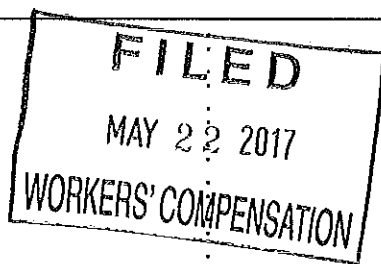


BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

AARON PECK,  
Claimant,

vs.

A.Y. McDONALD MFG. CO.,  
Employer,  
Self-Insured,  
Defendants.



File No. 5053427

ARBITRATION

DECISION

Head Note Nos.: 1803, 2500

STATEMENT OF THE CASE

Aaron Peck, claimant, filed a petition in arbitration seeking workers' compensation benefits from A.Y. McDonald, self-insured, as a result of an alleged injury he allegedly sustained on August 21, 2013 that allegedly arose out of and in the course of his employment. This case was heard in Waterloo, Iowa, and fully submitted on November 15, 2016. The evidence in this case consists of the testimony of claimant, Claimant's Exhibits 1 – 18, Defendant's Exhibits A – P, and medical expenses and costs attached to the Hearing Report.

ISSUES

1. Whether the alleged injury is a cause of permanent disability and, if so;
2. The extent of claimant's disability.
3. Payment of medical expenses.
4. Assessment of costs.

STIPULATIONS

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

Defendant agreed that if the medical expenses of December 16, 2013 were not paid, defendants would make the payments. (Transcript, page 8) Claimant agreed that no claim of a mental impairment was being made in this case. (Tr. p. 11)

#### FINDINGS OF FACT

The deputy workers' compensation commissioner having heard the testimony and considered the evidence in the record finds that:

Aaron Peck was 55 years old at the time of the hearing. Claimant obtained a GED. Claimant received a diploma from a community college for the All Around Butcher Program. (Ex. 12, p. 164) Claimant completed a two year Applied Associate in Arts program as an Industrial Electrician. (Ex. 12, p. 164)

Claimant's vocational history is found in Exhibit 12, pages 165 – 168. Since graduation with his AAA degree, claimant's work has generally been as an electrician or laborer. (Tr. p. 18)

Claimant worked for A.Y. McDonald as an electrician from May 2007 until his injury in August 2013. Claimant worked as a maintenance electrician. (Tr. p. 19) In 2013 claimant was working 47 hours per week, except for one week each month.

On August 21, 2013, claimant was working on a blast machine at work. Claimant stepped on some shot (like BBs) and "Did the splits, my left leg went straight forward, and I fell and twisted, ended up on my back." (Tr. p. 22) Claimant reported his injury and worked the rest of his shift. On August 23, 2013, claimant submitted a written report of injury. Claimant's condition was worse the next day and claimant had a difficult time walking and was in pain in his left hip. A statement from a claims handler based upon an August 26, 2013 report was consistent with claimant's testimony. (Ex. 9, p. 157) An employer's report of injury on August 23, 2013 stated claimant reported the injury and that claimant's left hip and leg were affected by this incident. (Ex. 9, p. 154)

In the hearing claimant responded to the following question.

Q. Not to miss anything, were all of your symptoms as you experienced them on the next day, were they all related to the left hip or did you have problems with the foot or hand or an arm or anything else, or was it the left hip?

A. Left hip.

Q. So prior to August 21 of 2013 when you did the splits on this shot, had you ever had a problem with pain in your left hip?

