

## BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

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| TIM THOMPSON,<br><br>Claimant,<br><br>vs.<br><br>CITY OF DES MOINES,<br><br>Employer,<br>Self-Insured,<br>Defendant. | : | File No. 5053739<br><br>REVIEW-REOPENING<br><br>DECISION<br><br><br>Head Note Nos.: 1108.50, 1402.40, 2907 |
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| TIM THOMPSON,<br><br>Claimant,<br><br>vs.<br><br>CITY OF DES MOINES,<br><br>Employer,<br>Self-Insured,<br>Defendant. | : | File No. 5066565<br><br>ARBITRATION DECISION<br><br><br>Head Note Nos.: 1108.50, 1402.40, 2907 |
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## STATEMENT OF THE CASE

Tim Thompson, claimant, filed a petition in review-reopening of an Agreement for Settlement (AFS) for a December 3, 2013 injury which arose out of and in the course of employment with self-insured employer, City of Des Moines. In the AFS, the parties agreed that Thompson had sustained 12 percent industrial disability as the result of the December 3, 2013 work injury. The AFS was approved by this agency on December 12, 2016. The only disputes raised by the parties in this file are the extent of industrial disability claimant sustained and whether costs should be assessed against defendant.

Claimant also filed a petition in arbitration for a November 29, 2016 injury seeking workers' compensation benefits from City of Des Moines, self-insured employer as defendant. Hearing was held on November 20, 2019 in Des Moines, Iowa. The only disputes raised by the parties in this file are the extent of industrial disability claimant sustained and whether costs should be assessed against defendant.

The parties filed hearing reports at the commencement of the November 20, 2019 hearing. On the hearing reports, the parties entered into various stipulations. All of those stipulations were accepted and are hereby incorporated into this 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.

Timothy Thompson and Amy Thompson were the only witnesses to testify live at trial. The evidentiary record also includes Joint Exhibits JE1-JE9 and Claimant's Exhibits 1-4. The parties determined that Claimant's Exhibit 5 was no longer necessary because medical bills were no longer in dispute. All exhibits were received without objection. The evidentiary record closed at the conclusion of the arbitration hearing.

The parties submitted post-hearing briefs on December 13, 2019, at which time the case was fully submitted to the undersigned.

### ISSUES

File No: 5053739 (Date of Injury: December 3, 2013)

The parties submitted the following issues for resolution:

1. The extent of industrial disability claimant sustained as a result of the stipulated December 3, 2013 work injury.
2. Assessment of costs.

File No: 5066565 (Date of Injury: November 29, 2016)

The parties submitted the following issues for resolution:

1. Whether claimant sustained permanent disability as a result of the stipulated November 29, 2016 work injury. If so, the extent of industrial disability claimant sustained.
2. Assessment of costs.

### FINDINGS OF FACT

The undersigned, having considered all of the evidence and testimony in the record, finds:

Claimant, Timothy Thompson ("Thompson"), was 40 years old at the time of the hearing. He began working for the City of Des Moines ("the City") in 2009. At the time of the hearing he was still employed by the City of Des Moines, working as a night watchman. (Testimony)

On December 3, 2013, Thompson sustained an injury to his bilateral upper extremities and neck that arose out of and in the course of his employment with the City. At that time, he was working as a garbage collector. The parties entered into an Agreement for Settlement (AFS) which was approved by this agency on December 12, 2016. As part of the AFS, the City agreed to pay 12 percent industrial disability which amounts to 60 weeks of permanent partial disability benefits. Since that time, Thompson continued to have neck pain and was diagnosed with a herniated disc at C6-

C7 and congenital narrowing of his cervical vertebrae at C4-C5 and C5-C6. Dr. Harbach performed a neck fusion on March 14, 2018. Dr. Harbach causally connected Thompson's worsening neurologic symptoms to the work injury. As a result of the surgery, Dr. Harbach assigned 28 percent permanent partial functional impairment of the whole person. He also restricted Thompson to 35 pounds lifting. The defendant is paying these permanency benefits as they accrue. (Hearing Report; Testimony; JE7, pages 53, 55-57)

With regard to the December 3, 2013 date of injury, defendant does not contest whether claimant sustained a change of condition. Clearly, claimant did sustain a change of condition. At the time of the AFS, no doctor had recommended surgery and Thompson was working as a refuse collector without restrictions. Since the AFS, Thompson has had fusion surgery and lifting restrictions placed on his activities.

