BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

DENNIS MAY, Claimant, vs. MENARDS, INC., Employer, and PRAETORIAN INSURANCE CO. Insurance Carrier, Defendants.	FILED JUN 2 2015 WORKERS' COMPENSATION File No. 5041559 ARBITRATION DECISION Head Note Nos: 1402.30; 1402.40; 1802; 2501; 2502; 2907; 3001

STATEMENT OF THE CASE

Dennis May, claimant, filed a petition in arbitration seeking workers' compensation benefits from Menards, Inc. (hereinafter referred to as "Menards"), as his employer, and Praetorian Insurance Company, as the insurance carrier. This case proceeded to an arbitration hearing on March 12, 2015, in Des Moines, Iowa.

Claimant testified on his own behalf and defendants called Troy Franke to testify. Claimant offered exhibits 1 through 15. Defendants offered exhibits A through Q. All exhibits were received into the evidentiary record without objection.

The parties also submitted a hearing report, which contains stipulations. The parties' stipulations are accepted and relied upon in entering this decision. No findings or conclusions will be entered with respect to the parties' stipulations and the parties are bound by those agreements. The evidentiary record closed and this case was considered fully submitted upon the service of the parties' post-hearing briefs on April 3, 2015.

ISSUES

The parties submitted the following disputed issues for resolution:

1. Whether claimant sustained an injury on January 20, 2012, that arose out of and in the course of his employment with Mendards.

2. Whether claimant is barred from recovery of any workers' compensation benefits pursuant to Iowa Code section 85.23 for failure to give the employer timely notice of his alleged work injury.

3. Whether the alleged work injury is the cause of either temporary total disability or healing period and, if so, the extent of claimant's entitlement to such benefits, including a claim for a running healing period by claimant.

4. Whether claimant's claim for permanent partial disability benefits is ripe for adjudication and, if so, whether the alleged injury caused permanent disability.

5. The extent of claimant's entitlement to permanent disability benefits, if any.

6. Claimant's gross earnings for purposes of calculating his weekly compensation rate.

7. Whether claimant is entitled to an award of past medical expenses summarized and included in exhibit 14.

8. Whether claimant is entitled to reimbursement of an independent medical evaluation expense pursuant to Iowa Code section 85.39.

9. Whether costs should be assessed against defendants.

In their post-hearing brief, defendants concede "that the evidence submitted at hearing establishes that they received notice of the claimant's alleged injury, through the disability insurer, within 90 days of the alleged injury date." (Defendants' Post-Hearing Brief, page 9) Defendants' concession is accepted and supported by the evidence in this record. Therefore, the notice defense pursuant to Iowa Code section 85.23 is considered withdrawn and will not be analyzed as a disputed issue in this decision.

FINDINGS OF FACT

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

Dennis May alleges that he sustained bilateral shoulder injuries while attempting to lift a large twenty foot by twenty foot overhead door on January 20, 2012. Mr. May testified that he was a forklift driver for the employer on this date and was lifting the door on its rollers by hand to be able to move his forklift outside when the overhead door suddenly caught and stopped while his arms were about eye level. Mr. May experienced immediate pain after this incident but did not immediately report his injury, thinking the symptoms would improve. Unfortunately, his symptoms did not improve and he required medical care.

There is dispute in the testimony between Mr. May and his supervisor, Troy Franke, regarding when or whether Mr. May gave notice of his injury to Menards. However, it is obvious that Menards received timely notice of the injury when the short-term disability carried denied Mr. May's claim because his injury was caused by a work injury. The employer thereafter denied liability for the alleged bilateral shoulder injuries and Mr. May sought medical care through his family physician, Lee Fagre, M.D.

Menards denies liability for both alleged shoulder injuries. Menards points out that claimant sustained a right shoulder injury only months before this alleged work injury while moving a couch at home. Indeed, medical records from Dr. Fagre document that claimant reported excruciating and severe right shoulder pain after moving the couch at home. He required physical therapy, a flector patch, Relafen, and used oxycodone after the right shoulder injury at home.

Mr. May testified that he recovered from the right shoulder injury he sustained at home moving a couch. His medical records tend to support his testimony that he experienced a recovery and did not require ongoing right shoulder treatment at the time of the alleged January 20, 2012, work injury. Nevertheless, claimant was diagnosed prior to January 20, 2012, with osteoarthritis and rotator cuff syndrome in his right shoulder.

Defendants similarly dispute claimant's assertion of a left shoulder injury. Although there is no evidence that claimant sustained a pre-existing left shoulder injury, defendants contend that claimant sustained injuries to both shoulders as a result of the aging and degenerative processes, rather than any activities or injuries sustained on January 20, 2012.

