BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

OLVAN RUIZ,

Claimant,

vs.

WHALEY STEEL,

Employer,

and

AIG CLAIMS, INC.,

Insurance Carrier,
Defendants.

File No. 5049444

ARBITRATION

DECISION

Head Note Nos.: 1100; 1108; 1801; 3001; 4000

STATEMENT OF THE CASE

Olvan Ruiz filed a petition for arbitration seeking workers' compensation benefits from Whaley Steel and AIG Claims, Inc.

The matter came on for hearing on January 13, 2016, before deputy workers' compensation commissioner Joseph L. Walsh in Cedar Rapids, Iowa. The record in the case consists of claimant's exhibits 1 through 7; defense exhibits A through H; as well the sworn testimony of claimant, Olvan Ruiz. Angela-Weible-Jones was appointed the official reporter and custodian of the notes of the proceeding. The parties briefed this case and the matter was fully submitted on February 16, 2016.

ISSUES & STIPULATIONS

Through the hearing report, the parties stipulated that there was an employer-employee relationship between the parties. The defendants dispute whether an injury occurred on or about August 2, 2014. If there was an injury which arose out of and in the course of employment, the defendants dispute that such injury caused any temporary or permanent disability. The claimant is seeking a running award commencing on August 12, 2014, through the present and continuing. The defendants concede that the claimant has been off work for a low back condition through this period of time and that the claimant is not at maximum medical improvement as of the date of hearing. The gross wages are disputed and the claimant seeks a penalty for late payments.

FINDINGS OF FACT

Olvan Ruiz is a 56-year old married man. He has been an iron worker for the past 15 years and is assigned jobs through his union. He was born in Honduras and now lives in Massachusetts. Olvan's first language is Spanish, although he speaks English well and testified in English at hearing.

Mr. Ruiz was employed by Whaley Steel to work on the fertilizer plant near Burlington, Iowa. He earned $25.25 per hour plus a per diem. (Transcript, page 12) The per diem was paid on a flat-rate basis without regard to the actual expenses incurred. (Tr., p. 13)

On August 2, 2014, Mr. Ruiz was working with rebar. The work required frequent bending. (Tr., p. 14) A photograph of the work site showed the bending intensive nature of the job he was performing. (Claimant's Exhibit 7) While bending, Mr. Ruiz felt a "sensation" and developed pain in his low back. (Tr., p. 15) He continued working. August 2, 2014, was a Saturday. He did not work Sunday. On Monday, his pain was significant and he reported the injury to his union steward and his foreman. (Tr., p. 16) The injury is documented in a nurse's note dated August 4, 2014. (Cl. Ex. 2, p. 1)

He began medical treatment with James Milani, D.O., on August 5, 2014. (Cl. Ex. 2, p. 2)

> HISTORY OF PRESENT ILLNESS: Olvan's primary problem is pain located in the lower back. He describes it as deep. It has been 3 days since the onset of the pain. Olvan says that it seems to be constant. He has noticed that it is made worse by bending over and laying down. It is improved with heat and ibuprofen. He feels it is getting worse. His pain level is 9/10. The patient states he felt a pulling sensation in his lower back while picking up steel rear – was able to continue working. No radiation of pain. No neuro symptoms. He states he has never injured his back before.

(Cl. Ex. 2, p. 2) Dr. Milani diagnosed a lumbar strain. He was provided with medications. (Cl. Ex. 2, p. 3)

During the week of August 11, 2014, Mr. Ruiz began a previously-scheduled vacation. He never returned to the Burlington job. The employer authorized and provided treatment near his home at New England Baptist Hospital, Lee Okurowski, M.D. Dr. Okurowski first evaluated claimant on September 26, 2014. (Cl. Ex. 2, p. 22) The following was documented.

> He notes initial injury on 08/02/14 while lifting rebar at Reebox. He notes he tried working. . . . He is out of work. He has not seen provider since early August. He still notes pain with movement. He notes pain in the R low back > than L. Pain radiates to his right hamstring but not to the knee.

(Cl. Ex. 2, p. 22) Dr. Okurowski requested an MRI, which was performed on October 7, 2014. It showed a "large broad-based Central and right paracentral disc herniation present that compresses the right S1 nerve root within the right lateral recess." (Cl. Ex. 2, p. 24) Dr. Okurowski referred Mr. Ruiz to John Keel, M.D. (Cl. Ex. 2, p. 28)

Numerous attempts were made to authorize treatment for the claimant throughout October, November and December 2014. (Cl. Ex. 2, pp. 14-18) There is no evidence of any response in the record. Dr. Keel first saw Mr. Ruiz on January 9, 2015. Dr. Keel recommended and performed a steroid injection. Mr. Ruiz returned in February 2015, and received the injection.