A. No.

(Tr. p. 26)

Claimant said that before the August 21, 2013 injury he had never sought treatment for his left hip. (Tr. p. 27) Claimant said that he had never complained of hip pain in the past and did not know how Steven Aviles, M.D., could assert that he had a prior left hip problems. (Tr. p. 28) Claimant acknowledged that his primary care physician, Jared Freiburger, D.O., took x-rays of his hips on April 11, 2013. However, claimant said he was being treated for his back and Dr. Freiburger was just trying to rule out any other possibilities. (Tr. p. 29)

Claimant was seen by Tri-State Occupational Health the day after his injury and returned to work light duty. Claimant received 16 weeks of physical therapy for his left hip. (Tr. p. 30) Claimant said that he was referred to Charles Morrow, M.D., and received an injection in his left hip. Claimant said that he received a few days relief from this injection but the pain returned in December 2013. (Tr. p. 35) Claimant was back at regular work for A.Y. McDonald from September until he fell on the ice. (Tr. pp. 9, 98) On January 10, 2014, claimant slipped and fell on the ice in a parking lot. Claimant said the fall hurt his back, but did not cause additional injury to his hip. Claimant was taken to the hospital by ambulance. (Tr. p. 36) Claimant said he was off work for 2 1/2 to 3 months due to the January 2014 fall. (Tr. pp. 38, 97)

Claimant was referred for a second opinion to Nicolas Noiseux, M.D., in May 2014.

Claimant was told by Dr. Noiseux that he needed to have an MRI with contrast, which was performed in May 13, 2014. Claimant said that Dr. Noiseux told him the MRI showed a labral tear and he recommended a minimally invasive surgery. Claimant was referred to Dr. Aviles in June, 2014. (Tr. p. 41) Claimant learned in September 2014 that Dr. Aviles did not recommend surgery. (Tr. p. 44)

Claimant testified he was frustrated as he was still having symptoms that were interfering with his life. (Tr. p. 46) He was slowed down at work. Claimant said that he was having difficulty at A.Y. McDonald climbing stairs and ladders. He could not mow his lawn, shovel snow, or walk his dog. He also said he could not participate in golf, biking and he could not stay on his feet to cook. (Tr. p. 47)

Claimant testified that on September 8, 2014 claimant was on a ladder when he missed a step, which caused additional hip pain. (Ex. 10, p. 158) Claimant went to an emergency department on September 8, 2014. (Ex. E, p. 60) He sought treatment and was seen by Dr. Kennedy on September 10, 2014. Dr. Kennedy told claimant that he did not have any permanent impairment related to this incident. (Tr. p. 88) Claimant testified that shortly after that appointment he had a meeting at work and was told that there was no more medical care for his hip injury. (Tr. p. 54)

Claimant was seen by Philip Lockhart, D.C., in January through April 2015 for his back and hip. Claimant said that Dr. Lockhart took him off work for his back and he never returned to A.Y. McDonald again. (Tr. p. 57)

Claimant returned to Dr. Noiseux in March through May 2015. Claimant received some injections and was restricted to light work. Claimant testified that his employer did not have light work available for an employee with a non-workers' compensation injury. (Tr. 60)

Claimant started to receive medical treatment using Medicaid after the care was no longer paid by the defendants. Claimant went to the University of Iowa Hospital and Clinics Pain Clinic (UIHC). At the time of the hearing, claimant had attended the pain clinic three or four times. He was receiving counseling. (Tr. p. 65) He also received two injections in his SI joint. (Tr. 66)

Claimant testified that he was not able to climb, mount/dismount a forklift truck or scissor lifts and perform the walking required at A. Y. McDonald. (Tr. p. 68) Claimant testified that he did not believe that he could work and that Vocational Rehabilitation had closed his case as they could not find him work. (Tr. 69; Ex. 14, p. 175A) Although claimant had not worked for defendant for a while, he submitted a formal letter of resignation to A.Y. McDonald so he could access retirement benefits. (Tr. p. 112; Ex. N, p. 157)

Claimant testified that the medical expenses attached to the hearing report as Exhibit 1 were medical expenses related to his hip and that the items not marked with an "x" have not been paid by the defendant. (Tr. p. 72)

Claimant had an incident in 2010 where he lost feeling in his legs. Claimant sought treatment and an MRI, but no diagnosis was made as to the cause and he regained functioning in his legs. (Tr. p. 76) He was off work for about three months at the end of 2012. (Tr. p. 76)