The parties produce competing medical opinions regarding the cause of claimant's bilateral shoulder injuries. Claimant offers the medical opinions of his independent medical evaluator, Sunil Bansal, M.D. Dr. Bansal opines:

> The shoulder is a ball and socket joint. However, the socket is very shallow, making it quite susceptible to injury. The shoulder itself has a relatively immobile scapula and clavicle and a mobile humeral head interface at the shoulder joint. Consequently, the humeral head may move suddenly in relation to the rest of the shoulder joint, especially from violently jamming the shoulders, causing an acute injury to the glenoid, labrum, capsule, or rotator cuff and attached muscles.
>
> Of note, he was not experiencing the right or left shoulder discomfort in the weeks or months prior to his January 20, 2012 injury. Therefore, both mechanistically and temporally, his right and left shoulder pathology is related to his January 20, 2012 injury.

(Ex. 1, p. 14)

One significant critique and concern that I have with Dr. Bansal's opinions is his statement that claimant did not have right shoulder discomfort in the weeks or months prior to this January 20, 2012, injury. Quite clearly, as noted above, claimant did have right shoulder symptoms within the months immediately preceding this injury date. In fact, Dr. Bansal's report notes:

> Mr. May had a previous incident with his right shoulder a few months prior to his work-related incident. He was at home doing some housekeeping, and used his right arm to slide his sofa over in order to vacuum under and behind it. As he pushed with his right arm, he had some pain in his shoulder.

(Ex. 1, p. 10)

Curiously, however, when discussing causal connection, Dr. Bansal does not exclude the sofa incident as the cause or even acknowledge that it occurred. Dr. Bansal's opinions would be more convincing if he provided an explanation of why the alleged work injury is the cause or a material aggravation in light of the pre-existing right shoulder symptoms.

By contrast, defendants offer the opinions of Scott B. Neff, D.O., an orthopaedic surgeon, who performed an independent medical evaluation of claimant on February 9, 2014. Dr. Neff opines:

> After careful review of the records and noting different dates of symptoms reported at different places in the records, it is my opinion that

> this claimant did not sustain an injury to his shoulders as he alleges. He may have had a coincidental increase in symptoms, but the MRI scan done fairly shortly after the alleged injury showed chronic changes, narrowing of the subacromial space, and significant degenerative pathology with full-thickness degenerative tear on the right and partial thickness degenerative tear on the left.

(Ex. A, p. 4) (emphasis in original).

Dr. Neff continued his analysis:

> In my opinion, the January 20, 2012, work incident was not a substantial factor in causing the need for the claimant to undergo a right shoulder surgery as performed by Dr. Naylor. The records show that this individual had significant pain in his shoulder for 6 months, 5 months prior to the alleged injury date. He also had symptoms the previous year. Consequently, based on review of the records, in my opinion, the alleged January 20, 2012 work incident was not a substantial factor in causing the need for right shoulder surgery. Similarly, the same incident was not a substantial factor in causing the need for the claimant to undergo left shoulder surgery.

(Ex. A, p. 5)

Dr. Neff's analysis and opinion are somewhat troubling as well. I found claimant's testimony about the onset of his symptoms after the garage door incident on January 20, 2012, to be credible. I also found Mr. May's testimony about not having right shoulder symptoms prior to the January 20, 2012, incident at work to be credible. Dr. Neff's analysis seems to rely upon an erroneous medical record that indicates claimant had continuous pain in his right shoulder for a period of five months before the alleged injury date. I find that this is a significant flaw in Dr. Neff's understanding of the events and alleged injury. This misunderstanding, or erroneous assumption, of the facts damages Dr. Neff's credibility in this case.

Defendants also obtained an independent medical evaluation performed by Robert Broghammer, M.D., an occupational medicine specialist, on February 2, 2015. Dr. Broghammer opines that claimant's right shoulder condition and need for surgery are causally related to the January 20, 2012, work incident. (Ex. B, pp. 11-12) However, Dr. Broghammer opines that claimant's left shoulder condition is not causally related to the January 20, 2012, work incident.

Dr. Broghammer's opinions are damaging to the credibility of the opinions offered by Dr. Neff with respect to the right shoulder. However, Dr. Broghammer's opinions bolster Dr. Neff's opinions with respect to the left shoulder and contradict the opinions of Dr. Bansal with respect to the left shoulder. Dr. Broghammer's medical opinions do not

address, or explain why, claimant had no left shoulder pain prior to the alleged date of injury, but reported bilateral shoulder pain to his physician at his first medical appointment after the work incident. Dr. Broghammer's opinions do not explain why it is possible to injure a right shoulder while raising a large garage door, but why it is unlikely that claimant injured his left shoulder performing the same maneuver.

