BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

DEAN HOFFMAN,

Claimant,

vs.

CURRIES MFG.,

Employer,

and

TRAVELERS INDEMNITY CO. OF CT.,

Insurance Carrier,
Defendants.

File No. 5056295

ARBITRATION

DECISION

Head Note No.: 1402.30

STATEMENT OF THE CASE

Claimant, Dean Hoffman, filed a petition in arbitration seeking workers' compensation benefits from Curries Manufacturing, (Curries), employer and Travelers Indemnity Company of Connecticut, insurer, both as defendants. This case was heard in Des Moines, Iowa on September 13, 2017 with a final submission date of October 16, 2017.

The record in this case consists of Joint Exhibits 1 through 21, and the testimony of claimant.

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.

ISSUES

1. Whether the need for claimant's right and left total knee arthroplasties are causally related to claimant's March 5, 2007 work injury.

2. Whether claimant's claim for benefits is barred by application of Iowa Code section 85.23.

3. Whether claimant's claim for benefits is barred by application of Iowa Code section 85.26.

4. The extent of claimant's entitlement to temporary benefits.

5. The extent of claimant's entitlement to permanent partial disability benefits.

6. Whether there is a causal connection between claimant's injury and the claimed medical expenses.

FINDINGS OF FACT

Claimant was 56 years old at the time of hearing. Claimant did not graduate from high school. He does not have a GED. Prior to working at Curries, claimant worked in construction.

Claimant began working at Curries in 1984. Claimant has worked at a number of jobs at Curries including, but not limited to, lugging doors, finishing doors, welding doors, running a drill press, installing window kits, and installing special hardware. (Exhibit 17, page 2; Ex. 18; Deposition pp. 14, 17-24)

Claimant testified he has and works on a farm of approximately 100-150 acres. Claimant also has a cow and calf operation. (Ex. 18; Depo. pp. 10-11)

Claimant's medical history is relevant. Claimant had a work-related right knee injury on February 25, 1986. In 1986 claimant had a surgery to repair a meniscal tear. In February of 1987 claimant had a revision surgery on the right knee. (Ex. 1, p. 1; Ex. 2, p. 1; Ex. 6, p. 1; Ex. 18; Depo. pp. 40-42)

In 1997 claimant had a second work-related right knee injury based on a cumulative injury theory. In December of 1997 claimant had a right upper tibial osteotomy. (Ex. 6, p. 6; Ex. 18; Depo. pp. 40-46) Claimant settled both the 1986-1987, and 1997 work-related knee injury claims with his employer. (Transcript pp. 34, 45-46)

On March 5, 2007 claimant tripped over an air hose at work and injured his left knee. (Ex. 1, p. 5) Claimant eventually underwent a left knee partial meniscectomy and a chondroplasty of the patellofemoral joint on April 30, 2007. Surgery was performed by Eric Potthoff, D.O. (Ex. 2, p. 4)

Claimant returned to Dr. Potthoff with complaints of left knee pain following surgery. On August 7, 2007 and November 11, 2007 Dr. Potthoff gave claimant cortisone injections in the left knee. (Ex. 2, pp. 6-8) On August 7, 2007 Dr. Potthoff indicated claimant would eventually need a total knee replacement (TKR) on the left. (Ex. 2, pp. 6-8)

On November 11, 2007 claimant was told his symptoms were related to his degenerative joint disease. Claimant was found to be at maximum medical improvement (MMI). Claimant was found to have a 2 percent permanent impairment to the left knee. (Ex. 2, p. 8)

On February 29, 2008 claimant returned to Dr. Potthoff with continued complaints of left knee pain. Claimant was given a Synvisc injection. (Ex. 2, p. 9) Claimant had two more Synvisc injections in the left knee on March 8, 2008 and March 14, 2008. (Ex. 2, pp. 10-11)

The record suggests claimant did not have any further treatment for either knee for another three years. The record indicates sometime between February of 2011 and March of 2011 claimant asked his supervisor to be seen by a doctor for his left knee. Claimant's right knee did not bother him at this time. (Ex. 18; Depo. pp. 66-68)

Claimant was evaluated by Michael Crane, M.D., an orthopedic surgeon, on March 14, 2011. Claimant requested an injection in his left knee. Claimant had a Synvisc injection in the left knee. (Ex. 2, pp. 12-13)

Claimant testified in deposition that when he saw Dr. Crane, in 2011, he only had left knee pain. Claimant testified he did not have right knee pain in 2011. (Ex. 18; Depo. pp. 66-68) At hearing, claimant testified that when he saw Dr. Crane he was having pain in both knees. He testified in hearing that his deposition testimony was inaccurate. (Transcript pp. 52-53)