Claimant acknowledged that at the time of his August 21, 2013 work injury he was taking hydrocodone for his back. (Tr. 79) Claimant disagreed with Dr. Freiburger's notes of April 11, 2013 that said claimant was complaining of a lot of stiffness/pain in knees, hips and feet. (Tr. p. 81) Claimant said that his pain was in his butt cheek and down to the knee. (Tr. pp. 81, 82)

Claimant testified that if he upgraded from a journeyman electrician to a master electrician and obtained computer hardware and software he believes he was capable of doing electrical estimating work. (Tr. p. 115)

On May 6, 2014, Nicolas Noiseux, M.D., examined claimant at UIHC. He ordered an MRI arthrogram as he stated a plain MRI was not sufficient to diagnose a labral tear. (Ex. 4, p. 78) Dr. Noiseux said that if the MRI arthrogram reveals a labral tear claimant should be referred to a hip arthroscopist. (Ex. 4, p. 84) The MRI indicated a suspicion of a small labral tear. (Ex. E, p. 65) Dr. Noiseux referred claimant to Dr. Aviles in Des Moines. (Ex. 4, p. 86)

Claimant returned to Dr. Noiseux on March 4, 2015 due to his hip pain. Dr. Noiseux recommended a repeat injection of the hip. (Ex. 4, p. 87) Dr. Noiseux assessment was: "1. Hip pain, left 2. Labral tear of hip, degenerative." (Ex. 4, p. 89)

Another MRI was performed that showed atrophy of the gluteus minimus; Nothing surgically could be done for this problem. (Ex. 4, p. 96)

On July 22, 2015, Dr. Noiseux wrote claimant's counsel regarding claimant's hip condition and responded to a series of questions posed by counsel. (Ex. 4, pp. 111 – 113; Ex. P. pp. 195, 196) Dr. Noiseux wrote:

He [claimant] has undergone a very thorough diagnostic workup including multiple imaging studies, opinions from at least 4 different physicians, differential diagnostic injections, and conservative treatment measures. None of these has identified any pathology which might explain his complaints and no intervention has improved his symptoms or lead to a diagnosis.

(Ex. 4, p. 111) Dr. Noiseux stated he was unable to attribute claimant's current complaints to a fall at work on August 21, 2013. Dr. Noiseux stated, "As above, I do not find any pathology or objective evidence of any condition that was caused or materially aggravated by the fall at work in August, 2013. Mr. Peck does not have any permanent impairment as a result of the work incident." (Ex. 4, p. 112) Dr. Noiseux stated that he could not attribute claimant's medical treatment due to the slip at work, but is more likely that the need for treatments was related to his chronic musculoskeletal pain which pre-existed his reported work incident. (Ex. 4, p. 113)

Dr. Noiseux was deposed on October 11, 2016. (Ex. 18, pp. 1- 63) Dr. Noiseux is an orthopedic surgeon at UIHC. Dr. Noiseux ordered an MR arthrogram (MRA) to see if claimant had a labral tear in his left hip. Dr. Noiseux referred claimant to Dr. Aviles because the MRA suggested a small labral tear. (Ex. 18, p. 12) Dr. Noiseux said that a subchondral cyst is typically associated with osteoarthritis and a paralabral cyst would be more likely with a labral tear. Dr. Noiseux was initially unable to recall why he noted in his July 22, 2013 letter to claimant's attorney why he said that claimant had a prior history of hip pain. (Ex. 18, p. 28) Upon questioning by defendant's counsel, Dr. Noiseux acknowledged a report by Dr. Freiburger on April 2013 that suggested claimant had prior complaints of hip pain. (Ex. 18, p. 32) Dr. Noiseux agreed that the MRA of May 13, 2014 suggested a small labral tear and a small subchondral cyst. (Tr. p. 37)