Claimant sustained a separate injury with the City on November 29, 2016. At that time, Mr. Thompson had just finished dumping a load of refuse, he was driving his truck when an object struck him in the head. Thompson believes that a piece of machinery that was in front of him ran over a golf ball causing the ball to fly back and hit Thompson in the right eye. Thompson's memory of this event is not complete because he believes he lost consciousness. He was transported to the hospital where he was diagnosed with a concussion. He was told not to expect an overnight cure, but that time should help him heal. Thompson was adamant that he needed to get back to regular duties because the City was short-handed. However, the doctor insisted that he have a period of rest at home and then return to light duty work. (Testimony; JE1, pp. 1-5)

Not too long after Thompson returned to work, he experienced vomiting, difficulty concentrating, and severe headaches. He was seen at the emergency room on December 8, 2016. He reported that he had an episode at work that morning where he could not remember what happened. He just remembered feeling sick and then hearing his name being yelled. He had a normal head CT scan. The impression was concussion, without loss of consciousness, initial encounter and syncope, vasovagal. (JE1, pp. 6-13; JE2, pp. 15-16)

Thompson continued to follow-up with Methodist Occupational Health and was advised that his headaches would gradually resolve over the next few weeks. In December of 2016, he was allowed to return to full duty but he was cautioned to be careful walking outside. He was also to avoid any activities that could involve forceful jostling or jarring of his head during the next month. (JE2, pp. 17-21)

At the end of December 2016, Thompson returned to the doctor and reported that he went back to regular duty operating an automated refuse truck. He felt there was a lot of noise, a lot of vibration, a lot of parked cars that he had to maneuver around. Generally, he felt like there was a lot going on. Before he returned to regular duties he was able to drive a pickup and retrieve smaller trash items for the City and that went well for him. However, his headaches returned once he started driving the big truck again. His headaches are very distracting. He was assessed as having some

postconcussion cephalgia. The doctor placed him back on accommodated duties. He told Thompson that his symptoms should eventually resolve with time, but improvement would be gradual. Thompson was released back to regular duties in January of 2017 and he continued to follow up with Richard S. McCaughey, D.O. (JE2, pp. 18-24)

On January 25, 2018, Thompson saw Dr. McCaughey for intermittent dizzy spells. Thompson felt these were related to his 2016 concussion. Dr. McCaughey assessed Thompson with vertigo of 5-6 months' duration. The doctor was not certain that the vertigo was related to the 2016 concussion. He felt labyrinthine dysfunction seemed more likely. He recommended Thompson see his personal doctor. (JE2, p. 27)

On March 9, 2018, Thompson went to Central Iowa Neurology where he saw Irving Larry Wolfe, D.O. According to Thompson's family, he had been experiencing episodes where for about 20-30 seconds his eyes would flutter and he was unresponsive and very tired afterwards. These types of episodes occurred a couple of times a week. He had been having the episodes for a few months. Thompson told him he was scheduled to have cervical fusion surgery that Wednesday. Thompson also told Dr. Wolfe the history of being struck by a golf ball. Thompson continued to have dizziness and headaches since the time of the November injury. He also continued to have a cloudy feeling in his head and dizziness. Dr. Wolfe's assessment was altered mental status, unspecified, possible seizures. He recommended an MRI of the brain and an EEG. Thompson was also cautioned not to drive. (JE3, pp. 28-29)

Thompson saw Dr. Wolfe for follow-up of his testing on April 11, 2018. The MRI of the brain was normal. While Thompson was in the hospital he was witnessed to have episodes of eye fluttering, loss of awareness, and loss of ability to respond during the spells. Thompson's wife continued to tell him that he was having these episodes of eye fluttering and lack of awareness. Thompson does not remember these events. Thompson did report that since the November 2016 golf ball strike he has felt cloudy and has had difficulty concentrating. Since the injury, his wife has been telling him that he often repeats himself. Dr. Wolfe recommended neuropsychological testing. (JE3, pp. 30-31; JE4, p. 35)

On June 20, 2018, Thompson underwent an independent neuropsychological evaluation at On With Life brain injury rehabilitation. This was performed by David S. Demarest, Ph.D. The testing estimated that prior to the injury, Thompson fell into the average range for intellectual/cognitive status; this was also the category he fell into at the time of the testing. The neuropsychological evaluation results were not consistent with postconcussional syndrome, from a cognitive standpoint. The cognitive test results did not support residual cognitive alteration secondary to the 2016 injury. Frank malingering was not indicated. There was severe depression and severe anxiety for which aggressive treatment was recommended. (JE6, pp. 38-45)