Claimant testified in deposition that from March of 2007 until sometime in 2012 or 2013, his right knee symptoms were not problematic for him. (Ex. 18; Depo. p. 78) At hearing, claimant testified he had problems in both his right knee and left knee beginning in 2007. (Tr. pp. 61-62)

On February 6, 2012 claimant returned to Dr. Crane with complaints of left knee pain. Claimant was told he would eventually require a TKR. Dr. Crane did not believe a TKR was warranted at this time. Claimant was given another Synvisc injection. (Ex. 2, pp. 15-17)

Claimant returned to Dr. Crane on May 3, 2012. Claimant's left knee did not significantly improve following a February of 2012 injection. An MRI of the left knee was recommended. (Ex. 2, pp. 18-19)

Claimant had an MRI of the left knee on May 23, 2012. In reviewing the MRI, Dr. Crane did not believe surgery was an appropriate treatment at that time. Dr. Crane recommended claimant continue injections as needed to deal with pain. (Ex. 2, pp. 20-22)

In a June 27, 2012 letter, Dr. Crane indicated claimant's knee would continue to deteriorate, and eventually claimant would require a TKR. (Ex. 2, p. 23)

On October 10, 2012 claimant was evaluated by Kary Schulte, M.D. Claimant indicated he had left knee pain all the time. Dr. Schulte indicated claimant's left meniscectomy was work related, but that his degenerative arthritis in his knee was not. Claimant was given a cortisone injection in the left knee. (Ex. 5, pp. 1-5)

In a November 8, 2012 letter Dr. Schulte found claimant at MMI as of October 10, 2012. He found claimant had no permanent restrictions. He opined claimant's degenerative arthritis was not work related. (Ex. 5, p. 6)

Claimant returned to Dr. Schulte on February 2, 2013. Claimant had two to three months' relief following the left knee injection. Claimant was given a cortisone injection. Claimant indicated he wished to proceed with a left TKR. (Ex. 5, p. 6)

In a June 5, 2013 letter Dr. Schulte opined the claimant's need for a TKR was due to progressive degenerative arthritis, not the work-related left knee arthroscopic surgery and the partial medial meniscectomy. (Ex. 9, p. 9)

Claimant testified he thought Dr. Schulte initially opined the need for a TKR was work related. He said when Dr. Schulte opined the need for a TKR was not work related, claimant no longer trusted Dr. Schulte and wanted to see another doctor for surgery. (Tr. pp. 24-25, 55-56) Claimant said he returned to Franklin Sim, M.D., as he had prior surgery with Dr. Sim and trusted him. (Tr. p. 56)

On September 30, 2013 claimant was evaluated by Dr. Sim. Claimant was assessed as having degenerative joint disease in both knees. Claimant wanted to proceed with a bilateral TKR. Surgery was discussed and chosen as a treatment option. (Ex. 6, pp. 8-9)

On November 14, 2013 claimant had a bilateral knee replacement. Surgery was performed by Dr. Sim. (Ex. 6, pp. 10-13)

Claimant testified he was off work for approximately six months following surgery but ultimately returned to full duty.

In a March 3, 2014 letter, Dr. Sim indicated it was difficult to judge the long-term effects of knee injuries to the long-term outcome and development of osteoarthritis regarding a total knee replacement. He noted there were a number of factors influencing the development of osteoarthritis. He noted injuries can accelerate development of osteoarthritis. He noted previous surgeries also contribute to claimant's osteoarthritis. Other factors include malalignment or overloading of the knee, which was present in claimant's situation. (Ex. 3, p. 3)

Claimant returned to Dr. Sim on November 26, 2014 to follow up. Claimant had good recovery from the surgery. Claimant had stiffness in the right knee after prolonged sitting. Claimant was given exercises. He was also given a cortisone injection in the right knee. (Ex. 6, pp. 16-17)

Claimant was evaluated by Russell Gelfman, M.D. for an impairment rating on December 19, 2014. Dr. Gelfman found claimant had a 50 percent permanent impairment on the right and a 30 percent permanent impairment on the left lower extremity using the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. (Ex. 6, p. 18)

In a sworn statement Dr. Gelfman indicated claimant's left knee injury of 2007 was a substantial factor aggravating his degenerative arthritis in the left knee leading to the need for a left total knee replacement. (Ex. 11, p. 7) He said the limitations on the left knee accelerated the condition that claimant had on the right, which led to a total knee replacement on the right. (Ex. 11, p. 8)