In May 2015, Mr. Ruiz underwent a total knee replacement unrelated to his alleged work injury. (Def. Ex. B, p. 22)

On May 28, 2015, Mr. Ruiz returned to Dr. Keel. He reported no relief from the injection and noted pain on both his left and right sides (more on the left). (Def. Ex. A, pp. 1-3) Dr. Keel recommended a second injection which never happened. (Cl. Ex. 2, p. 44) In August 2015, Dr. Keel noted that the low back pain persisted with radiation in the left leg and calf. Dr. Keel subsequently facilitated a referral to Patrick White, M.D., a back surgeon. (Def. Ex. A, p. 7)

In September 2015, defendants obtained an independent medical evaluation from Theron Jameson, D.O. (Def. Ex. C) Dr. Jameson reviewed records, evaluated the claimant and prepared a report which contains expert medical opinions. Dr. Jameson opined that the claimant did not sustain an injury on August 2, 2014. (Def. Ex. C, p. 7) He further opined that his "current complaints do not match the dermatomal findings on the MRI." (Def. Ex. C, p. 8) As a result, Dr. Jameson found that there was no disability related to any work injury.

Based upon Dr. Jameson's report, defendants denied claimant's claim on October 8, 2015. (Def. Ex. G, p. 1)

In October 2015, Farid Manshadi, M.D., performed an independent evaluation on behalf of the claimant. (Cl. Ex. 1) Like Dr. Jameson, Dr. Manshadi reviewed the records, performed a thorough evaluation and prepared a report with expert opinions. He opined that the claimant did suffer a work injury on August 2, 2014, which resulted in the herniated disc in claimant's low back. (Cl. Ex. 1, p. 6) He opined that claimant has been in a period of recovery since the injury and needed additional treatment. (Cl. Ex. 1, p. 7)

Dr. White evaluated Mr. Ruiz and obtained a second MRI. He eventually performed surgery on November 16, 2015. (Cl. Ex. 2, p. 60)

Dr. White signed an expert opinion on counsel's letterhead in December 2015. He opined that claimant suffered a work injury which caused his need for the medical treatment he received. (Cl. Ex. 2, pp. 63-65) As of December 14, 2015, claimant was not at maximum medical improvement.

Mr. Ruiz was deposed on September 11, 2015. This testimony has been reviewed. (Cl. Ex. 3) He also testified under oath at hearing. I find him to be credible. His live sworn testimony was generally consistent with his medical records and deposition testimony. There was nothing about his demeanor which causes any concern about his veracity. The defendants have attacked claimant's credibility, suggesting that his account of the injury has changed and that he failed to remember that his original symptoms were on the right side as opposed to the left. (See Def. Brief, pp. 9-10) I do not find these arguments convincing.

The facts established, however, that claimant had no prior history of low back injury or disability prior to August 2, 2014. He felt a pulling feeling in his low back while performing work tasks which gradually became worse after the incident. I have no doubt that Mr. Ruiz suffered an injury on August 2, 2014. Within a couple months of this incident, a herniated disc was documented in radiographic reports and deemed to be the causal factor of his symptoms and disability. It is true that initially, the back pain was mainly on the right side. The medical records clearly demonstrated that the claimant had pain on both sides of the low back of varying degrees at different points during his treatment.

CONCLUSIONS OF LAW

The first question is whether the claimant suffered an injury which arose out of and in the course of his employment on or about August 2, 2014. I find that he did.

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.

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.

When the injury develops gradually over time, the cumulative injury rule applies. The date of injury for cumulative injury purposes is the date on which the disability manifests. Manifestation is best characterized as that date on which both the fact of injury and the causal relationship of the injury to the claimant's employment would be plainly apparent to a reasonable person. The date of manifestation inherently is a fact based determination. The fact-finder is entitled to substantial latitude in making this determination and may consider a variety of factors, none of which is necessarily dispositive in establishing a manifestation date. Among others, the factors may include missing work when the condition prevents performing the job, or receiving significant medical care for the condition. For time limitation purposes, the discovery rule then becomes pertinent so the statute of limitations does not begin to run until the employee, as a reasonable person, knows or should know, that the cumulative injury condition is serious enough to have a permanent, adverse impact on his or her employment. Herrera v. IBP, Inc., 633 N.W.2d 284 (Iowa 2001); Oscar Mayer Foods Corp. v. Tasler, 483 N.W.2d 824 (Iowa 1992); McKeever Custom Cabinets v. Smith, 379 N.W.2d 368 (Iowa 1985).