Thompson saw Dr. Wolfe again on July 5, 2018. He had undergone neuropsychological testing and been to the University of Iowa Hospitals and Clinics

(UIHC) since his last visit with Dr. Wolfe. The UIHC diagnosed Thompson with psychogenic non-epileptogenic seizures. The neuropsychological evaluation was supportive of anxiety and depression. There were no findings of cognitive malingering. No findings supportive of cognitive weaknesses typically associated with head injury. Thompson wanted to proceed with treatment for psychogenic non-epileptogenic seizures which consisted of behavioral medicine therapy. He was not to drive until he went six months without having a psychogenic non-epileptogenic seizure. (JE3, p. 32)

Thompson saw Todd J. Harbach, M.D. at Iowa Ortho on September 14, 2018 for re-evaluation of his March 14, 2018 cervical fusion. Thompson was doing well, but still had some stiffness in his neck. Thompson requested another month of work hardening and Dr. Harbach felt that was reasonable. He continued to have restrictions placed on his activities. In October Dr. Harbach recommended a functional capacity evaluation (FCE). The FCE was performed and placed Thompson in the medium work category. Dr. Harbach assigned permanent restrictions per the FCE which included lifting of no more than 35 pounds. He placed Thompson at maximum medical improvement (MMI) as of November 15, 2018. (JE7, pp. 48-55)

In late September of 2018, Thompson saw Cornelius J. Guca, M.D. for an evaluation of depression in the context of health-related issues. The notes indicate that Thompson's issues dated back to 2013 when he had a work injury. The notes also referenced his other work injury which involved the golf ball strike. The impression included mood disorder secondary to multiple medical problems with depressive features and a GAF of 70. Dr. Guca recommended increasing his Prozac and counseling. Thompson continued to see Dr. Guca. (JE8, pp. 61-69)

On November 26, 2018 Dr. Harbach authored a missive to defendants. Dr. Harbach placed Thompson in the DRE cervical category IV and assigned 28 percent functional impairment of the whole person. Dr. Harbach causally connected the impairment and the need for the surgery to the work injury. (JE7, pp. 56-58)

On December 18, 2018 Thompson returned to see Dr. Wolfe. He reported that he continued to have episodes 3-4 times per week lasting 45 seconds to a few minutes. He apparently had an episode the day before at work and was told he could not have episodes and continue to work. Dr. Wolfe's assessment noted conversion disorder with seizures or convulsions. (JE3, pp. 33-34)

Thompson returned to Iowa Ortho on April 19, 2019 to see Dr. Harbach. He reported that he felt a lot of pressure but otherwise he was doing ok. Dr. Harbach was pleased to hear that Thompson had been allowed to change jobs to one that was not as heavy manually. Dr. Harbach released him to return to work without restrictions. (JE7, pp. 59-60)

On August 30, 2019, at the request of his attorney, Thompson saw Kunal K. Patra, M.D., a board-certified psychiatrist for an independent psychiatric evaluation. Dr. Patra reviewed the documents provided to him, interviewed Thompson, and

administered tests. Dr. Patra opined that Thompson was struggling with persistent, moderate somatic symptom disorder. He further opined that this condition was materially caused by the golf ball accident on November 29, 2016. Dr. Patra felt that the December 3, 2013 work injury resulted in chronic neck pain which led to subsequent depression and anxiety materially contributed to his somatic symptom disorder. Dr. Patra believes that Thompson shows a combination of affective, cognitive, and behavioral components as part of his symptomology. (Cl. Ex. 3)

Claimant contends that his non-epileptogenic seizures are related to the November 29, 2016 golf ball strike. In support of his position, Thompson relies on the opinions of Dr. Patra, who is board certified in the area of psychiatry. Frankly, it is not clear if the City denies that the seizures are related to the work injury or not. To the extent that they do, I find that the opinions of Dr. Patra to be the most persuasive. Dr. Patra causally connects the somatic symptom disorder to the golf ball strike. Furthermore, the seizures occurred and the driving restrictions were only necessary after the November 29, 2016 golf ball strike. I find that Thompson's ongoing somatic symptom disorder, including his non-epileptogenic seizures are related to the November 29, 2016 work injury.

Thompson has also been diagnosed with depression and anxiety. I find Dr. Patra's opinions on these conditions carry the greatest weight. Dr. Patra opined that Thompson's depression and anxiety were casually related to the combination of both work injuries. The December 3, 2013 workplace accident caused chronic neck pain which led to Thompson developing clinical depression and anxiety. Dr. Patra went on to state that Thompson's depression and anxiety were caused by the concussion from the golf ball strike, but were also worsened by the post-concussive symptoms of headaches and cognitive difficulties. (CE3, p. 23) Thus, while Thompson's depression and anxiety are related to both dates of injury, I find that his current depression and anxiety are related to the November 29, 2016 work injury.