On April 4, 2016 claimant was evaluated by Dr. Sim. Claimant had superb results on the left knee. Claimant had increasing discomfort in the right knee. Claimant was recommended to consider a revision surgery regarding a loose tibial component in the right knee. (Ex. 6, pp. 19-20)

In a sworn statement Dr. Sim indicated that in September of 2013 claimant's diagnosis was degenerative joint disease in both knees. (Ex. 9, p. 4) He indicated standing on concrete could aggravate claimant's knee condition. (Ex. 9, p. 7) Dr. Sim indicated the 2007 injury and later surgery contributed to claimant's progressive arthritis. (Ex. 9, pp. 8-9) He also indicated claimant's work at Curries would have accelerated his degenerative knee process. (Ex. 9, p. 9)

In deposition Dr. Sim indicated osteoarthritis is a degenerative condition. (Ex. 13; Depo. p. 3) He agreed there was a strong association with osteoarthritis, age and obesity. (Ex. 13; Depo. p. 4) Dr. Sim admitted there was a correlation between people who have meniscus surgeries and developing osteoarthritis. (Ex. 13, p. 5) Dr. Sim noted osteoarthritis is a multifactorial disease. (Ex. 13, p. 9) Dr. Sim did not specifically know the details concerning claimant's job at Curries. (Ex. 13, p. 13) He said the fact that claimant had a misalignment on the right knee and was obese would have been contributing factors to claimant's osteoarthritis and the need for a total knee replacement. (Ex. 13, pp. 15-16) He testified claimant's standing, lifting, turning and twisting at work at Curries may have caused claimant to be more symptomatic with his osteoarthritis. (Ex. 13, p. 20)

On April 19, 2016 claimant had a revision surgery on the right. Surgery was performed by D.G. Lewallen, M.D. (Ex. 6, pp. 22-23)

In a February 10, 2017 letter Dr. Crane indicated ". . . I do not believe that the injury and subsequent surgery was a substantial reason for him needing the total knee arthroplasty." (Ex. 2, p. 25)

Claimant was evaluated by Dr. Gelfman on March 9, 2017. Dr. Gelfman opined claimant was at MMI regarding the right knee. He found claimant had a 50 percent permanent impairment to the right lower extremity. He noted the revision surgery was a

direct consequence of claimant's right total knee replacement, which was a consequence to surgery performed in 1996. (Ex. 6, p. 24) On April 19, 2017 claimant was evaluated by Stephen Petis, M.D. Claimant had complaints of left knee pain. A tibial revision was discussed. (Ex. 6, p. 25)

On June 21, 2017 claimant had surgery on the left knee. Surgery consisted of exchanging the polyethylene insert and the prior total knee replacement. Surgery was performed by Dr. Lewallen. (Ex. 6, p. 26)

At the time of hearing claimant was still off work. Claimant testified he believed he was to return to work sometime in October 2017.

Claimant testified at hearing that following his left knee surgery, the pain came on gradually for his right knee. He said when he favored the left knee, he began to experience right knee pain.

CONCLUSIONS OF LAW

The first issue to be determined is whether the need for claimant's bilateral total knee replacement, and the subsequent disability, was causally related to the March 5, 2007 work incident and subsequent surgery.

Defendants contend claimant's work injury of March 5, 2007 was a substantial factor resulting in a material aggravation of a preexisting arthritis in claimant's left knee. Claimant also contends that the degenerative process in claimant's right knee was materially aggravated by the March 5, 2007 left knee injury. Claimant contends the right knee injury is a sequela injury to the left knee. (Claimant's post-hearing brief, pp. 8-12)

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P. 6.14(6).

The claimant has the burden of proving by a preponderance of the evidence that the alleged injury actually occurred and that it both arose out of and in the course of the employment. Quaker Oats Co. v. Ciha, 552 N.W.2d 143 (Iowa 1996); Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa 1996). The words "arising out of" referred to the cause or source of the injury. The words "in the course of" refer to the time, place, and circumstances of the injury. 2800 Corp. v. Fernandez, 528 N.W.2d 124 (Iowa 1995). An injury arises out of the employment when a causal relationship exists between the injury and the employment. Miedema, 551 N.W.2d 309. The injury must be a rational consequence of a hazard connected with the employment and not merely incidental to the employment. Koehler Electric v. Wills, 608 N.W.2d 1 (Iowa 2000); Miedema, 551 N.W.2d 309. An injury occurs "in the course of" employment when it happens within a period of employment at a place where the employee reasonably may be when performing employment duties and while the employee is fulfilling those duties or doing an activity incidental to them. Ciha, 552 N.W.2d 143.