By a preponderance of the evidence, I find that the claimant suffered an injury which arose out of and in the course of his employment on August 2, 2014. The claimant had no prior history of back injury or disability. It is uncontroverted that, on that date, claimant was performing the type of work (bending) that would cause the type of injury he sustained. The claimant was constantly bending and working with rebar. Two days later, he reported that he had felt the pulling sensation in his low back and he developed pain. The injury itself is well-documented in the contemporaneous medical records. I find that the claimant has met his burden that he felt a pulling sensation in his low back.

In order to conclude that claimant did not suffer an injury, I would have to conclude that the claimant was dishonest. The defendants did attack claimant's credibility suggesting his version of the injury changed over time, as did the location of

his complaints. For the reasons set forth in the findings of fact, I reject this attack on claimant's credibility. I find that the claimant's left-sided pain did develop later, however, it appears to be a sequela of his original injury.

The more interesting fighting issue in this case is whether that work injury caused the temporary disability and medical treatment that he was suffering at the time of injury. Again, I find that the greater weight of evidence supports such a finding.

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).

The expert opinions as to the medical impairment in this case are conflicted, however, I find that the opinions of Dr. White and Dr. Manshadi are given greater weight than the opinions of Dr. Jameson and Dr. Milani.

Dr. White is the treating surgeon in this case. He is the person who actually performed the surgery on the claimant's low back. He reviewed an accurate history prepared by claimant's counsel. (Cl. Ex. 2, pp. 63-64) Dr. Manshadi's opinion strengthens and bolsters the opinion of Dr. White.

Dr. Jameson concluded that there was no injury whatsoever. For the reasons set forth previously, I have rejected this position.

The next issue is whether the claimant is entitled to a running award of temporary disability benefits.

When an injured worker has been unable to work during a period of recuperation from an injury that did not produce permanent disability, the worker is entitled to temporary total disability benefits during the time the worker is disabled by the injury. Those benefits are payable until the employee has returned to work, or is medically capable of returning to work substantially similar to the work performed at the time of injury. Section 85.33(1).

This agency recognized long ago that there can be multiple temporary total or healing periods. A temporary return of work following a work injury does not preclude the reinstitution of temporary total disability or healing period benefits when an employee is compelled to leave work a second time as a result of the same injury. See Junge v. Century Engineering Corp., II Iowa Industrial Comm'r Report 219 (App. 1981). It has long been held that a healing period may be intermittent. Teel v. McCord, 394 N.W.2d 405 (Iowa 1986). Healing period may terminate and then begin again. Willis v. Lehigh Portland Cement Co., I-2 Iowa Industrial Comm'r Decisions 485 (Review-Reopening 1984); Clemens v. Iowa Veterans Home, I-1 Iowa Industrial Comm'r Decisions 35 (Review-Reopening 1984); Riesselman v. Carroll Health Center, III Iowa Industrial Comm'r Report 209 (App. 1982); Junge v. Century Engineering Corp., II Iowa Industrial Comm'r Report 219 (App. 1981). See also, Lawyer & Higgs, Iowa Practice, Workers' Compensation, Section 13-3.

In multiple healing period scenarios, permanent partial disability is due and payable after the end of the first healing period and this is the time interest on unpaid benefits begins. Teel v. McCord, 394 N.W.2d 405 (Iowa 1986). Credit against the eventual permanent disability award should be given for voluntary weekly payments between the two healing periods as they are permanent disability payments, not healing period. Flug v. Meisner Electric, File No. 5007007 (App. August 17, 2005).

The greater weight of evidence supports a finding that claimant has been temporarily totally disabled since the date of his injury and through the date of hearing. It continued at the time of hearing. Since I have found that claimant's low back condition is causally connected to his work injury, the defendants are responsible for his time off work. Claimant is owed healing period benefits from the date of injury through the date of hearing and continuing until such time that benefits may be terminated under Iowa Code section 85.33(1).

The next issue is the appropriate rate of compensation. Claimant alleges that money designated for expenses should be included in his gross wages. Defendants dispute this.