We now turn to the issue of industrial disability. At the time of hearing Thompson was 40 years old. He has a high school diploma, but described himself as a below average student. He has taken a few college courses, but does not have a degree. Before working for the City, Thompson worked making and delivering pizzas. He was paid \$8.00 per hour. He does not believe he is physically capable of returning to this type of work due to the required driving. He also believes that this job would require him to violate his lifting, pushing, and pulling restrictions. He also worked at Shred It. His duties included driving around to different locations to retrieve secured documents to destroy in the shredder truck. He was paid around \$15.00 per hour. Thompson does not believe he could return to this type of work due to the driving and the job would also require him to violate his lifting, pushing, and pulling restrictions. He also worked at ING in Des Moines as a senior new business good order representative. His duties included answering phones and processing applications. The only prior employment that Thompson believes he could return to is the ING job. He was paid approximately \$30,000 annually and described the benefits as poor.

With regard to the December 3, 2013 injury and the subsequent multi-level spinal fusion, Thompson continues to experience problems with range of motion in his neck. He also continues to have pain, soreness, and inability to sleep because of his neck injury. After the neck surgery he was restricted out of the refuse collector position due to the permanent restrictions of no lifting more than 35 pounds and to limit pushing and pulling to 35 pounds. Thompson moved to the lower paying, lighter, overnight work of night watchman with the City. Because he works the night shift he receives a shift differential pay. However, even with the shift differential pay he is paid approximately \$2.00 less per hour than he was paid as a refuse collector. (Testimony)

I find that as the result of the December 3, 2013 work injury Thompson sustained 28 percent permanent functional impairment of his whole person. I further find that he has permanent restrictions as set forth by Dr. Harbach. There is no dispute that because of these restrictions he is no longer able to perform the refuse collector job.

Claimant has also sustained industrial disability as the result of the November 29, 2016 work injury. He continues to have non-epileptogenic seizures, experience brief periods where he is unaware of his surroundings or in a fog. He continues to have bad headaches and experiences dizziness. Because of the November 29, 2016 injury his anxiety and depression have worsened. Thompson is able to perform the desk job portion of his current job. However, Kunal K. Patra, M.D. restricted Thompson from driving at night due to the seizures. (Cl. Ex. 3, p. 25; Testimony)

At the time of the hearing, Thompson was employed with the City as a night watchman. The night watchman job has essentially two different components to it. There are 2 people who perform this job each night. One person sits at a desk, answers phones, responds to voicemail messages, and does other office work. The other person drives a pick-up truck around to check on parks and other duties. For example, if barricades are needed somewhere, this person would bring the barricades. The shift was split in half, with each person performing the desk job for half of the shift, while the other person drives the truck; they switch halfway through the shift. Shortly before the November 2019 hearing, Thompson had a seizure while fueling his work truck. A police officer found Thompson on the ground neat the gas pump. Since that time Thompson no longer drives to or from work. Additionally, he and his coworker have reached an informal agreement that Thompson will perform the desk job for the entire shift, while his coworker drives the pickup truck for the entire shift. The City is aware of this arrangement and is okay with the arrangement for now. (Testimony)

Considering Thompson's age, educational background, employment history, ability to retrain, motivation to maintain a job, length of healing period, permanent impairment, and permanent restrictions, and the other industrial disability factors set forth by the Iowa Supreme Court, I find that Thompson has sustained a 40 percent loss of future earning capacity following the December 3, 2013 work injury with the City.

Considering those same factors, I find that he has sustained 80 percent loss of earning capacity following the November 29, 2016 injury, but the City is entitled to a credit of 40 percent from the December 3, 2013 injury.

### CONCLUSIONS OF LAW

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

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).

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.

With regard to successive disabilities, the Iowa Code states:

If an injured employee has a preexisting disability that was caused by a prior injury arising out of and in the course of employment with the same employer, and the preexisting disability was compensable under the same paragraph of subsection 2 as the employee's present injury, the employer is liable for the combined disability that is caused by the injuries, measured in relation to the employee's condition immediately prior to the first injury. In this instance, 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.

Iowa Code section 85.34(7)(b)(1)(2015).