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). An occupational disease covered by chapter 85A is specifically excluded from the definition of personal injury. Iowa Code section 85.61(4) (b); Iowa Code section 85A.8; Iowa Code section 85A.14.

While a claimant is not entitled to compensation for the results of a preexisting injury or disease, its mere existence at the time of a subsequent injury is not a defense. Rose v. John Deere Ottumwa Works, 247 Iowa 900, 76 N.W.2d 756 (1956). If the claimant had a preexisting condition or disability that is materially aggravated, accelerated, worsened or lighted up so that it results in disability, claimant is entitled to recover. Nicks v. Davenport Produce Co., 254 Iowa 130, 115 N.W.2d 812 (1962); Yeager v. Firestone Tire & Rubber Co., 253 Iowa 369, 112 N.W.2d 299 (1961).

The Iowa Supreme Court has held that "where an accident occurs to an employee in the usual course of his employment, the employer is liable for all consequences that naturally and proximately flow from the accident." Oldham v. Schofield & Welch, 266 N.W. 480, 482 (1936). The Court explained as follows:

> If an employee suffers a compensable injury and thereafter suffers further disability which is the proximate result of the original injury, such further disability is compensable. Where an employee suffers a compensable injury and thereafter returns to work and, as a result thereof, his first injury is aggravated and accelerated so that he is greater disabled than before, the entire disability may be compensated for." Id. at 481.

Increased disability from a prior injury, even if brought about by further work, does not constitute a new injury. 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).

An employer may be liable for a sequela of an original work injury if the employee sustained a compensable injury and later sustained further disability that is a proximate result of the original injury. Mallory v. Mercy Medical Center, File No. 5029834 (Appeal February 15, 2012).

A sequela can also take the form of a secondary effect on the claimant's body stemming from the original injury. For example, where a leg injury causing shortening of the leg in turn alters the claimant's gait, causing mechanical back pain, the back condition can be found to be a sequela of the leg injury. Fridlington v. 3M, File No. 788758 (Arb. November 15, 1991).

As noted in the findings of fact, claimant had a work-related left knee injury on March 5, 2007. Claimant eventually had surgery on the left knee in April of 2007. (Ex. 1, p. 5) In November of 2007 claimant was found to be at MMI for the left knee. (Ex. 2, p. 8) Claimant later had Synvisc injection in the left knee in February and March of 2008. Claimant's last Synvisc injection for the left knee was on March 14, 2008. (Ex. 2, pp. 9-11)

For approximately three years claimant received no treatment for the left knee. Approximately in February of 2011 or March of 2011 claimant asked for further care for his left knee. In March of 2011 claimant was treated by Dr. Crane only for his left knee. (Ex. 2, pp. 12-13) There is no record that claimant had any right knee complaints at this time.

In deposition, claimant indicated that when he saw Dr. Crane in March of 2011 he had only left knee pain. (Ex. 18; Depo. pp. 60-68) At hearing, claimant testified he actually had bilateral knee pain in 2011, and his deposition testimony was wrong. (Tr. pp. 52-53)

Claimant testified in deposition that sometime between 2012 and 2013 he began to have symptoms in his right knee that became more problematic. (Ex. 18, p. 78) At hearing, claimant testified his deposition was also incorrect and that he actually had right knee symptoms beginning in 2007. (Tr. pp. 61-62)

Four experts have opined regarding the causal connection between claimant's bilateral total knee replacements and his March 5, 2007 work injury.

Dr. Sim performed claimant's bilateral total knee replacement. He indicated in a sworn statement that claimant's 2007 injury and later surgery contributed to claimant's progressive arthritis. He also indicated claimant's work at Curries would have accelerated the degenerative processes in claimant's knee. (Ex. 9, pp. 8-9)

There are several problems with the opinions found in Dr. Sim's sworn statement. First, the sworn statement appears to be at odds with Dr. Sim's letter of March of 2014. In that letter Dr. Sim indicated, ". . . it is difficult to judge the effect on knee injuries to the long-term outcome and development of osteoarthritis requiring total knee arthroplasty down the line." (Ex. 8, p. 3) Dr. Sim notes meniscectomies can contribute to arthritis. He indicates malalignment and overloading of the joint can also be factors as well.

Dr. Sim's letter of March 3, 2014 seems to suggest the 1986 and 1987 meniscectomies on the right knee led to a total knee replacement on the right. It also suggests the right tibial osteotomy in December of 1997 also led to claimant having a total knee replacement on the right.