Claimant worked heavy, manual labor jobs prior to starting employment with Menards. He certainly had significant wear and tear on his shoulders before January 20, 2012. However, there is no convincing evidence in the record that claimant had ongoing right shoulder pain after treatment following the couch moving incident. There is no evidence in the record that Mr. May had pre-existing left shoulder pathology.

I have some concern and question about the causal connection between claimant's need for left shoulder surgery given that the initial MRI of his left shoulder disclosed only a partial thickness tear of the rotator cuff while a subsequent MRI and surgery identified a full-thickness tear of the left rotator cuff. Nevertheless, the medical records immediately after the work injury date document complaints of pain and symptoms in both shoulders and arms. As noted, no such symptoms are proven to have existed prior to January 20, 2012. Lifting a large garage door with a sudden stop is a realistic mechanism of injury, consistent with claimant's testimony and consistent with the contemporaneous medical records.

When considering the medical evidence immediately preceding and immediately after the January 20, 2012, incident, in conjunction with the competing causation opinions offered in this case, I find the opinions and analysis offered by Dr. Bansal on the issue of causation convincing in this situation. Therefore, I find that claimant has proven he sustained an injury to both his right shoulder and his left shoulder as a result of his work activities for Menards on January 20, 2012. I find that the January 20, 2012, work injury has caused the need for medical treatment of both shoulders and the corresponding medical bills detailed in claimant's exhibit 14. I find the medical expenses contained in exhibit 14 to be medically necessary, reasonable, and causally related to the January 20, 2012, work injury.

I find that Mr. May reached maximum medical improvement as a result of his right shoulder injury on September 11, 2012. (Ex. 10, p. 15) However, I find that Mr. May has not yet achieved maximum medical improvement for his left shoulder. Mr. May just recently underwent a reverse total left shoulder arthroplasty and further improvement of his medical condition is anticipated. (Ex. 6; Ex. 11, p. 108) Mr. May is not currently employed and is not capable of performing substantially similar employment duties as those he performed immediately preceding his January 20, 2012, work injuries. He has not been employed or capable of performing substantially similar employment duties since the first day he claims entitlement to healing period benefits on March 2, 2012.

The parties cannot agree on the proper gross earnings to be utilized in calculating claimant's weekly compensation rate. Claimant contends that the proper gross earnings should be $471.00 per week and the applicable weekly workers' compensation rate should be $303.41. Defendants contend that the proper gross earnings should be $462.51 and that the applicable weekly workers' compensation rate should be $300.78.

Claimant provides his weekly rate calculations at Exhibit 15. Defendants provide their rate calculations at Ex. L. Review of the competing calculations reveals that the dispute between the parties is the inclusion or exclusion of three weeks, all of which include holiday hours. Claimant advocates for exclusion of the three holiday weeks (1/7/12; 12/31/11; 11/26/11). Defendants advocate for including all three of the holiday pay weeks.

One of the holiday pay weeks (11/26/11) includes 32.07 hours of pay status. The second holiday week (12/31/11) includes 40.87 hours of pay status and is within the realm of claimant's typical workweek and wages. However, the third holiday pay week (1/7/12) includes 44.3 hours in pay status and is more than the typical workweek. Review of the remainder of the weeks that the parties concur should be included discloses that claimant's work week typically included between 38 and 41 hours of work. Given that two of the three holiday pay weeks are outside of this typical, or representative, range for claimant's working hours, I find that the holiday weeks included in defendants' calculations are not representative of claimant's typical work week or wages. Instead, I find that the weekly work weeks set forth in claimant's exhibit 15, page 1, are most representative of claimant's typical work week and gross earnings immediately preceding the January 20, 2012, work injury.

Having found claimant's contentions regarding the proper weeks to be accurate, I do not find claimant's average gross earnings calculations on exhibit 15, page 1, to be accurate. I find that claimant worked a total of 530.99 hours during the 13 weeks I found to be representative. His straight time hourly rate of pay was $11.45. (Ex. L) I find that claimant's gross average weekly wages were $467.68 (530.99 hours x $11.45 per hour = $6,079.84 ÷ 13 weeks = $467.68). The parties stipulate that claimant was single and entitled to one exemption on the date of injury. (Hearing Report)

Mr. May seeks an award of his independent medical evaluation fees for Dr. Bansal's evaluation. Dr. Bansal charged $2,975.00 for his services. (Ex. 1, p. 18) His IME occurred on January 9, 2015. (Ex. 1, p. 1) I find Dr. Bansal's evaluation fee to be within the realm of reasonableness and consistent with other independent medical evaluation fees seen in cases coming before this agency.