Section 85.36 states the basis of compensation is the weekly earnings of the employee at the time of the injury. The section defines weekly earnings as the gross salary, wages, or earnings to which an employee would have been entitled had the employee worked the customary hours for the full pay period in which injured as the employer regularly required for the work or employment. The various subsections of

section 85.36 set forth methods of computing weekly earnings depending upon the type of earnings and employment.

Iowa Code section 85.61(3) (2015) defines gross earnings as:

> [R]ecurring payments by employer to the employee for employment, before any authorized or lawfully required deduction or withholding of funds by the employer, excluding irregular bonuses, retroactive pay, overtime, penalty pay, reimbursement of expenses, expense allowances, and the employer's contribution for welfare benefits.

This agency has held that the fact that per diem payments were generous or exceeded the employee's actual expenses did not change their character as expenses and not wages. Thompson v. Seed and Grain Systems, Inc., File No. 1059299 (App. December 2, 1998). The simple labeling of payments as expense allowances, however, also does not change the payments true, underlying nature. This agency is compelled to seek the truth regarding the nature of the payment made. Premium Transportation Staffing, Inc. v. Bowers, 872 N.W.2d 199 (Iowa App. 2015) (Table).

In Bowers, the Court of Appeals affirmed a decision by the Commissioner to include a portion of the worker's per diem payment in calculating the rate. The Court stated the following.

> The deputy noted that Bowers' testimony 'that he spent only $12.00 per day for food and expenses and kept the remainder of the $52.00 per diem as compensation is uncontroverted in the record.' The deputy concluded Bowers showed by a preponderance of the evidence that only a portion of his per diem was reimbursement for expenses and that the appellants did not carry their burden of proof to show otherwise. Finding that $12.00 of Bowers' per diem payment was an expense allowance under Iowa Code s. 85.61(3), the deputy commissioner included the remaining $40.00 of the per diem payment in calculating the weekly rate.

Premium Transportation Staffing, Inc. v. Bowers, 872 N.W.2d 199 (Iowa App. 2015) (Table).

Agency precedent has established that a burden shifting analysis is to occur. This seems to be affirmed in Bowers. For a payment to be a bona fide expense allowance under section 85.61(3), there must be some relationship between the amount of the allowance and the amount of the expenses to which it is purportedly related. Sexton v. Midwest Continental, File No. 5039407 (Arb. May 17, 2013). Once the claimant has established a rate of earnings, the burden then shifts to the employer to establish the portion that represents reimbursement of expenses. McCarty v. Freymiller Trucking, Inc., File Nos. 729340 and 729341 (App. February 25, 1986). The real question before the undersigned is what is the claimant's initial burden? Does the claimant merely need to prove a payment was made, or does the claimant bear the

initial burden to prove that the payment is not really an expense payment before the burden of production shifts to defendants?

I interpret that it is the claimant's burden to present some evidence which demonstrates that the true nature of the payment is different than the label. Once the claimant has presented prima facie evidence of this, the burden then shifts to the defendants to produce evidence which demonstrates that the payments are truly for expenses.

The evidence before the agency is that the claimant usually received $490.00 per week which was expressly designed to be paid to cover his expenses when he worked out of town. (Tr., pp. 27-28) Claimant actually used the money, or at least a significant portion of it, to pay for his food and hotel expenses. (Tr., pp. 27-28) He was not required to turn in expense receipts or demonstrate his actual expenses, however, there is no question he did have actual living expenses and he used the money on those expenses. In addition, based upon the payroll reports, these expenses were not included in his wages for income tax purposes. (Def. Ex. H, p. 2) I find that the claimant has failed to meet his burden of proof that the additional payments of $490.00 per week were anything other than payments to him to cover his actual expenses. As such, those nontaxable expenses are excluded from his gross wages and I adopt the wage calculation of the defendants presented in Defendant's Exhibit H, page 1.

The final issue is penalty.

Claimant's penalty benefit claim is based upon the statutory language contained at Iowa Code section 86.13(4), which provides:

> a. If a denial, a delay in payment, or a termination of benefits occurs without reasonable or probable cause or excuse known to the employer or insurance carrier at the time of the denial, delay in payment, or termination of benefits, the workers' compensation commissioner shall award benefits in addition to those benefits payable under this chapter, or chapter 85, 85A, or 85B, up to fifty percent of the amount of benefits that were denied, delayed, or terminated without reasonable or probable cause or excuse.
>
> b. The workers' compensation commissioner shall award benefits under this subsection if the commissioner finds both of the following facts:
>
> (1) The employee has demonstrated a denial, delay in payment, or termination in benefits.
>
> (2) The employer has failed to prove a reasonable or probable cause or excuse for the denial, delay in payment, or termination of benefits.

c. In order to be considered a reasonable or probable cause or excuse under paragraph "b," an excuse shall satisfy all of the following criteria:

(1) The excuse was preceded by a reasonable investigation and evaluation by the employer or insurance carrier into whether benefits were owed to the employee.