In his deposition, Dr. Sim notes osteoarthritis is a multifactorial disease. (Ex. 13, pp. 9, 15) Potential factors that can cause or accelerate osteoarthritis include obesity and age. (Ex. 13, pp. 4, 7-8) Claimant's 1997 tibial osteotomy could also be a factor. (Ex. 13, pp. 15-16) Dr. Sims also opined the standing, lifting, turning and twisting claimant did at Curries could also accelerate claimant's osteoarthritis. (Ex. 13, pp. 20,25)

In brief, Dr. Sim opined the cause of claimant's osteoarthritis was multifactorial. He opined it is difficult to know the effect knee injuries have in determining the cause and the need for a total knee replacement. Claimant's age and obesity would be factors. Claimant's 1986 and 1987 surgeries are certainly factors. Claimant's 1997 tibial osteotomy is a factor. Dr. Sim seems to opine the work claimant did at Curries was also a factor. However, there is little evidence Dr. Sim has any idea of the physical requirements of claimant's job. Based on these facts, it is found that Dr. Sim's opinions regarding causation of claimant's 2007 injury to claimant's 2013 bilateral total knee replacements is not convincing.

Dr. Gelfman indicated in a sworn statement that claimant's left knee injury of 2007 was a substantial factor, leading to the need for a left total knee replacement. He also indicated limitations on claimant's left knee accelerated the condition claimant had

on his right knee. This led to the need for a total knee replacement on the right. (Ex. 11, pp. 7-8)

There are also several problems with Dr. Gelfman's opinion regarding causation. First, Dr. Gelfman indicated in March of 2017 claimant's total knee replacement on the right was caused by his surgeries dating back to 1996. (Ex. 6, p. 24) The March of 2007 opinion indicates the cause for claimant's total knee replacement date back to surgeries preceding the 2007 work incident. This opinion is at odds with the sworn statement indicating in 2007 the injury was a substantial factor for the need for a total knee replacement.

As noted, claimant had a three-year lapse in treatment for the left knee, from March of 2008 through March of 2011. Claimant did not have any treatment for the right knee from March of 2008 until 2013. Dr. Gelfman offers no rationale why claimant had a three-year lapse of treatment for the left knee, and an approximately five-year lapse of treatment for the right, and yet both the left and right total knee replacements were causally connected to the 2007 left knee injury.

Dr. Sim opines osteoarthritis is a multifactorial disease. Dr. Sim opined claimant's age and his obesity were factors that would have led to aggravation or acceleration of osteoarthritis. He also seems to suggest claimant's 1986, 1987, and 1997 knee surgeries also accelerated claimant's osteoarthritis. Dr. Gelfman offers no analysis why these factors are less of a cause for claimant's need for a total knee replacement.

Based upon these discrepancies detailed above, it is found Dr. Gelfman's opinion regarding the causal relationship between the 2007 left knee injury and the 2013 bilateral total knee replacements is found unconvincing.

Dr. Crane treated claimant in 2011 and 2012. He opined he did not believe the 2007 injury was a substantial reason for claimant regarding a total knee replacement. (Ex. 2, p. 25)

Dr. Schulte also opined claimant's need for a total knee replacement was due to progressive degenerative arthritis and not the work-related 2008 meniscus surgery. (Ex. 5, p. 9)

Claimant had a three-year lapse in treatment from 2008 to 2011 for the left knee. He had an approximately five to six-year lapse in treatment from the 2007 left knee injury until the 2013 right total knee replacement. No expert has adequately explained why, with the lapse in time, claimant's need for bilateral total knee replacement, performed in 2013, was caused or materially aggravated by a 2007 left knee injury.

Dr. Sim repeatedly testified osteoarthritis was a multifactorial disease. Claimant had surgeries in 1986, 1987, and 1997. He gained 100 pounds between the 1997 surgery and the 2007 incident. He is a late middle-aged man. Claimant farms. No

expert has adequately explained, given these other potential causative factors, why the 2007 knee injury materially aggravated claimant's osteoarthritis and the need for a bilateral total knee replacement.

Dr. Sim and Dr. Gelfman's opinions regarding causation between the 2007 injury and the 2013 total knee replacements are found not convincing. Dr. Crane and Dr. Schulte both opine claimant's left knee injury and subsequent surgery was not a substantial reason for claimant's need for a 2013 bilateral total knee replacement.

Given this record, claimant has failed to carry his burden of proof that the need for his left and right total knee replacements were causally related to the March 5, 2007 work injury.

As claimant has failed to carry his burden of proof regarding whether his left and right total knee replacements were causally related to the March 5, 2007 left knee work injury, all other issues are moot.

ORDER

Claimant shall take nothing from this proceeding.

Both parties shall pay their own costs.

Signed and filed this 17th day of January, 2018.

JAMES F. CHRISTENSON
DEPUTY WORKERS'
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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.