Based on the above findings of fact, I conclude Thompson carried his burden of proof to demonstrate by a preponderance of the evidence that he sustained 40 percent industrial disability as the result of the December 3, 2013 work injury. Thompson demonstrated entitlement to 200 weeks of permanent partial disability benefits at the stipulated weekly rate of \$679.47. These benefits shall commence on the stipulated commencement date of December 4, 2013.

We now turn to the November 29, 2016 date of injury. Based on the above findings of fact, I conclude Thompson carried his burden of proof to demonstrate by a preponderance of the evidence that following the November 29, 2016 injury he had sustained 80 percent industrial disability. Thus, Thompson demonstrated entitlement to 400 weeks of permanent partial disability benefits. The stipulated weekly rate for the November 29, 2016 injury is \$876.63. These parties stipulated that the commencement date for permanent partial disability benefits is November 30, 2016.

Claimant is seeking an assessment of costs. Costs are to be assessed at the discretion of the deputy hearing the case or by the workers' compensation commissioner. I find that the claimant was generally successful in his claims and exercise my discretion to assess costs against the defendant.

Claimant is seeking \$113.34 for the filing fee and costs of service. I find that these are appropriate costs under 876 IAC 4.33(3)(7).

Claimant is seeking reimbursement for the costs of an independent medical evaluation (IME). According to the hearing report, claimant did not ask for

reimbursement under section 85.39 code of Iowa. Claimant only asked for the IME expenses to be assessed as costs. I conclude that the cost of the report, but not the exam, may be assessed as a cost. Agency rule 4.33(6) permits the assessment of the reasonable costs of "obtaining no more than two doctors' or practitioners' reports." The Iowa Supreme Court has held that only the cost of drafting the expert's report is permissible in lieu of testimony. Des Moines Area Regional Transit Authority v. Young, 867 N.W.2d 839, 845-846 (Iowa 2015). In this case, I found the results of Dr. Patra's report to be persuasive. Defendant makes no argument why the expense of the IME report should not be assessed as a cost. Therefore, exercising the agency's discretion, I conclude the expense of the report portion of the IME should be taxed as a cost against defendant. The cost of the report is \$3,142.50.

Thus for file numbers 5053739 and 5066565, defendant is assessed costs totaling \$3,255.84.

### ORDER

THEREFORE, IT IS ORDERED:

File No: 5053739 (Date of Injury: December 3, 2013)

All weekly benefits shall be paid at the stipulated rate of six hundred seventy-nine and 47/100 dollars (\$679.47).

Defendant shall pay two hundred (200) weeks of permanent partial disability benefits commencing on the stipulated commencement date of December 4, 2013.

Defendant shall be entitled to credit for all weekly benefits paid to date.

Defendant shall pay accrued weekly benefits in a lump sum together with interest at the rate of ten percent for all weekly benefits payable and not paid when due which accrued before July 1, 2017, and 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 Deciga Sanchez v. Tyson Fresh Meats, Inc., File No. 5052008 (App. Apr. 23, 2018) (Ruling on Defendants' Motion to Enlarge, Reconsider or Amend Appeal Decision re: Interest Rate Issue).

Defendant shall reimburse claimant costs as set forth above.

Defendant shall file subsequent reports of injury (SROI) as required by this agency pursuant to rules 876 IAC 3.1(2) and 876 IAC 11.7.

File No: 5066565 (Date of Injury: November 29, 2016)

All weekly benefits shall be paid at the stipulated rate of eight hundred seventy-six and 63/100 dollars (\$876.63).

Defendant shall pay four hundred (400) weeks of permanent partial disability benefits commencing on the stipulated commencement date of November 30, 2016.


Defendant shall be entitled to credit for all weekly benefits paid to date.

Defendant shall pay accrued weekly benefits in a lump sum together with interest at the rate of ten percent for all weekly benefits payable and not paid when due which accrued before July 1, 2017, and 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 Deciga Sanchez v. Tyson Fresh Meats, Inc., File No. 5052008 (App. Apr. 23, 2018) (Ruling on Defendants' Motion to Enlarge, Reconsider or Amend Appeal Decision re: Interest Rate Issue).

Defendant shall reimburse claimant costs as set forth above.

Defendant shall file subsequent reports of injury (SROI) as required by this agency pursuant to rules 876 IAC 3.1(2) and 876 IAC 11.7.

Signed and filed this 20<sup>th</sup> day of February, 2020.

  
ERIN Q. PALS  
DEPUTY WORKERS'  
COMPENSATION COMMISSIONER

The parties have been served, as follows:

John Lawyer (via WCES)

John O. Haraldson (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.