On August 22, 2013, claimant was seen at Tri-State Occupational Health for left groin and hip pain after slipping at work. (Ex. 3, p. 34) Claimant was assessed with left hip and left groin pain and left anterior thigh pain. Physical therapy and reduction of his work activity was recommended. (Ex. 3, p. 35) On September 4, 2013, Erin Kennedy, M.D., examined claimant. She noted claimant had chronic low back pain and had missed 3 months of work in 2012. Claimant reported he had not had any pain since the first of the year. (Ex. 3, p. 39) Dr. Kennedy's assessment was left hip and groin

pain, left piriformis strain, left hip strain and exacerbation of chronic underlying degenerative low back condition. Dr. Kennedy noted claimant was making progress and returned claimant to full duty with restrictions. (Ex. 3, p. 40) On September 19, 2013, Dr. Kennedy noted claimant was on full duty, no restrictions and is able to tolerate work. (Ex. 3, p. 41)

On October 25, 2013, claimant reported his hip was aggravated by climbing on ladders at work and an MRI was recommended. (Ex. 3, p. 44) On November 15, 2013, claimant was informed the MRI was negative. (Ex. 3, 75) A recommendation was made to refer claimant to orthopedics. (Ex. 3, p. 46)

On December 5, 2013, Charles Marrow, M.D., reviewed x-rays and recommended an injection in the left hip. (Ex. 3, p. 47) Claimant had an injection on December 16, 2013 and still had pain relief on December 19, 2013. While his hip pain was gone, he still had discomfort in the upper thigh, low back, and posterior knee. (Ex. 3, p. 51) Dr. Marrow returned claimant to work without restrictions.

An MRI with contrast of May 13, 2014 showed "Findings suspicious for a small focus of tearing of the anterior superior acetabular labrum, possibly of chronic nature as there is also a suspicion for a small subchondral cyst in the underlying acetabulum." (Ex. 3, p. 76)

On January 14, 2014, claimant was seen by Dr. Kennedy for his hip, as well as, a non-work related fall that reinjured his back. Dr. Kennedy recommended a referral to a second orthopedic referral. (Ex. 3, p. 59)

On June 10, 2014, Dr. Aviles, examined claimant. During this examination, Dr. Aviles did not have the MR arthrogram. He noted that the severity of claimant's hip pain was moderate. (Ex. 5, pp. 115, 117) On June 24, 2014, Dr. Aviles provided an addendum to his report. Dr. Aviles wrote, "I have reviewed an MR arthrogram for Arron Peck. It shows labral degeneration I shows [sic] no evidence of acute labra tearing. There is mild degeneration of the cartilage with subchondral cyst consistent with arthritis." (Ex. 5, p. 121) Dr. Aviles did not recommend a hip arthroscopy. On September 4, 2014, Dr. Aviles wrote a nurse case manager and said that claimant has hip arthritis and labral degeneration. He was unable to tell if claimant's pain was caused by the slip at work and that claimant had a work-related injury. (Ex. 5, p. 122) On September 11, 2014, Dr. Aviles wrote to claimant's counsel that he found some mild arthritis in the claimant's hip and typically the arthritis he finds is not the result of a work-related injury. Dr. Aviles stated that if claimant were to be found to have a work-related injury he would assign a 1 percent impairment rating. (Ex. 5, p. 123)

On September 10, 2014, Dr. Kennedy saw claimant after he aggravated his left hip stepping off a ladder at work. Dr. Kennedy noted that Dr. Aviles concluded after reviewing the MRI arthrogram that claimant's hip condition was caused by arthritis and labral degeneration. Dr. Kennedy's assessment was:

Arron Peck is a 53 yo gentleman with chronic degenerative changes of left hip labrum who sustained a fall with "splits" on 8-21-13. No other pathology has been found to explain persistent pain. He then missed a step at work on 9-8-14 causing him to abruptly load left leg with sudden increase of pain that has not resolved to baseline.

In regard to the acute injury that was an exacerbation of underlying left hip pathology associated with event on 9-8-14, this has returned to baseline for pain and function. He is at MMI w/o PPI related to that event.