(2) The results of the reasonable investigation and evaluation were the actual basis upon which the employer or insurance carrier contemporaneously relied to deny, delay payment of, or terminate benefits.

(3) The employer or insurance carrier contemporaneously conveyed the basis for the denial, delay in payment, or termination of benefits to the employee at the time of the denial, delay, or termination of benefits.

If weekly compensation benefits are not fully paid when due, section 86.13 requires that additional benefits be awarded unless the employer shows reasonable cause or excuse for the delay or denial. Robbennolt v. Snap-on Tools Corp., 555 N.W.2d 229 (Iowa 1996).

Delay attributable to the time required to perform a reasonable investigation is not unreasonable. Kiesecker v. Webster City Meats, Inc., 528 N.W.2d 109 (Iowa 1995).

It also is not unreasonable to deny a claim when a good faith issue of law or fact makes the employer's liability fairly debatable. An issue of law is fairly debatable if viable arguments exist in favor of each party. Covia v. Robinson, 507 N.W.2d 411 (Iowa 1993). An issue of fact is fairly debatable if substantial evidence exists which would support a finding favorable to the employer. Gilbert v. USF Holland, Inc., 637 N.W.2d 194 (Iowa 2001).

An employer's bare assertion that a claim is fairly debatable is insufficient to avoid imposition of a penalty. The employer must assert facts upon which the commissioner could reasonably find that the claim was "fairly debatable." Meyers v. Holiday Express Corp., 557 N.W.2d 502 (Iowa 1996).

If the employer fails to show reasonable cause or excuse for the delay or denial, the commissioner shall impose a penalty in an amount up to 50 percent of the amount unreasonably delayed or denied. Christensen v. Snap-on Tools Corp., 554 N.W.2d 254 (Iowa 1996).

Under the current statutory framework, the burden is on the claimant to demonstrate when a payment is due and that the payment was not made on time. Once the claimant has proven the delay or denial, the burden shifts to the defendants to provide a reasonable excuse.

The defendants denied this claim on or about October 8, 2015, based upon the medical opinions of Dr. Jameson. (Def. Ex. G) As of October 8, 2015, the defendants did have a reasonable basis to deny the claim. Prior to that, the claim was accepted. The defendants paid claimant at the rate of $633.19 per week from the date of his injury through the date the claim was denied. (Def. Ex. D) The defendants' own rate calculation, however, demonstrates that the correct rate is $915.62 per week, a $282.43 per week shortfall. In September 2015, claimant's counsel demanded payment for the underpayment. At hearing, defendants never presented a basis for their calculation of the rate actually paid. Under these circumstances, I find a penalty is mandatory. Considering all of the factors, I find a penalty of $7,500.00 is appropriate to defer defendants from engaging in such conduct in the future. Claimant's remaining penalty theories are rejected.

ORDER

THEREFORE IT IS ORDERED:

Defendants shall pay the claimant temporary total disability benefits from the date of injury through the date of hearing and continuing into the future until such time as the statutory requirements of Iowa Code section 85.33(1) have been met, at the rate of nine hundred and fifteen dollars and 62/100 ($915.62).

Defendants shall pay accrued weekly benefits in a lump sum.

Defendants shall pay interest on unpaid weekly benefits awarded herein as set forth in Iowa Code section 85.30.

Defendants shall be given credit for weeks previously paid.

Defendants shall pay a penalty for the underpayment in the amount of seven thousand five hundred dollars ($7,500.00).

Defendants shall file subsequent reports of injury as required by this agency pursuant to rule 876 IAC 3.1(2).

Costs are taxed to defendants.

Signed and filed this 3rd day of January, 2017.

JOSEPH L. WALSH
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

Copies to:

Nate Willems
Attorney at Law
PO Box 637
Cedar Rapids, IA 52406-0637
Nate@rushnicholson.com

Jean Z. Dickson
Attorney at Law
1900 East 54th St.
Davenport, IA 52807
jzd@bettylawfirm.com

JLW/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.