in a type of activity that would cause additional problems, or risk further injury; the physician may be reluctant to endanger the workers' future livelihood, especially if the worker strongly desires a return to work and where the risk of re-injury is low; or, a physician, who has been retained by the employer, has succumbed to pressure by the employer to return an injured worker to work. Consequently, the impact of a release to full duty must be determined by the facts of each case.

Assessments of industrial disability involve viewing a loss of earning capacity in terms of the injured worker's present ability to earn in the competitive labor market without regard to any accommodation furnished by one's present employer. Quaker Oats Co. v. Ciha, 552 N.W.2d 143, 158 (Iowa 1996); Thilges v. Snap-On Tools Corp., 528 N.W.2d 614, 617 (Iowa 1995). However, an employer's special accommodation for an injured worker can be factored into an award determination to the limited extent the work in the newly created job discloses that the worker has a discerned earning capacity. To qualify as discernible, employers must show that the new job is not just "make work" but is also available to the injured worker in the competitive market. Murillo v. Blackhawk Foundry, 571 N.W.2d 16 (Iowa 1997).

In the case sub judice, I found that claimant suffered a 60 percent loss of his earning capacity as a result of the work injury. Such a finding entitles claimant to 300 weeks of permanent partial disability benefits as a matter of law under Iowa Code section 85.34(2)(u), which is 60 percent of 500 weeks, the maximum allowable number of weeks for an injury to the body as a whole in that subsection.

II. Section 85.39 permits an employee to be reimbursed for subsequent examination by a physician of the employee's choice where an employer-retained physician has previously evaluated "permanent disability" and the employee believes that the initial evaluation is too low. The section also permits reimbursement for reasonably necessary transportation expenses incurred and for any wage loss occasioned by the employee attending the subsequent examination.

In this case, claimant's IME was performed by Dr. Kirkland after disability from the injury was evaluated by defendant's authorized physician, Dr. Davick. Defendant complains that Dr. Kirkland evaluated both shoulders when only the left shoulder disability was at issue. However, the injury involved both shoulders and Dr. Kirkland did opine that there was no disability for the right shoulder. Claimant has a right to respond to that opinion. The remaining cost of the IME will be awarded.

ORDER

1. Defendant shall pay to claimant three hundred (300) weeks of permanent partial disability benefits at the stipulated a rate of three hundred thirty-nine and 16/100 dollars ($339.16) per week from the stipulated date of July 20, 2015. Defendant shall pay accrued weekly benefits in a lump sum and shall receive credit against this award for the forty-five (45) weeks of benefits previously paid.

2. Defendant shall reimburse claimant the sum of one thousand five hundred sixty-five and 00/100 dollars ($1,565.00) for balance due on the fees of Dr. Kirkland.

3. Defendant shall pay interest on unpaid weekly benefits awarded herein pursuant to Iowa Code section 85.30.

4. Defendant shall pay the costs of this action pursuant to administrative rule 876 IAC 4.33, including reimbursement to claimant for any filing fee paid in this matter.

5. Defendant shall file subsequent reports of injury (SROI) as required by our administrative rule 876 IAC 3.1(2).

Signed and filed this 29th day of March, 2017.

LARRY WALSHIRE
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.