In regard to the chronic condition, it is my opinion that the event on 8-21-13 did not contribute to development of that condition but may have temporarily increased pain level. The 8-21-13 event does not explain persistent pain and no acute pathology has been identified to explain persistent pain other than the chronic pathology itself. A surgical solution has not been offered from multiple orthopedists (Dr. Morrow, Boiller, Avilas). If it has not been previously stated, he achieved MMI as of 6/10/14 when he was deemed by Dr. Avilas as not a surgical candidate. It is my opinion that the remaining symptoms, reduced motion, and reduced activity tolerance are not explained by the workplace injury. Therefore, I would not recommend perm partial impairment for the injury. Mr. Peck has returned to full duty such that no restrictions have been recommended for the workplace injury.

However, there is concern for fitness for duty if his usual activities prove to cause frequent reinjury or exacerbations. An FCE could be ordered to recommend permanent restrictions for the personal condition if fitness for duty is a concern by the employer.

(Ex 3, p. 73)

On January 27, 2015, Mark Taylor, M.D., issued an independent medical examination (IME) report. (Ex. 8, pp. 139 – 151) Dr. Taylor noted that claimant disagreed with Dr. Aviles that claimant had complained of hip pain before the work accident. (Ex. 8, p. 142) Dr. Taylor noted that there were no injuries or illness in the same area. Dr. Taylor wrote:

The last record prior to the left hip injury was hip x-rays obtained in April 2013. To the best of his recollection, Mr. Peck recalls that that may have been ordered due to the back and buttock pain that was occurring and they were trying to be thorough by considering all potential causes, but this pain was posterior as opposed to his current hip pain, which is directly over the lateral hip and over the anterior inguinal area.

(Ex. 8, p. 144)

Dr. Taylor's diagnoses were:

1. Chronic left hip and groin pain.
2. History of prior chronic low back and left buttocks/leg pain -- resolved.

(Ex. 8, p. 146) Dr. Taylor noted that claimant was asymptomatic in the left lateral hip and left inguinal region and able to perform his work up until his work injury on August 21, 2013. He agreed with Dr. Aviles that the work injury did not cause the findings found on the MR arthrogram, but the work injury "lit-up" a previous asymptomatic condition and that claimant has been left with chronic left hip and groin pain. (Ex. 8, p. 147) Dr. Taylor assigned a 2 percent whole person rating and recommended restrictions of 40 pounds at lower than knee level or above chest level and not lift anything more than 50 – 60 pound at waist level. Dr. Taylor recommended claimant should alternate walking standing and sitting as needed. He recommended occasionally squatting, bending and kneeling, and crawling and to avoid stepladders. (Ex. 8, pp. 148, 149)

On January 27, 2015, Philip Lockhart, D.C., wrote a letter noting that he started treating claimant for lower back pain on January 13, 2015. (Ex. 6, pp. 124, 125) Dr. Lockhart stated that claimant's spinal misalignment and back pain developed due to improper posture and gait caused by pain in claimant's left acetabular. Dr. Lockhart recommended a new MRI. (Ex. 6, p. 125)

Claimant was treated by the UIHC pain clinic on March 2, 2016. Tejinder Singh Swaran Singh, M.D. Dr. Singh noted claimant had chronic hip pain and that claimant's exam was consistent with S1 joint inflammation. An S1 injection and behavioral health referral was recommended. (Ex. 7, p. 131) The S1 injection was performed on April 13, 2014.

Claimant received counseling from Hillcrest Family Services on April 18, 2016 and May 9, 2016. (Ex. 17, pp. 249, 262) Claimant was assessed with an Adjustment disorders, with anxiety. (Ex. 17, p. 257)

Claimant's medical history is relevant to his current claim. His physician Dr. Freiburger, wrote in December 2007 as to claimant's medical history, "He [claimant] did have a bad accident which did apparently cleave some of his liver off as well as crush part of his right side including his right arm and pelvis for which he did have some operations to repair and appears to be doing well." (Ex. A, p. 1) On January 18, 2011, Peggy Mulderig, M.D., noted claimant had a 4 to 5 month history of back pain, which was worsening. The pain was radiating into his left buttock. An MRI showed neuroforaminal narrowing at L5–S1 and facet degenerative changes. (Ex. A, p. 7) On January 10, 2013, Dr. Freiburger noted that claimant returned to work and claimant continues to struggle with back pain and radicular symptoms down his arms. (Ex. A, p. 18) On April 11, 2013, Dr. Freiburger saw claimant for arthritic pain. He wrote:



The patient is in with continued complaints of polyarthritis. Symptoms are predominantly in his knees and hips bilaterally and has been a continued ongoing issue. He knows he has had many accidents and injuries. He has abused his body. He knows he has arthritis. He has been taking anti-inflammatories sporadically when he goes to work because he does not want to take his NARCO then. He does not admit to any swelling, erythema or hotness to the joints. Does admit to some stiffness but again, this has been a long and chronic problem.

(Ex. A, p. 20) Dr. Freiburger noted claimant's pain is predominantly in the knees and hips and ordered x-rays. (Ex. A, p. 21) The impression from the x-rays was, "Mild degenerative changes to the left hip." (Ex. C, p. 47) On February 5, 2015, Dr. Freiburger saw claimant about his left hip pain and arranged claimant to be seen at UIHC orthopedics. (Ex. A, p. 39)

#### RATIONAL AND CONCLUSIONS OF LAW

The first issue to determine is whether claimant has proven that his August 21, 2013 work injury has caused a permanent impairment.

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 personal injury contemplated by the workers' compensation law means an injury, the impairment of health or a disease resulting from an injury which comes about, not through the natural building up and tearing down of the human body, but because of trauma. The injury must be something that acts extraneously to the natural processes

of nature and thereby impairs the health, interrupts or otherwise destroys or damages a part or all of the body. Although many injuries have a traumatic onset, there is no requirement for a special incident or an unusual occurrence. Injuries which result from cumulative trauma are compensable. Increased disability from a prior injury, even if brought about by further work, does not constitute a new injury, however. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995); McKeever Custom Cabinets v. Smith, 379 N.W.2d 368 (Iowa 1985). Code section 85A.14.

There is evidence in the record that supports both the claimant and the defendant as to whether the August 21, 2013 work injury caused a permanent injury.

Dr. Taylor and Dr. Lockhart opined claimant's condition was caused and/or lighted up by his injury of August 21, 2013. Dr. Noiseux initially concluded that claimant had a labral tear that was caused by his work injury of August 21, 2013. Dr. Noiseux changed his opinion and was not able to state within a reasonable degree of medical certainty that claimant's hip condition was a result of a work injury. Dr. Aviles concluded that the claimant's condition was caused by a preexisting hip arthritis and the work injury only temporarily aggravated his hip and he has no permanent impairment due to a work injury.

Dr. Taylor did not properly consider the evidence that claimant was complaining of hip pain in April 11, 2013 to Dr. Freiburger. While Dr. Taylor mentions the x-rays taken in April 2013, Dr. Taylor relies upon the claimant's description that the x-ray may have been ordered as a result of back and buttock pain. Dr. Freiburger notes a long and chronic problem.

As Dr. Taylor did not explain Dr. Freiburger's notes, I do not find his opinion convincing. I do not find Dr. Lockhart's credentials sufficient to overcome the opinions of Dr. Noiseux and Dr. Aviles. I find Dr. Noiseux and Dr. Aviles' opinions that claimant did not have a permanent impairment caused by a work injury to be convincing.

I do not doubt that claimant's left hip condition causes him significant pain and that he cannot perform his work as an electrician for A.Y. McDonald. However, the more convincing medical evidence is that he had a pre-existing arthritis in his left hip that was temporarily aggravated by the work incident of August 21, 2013. Claimant did not meet his burden of proof.

As I have found claimant has not proven a permanent work-related injury all other issues are moot.

ORDER

The claimant shall take nothing further.

Each party shall be responsible for their own costs.

Signed and filed this 22<sup>nd</sup> day of May, 2017.

  
JAMES F. ELLIOTT  
DEPUTY WORKERS'  
COMPENSATION COMMISSIONER

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JFE/kjw

**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.