Defendants obtained an independent medical evaluation by Dr. Neff, which occurred on February 9, 2014. Dr. Neff offered opinions pertaining to claimant's permanent impairment in additional to his causation opinions. Therefore, I find that

defendants obtained an evaluation of permanent disability by a physician of their choosing before claimant sought an evaluation with Dr. Bansal.

CONCLUSIONS OF LAW AND REASONING

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).

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).

In this case, I found claimant's testimony about his mechanism of injury and development of symptoms after lifting the overhead garage door to be credible. I found the opinions of Dr. Bansal to be the most convincing causal connection medical opinions in this record. Having found that claimant proved he sustained bilateral shoulder injuries as a result of his lifting activities on January 20, 2012, I conclude that claimant proved he sustained bilateral shoulder injuries that arose out of and in the course of his employment with Menards.

Having considered the competing medical opinions, I also found that claimant proved his bilateral shoulder injuries caused at least temporary disability and given the surgeries on his shoulders, has likely established that permanent disability will later be found.

Healing period compensation describes temporary workers' compensation weekly benefits that precede an allowance of permanent partial disability benefits. Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999). Section 85.34(1) provides that healing period benefits are payable to an injured worker who has suffered permanent partial disability until the first to occur of three events. These are: (1) the worker has returned to work; (2) the worker medically is capable of returning to substantially similar employment; or (3) the worker has achieved maximum medical recovery. Maximum medical recovery is achieved when healing is complete and the extent of permanent disability can be determined. Armstrong Tire & Rubber Co. v. Kubli, Iowa App., 312 N.W.2d 60 (Iowa 1981). Neither maintenance medical care nor an employee's continuing to have pain or other symptoms necessarily prolongs the healing period.

I considered the relevant statutory provisions of Iowa Code section 85.34(1) and found that claimant has not returned to work since he first claims healing period benefits on March 2, 2012. I found that claimant is not capable of performing substantially similar employment duties as those performed immediately prior to his work injury and has not been capable of performing substantially similar work since March 2, 2012.

Although I found that claimant has achieved maximum medical improvement for his right shoulder, I also found that Mr. May has not yet reached maximum medical improvement for his left shoulder. As such, I conclude that Mr. May's claim for permanent partial disability benefits is not yet ripe for determination. Bell Bros. Heating v. Gwinn, 779 N.W.2d 193 (Iowa 2010). None of the elements outlined in Iowa Code section 85.34(1) have been met as of the arbitration hearing date. Therefore, I conclude that Mr. May has proven ongoing entitlement to healing period benefits from

March 2, 2012, through the present and continuing into the future until the first of the three prongs set forth in Iowa Code section 85.34(1) are met.

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 the employee was 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.

If the employee is paid on a daily or hourly basis or by output, weekly earnings are computed by dividing by 13 the earnings over the 13-week period immediately preceding the injury. Any week that does not fairly reflect the employee's customary earnings is excluded, however. Section 85.36(6).

I found that the weeks that included holiday pay were not representative of claimant's typical earnings prior to the date of injury. Having excluded the three weeks of earnings that included holiday pay and having included 13 weeks of representative weeks, I found that claimant's average gross weekly earnings were $467.68. Relying upon the parties' stipulation that claimant was single and entitled to only one exemption, I utilize the Iowa Workers' Compensation Manual with effective dates from July 1, 2011, through June 30, 2012, and conclude that claimant's applicable weekly workers' compensation rate is $303.74.

The employer shall furnish reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance, and hospital services and supplies for all conditions compensable under the workers' compensation law. The employer shall also allow reasonable and necessary transportation expenses incurred for those services. The employer has the right to choose the provider of care, except where the employer has denied liability for the injury. Section 85.27. Holbert v. Townsend Engineering Co., Thirty-second Biennial Report of the Industrial Commissioner 78 (Review-Reopening October 1975).

Having found that claimant proved the medical bills contained in exhibit 14 were medically necessary, reasonable and causally related to the January 20, 2012, bilateral shoulder injuries, I conclude that claimant has proven entitlement to reimbursement or direct payment of the medical expenses contained in exhibit 14. Krohn v. State, 420 N.W.2d 463 (Iowa 1988).

Section 85.39 permits an employee to be reimbursed for subsequent examination by a physician of the employee's choice where an employer-retained physician has previously evaluated "permanent disability" and the employee believes that the initial evaluation is too low. The section also permits reimbursement for

reasonably necessary transportation expenses incurred and for any wage loss occasioned by the employee attending the subsequent examination.

Defendants are responsible only for reasonable fees associated with claimant's independent medical examination. Claimant has the burden of proving the reasonableness of the expenses incurred for the examination. See Schintgen v. Economy Fire & Casualty Co., File No. 855298 (App. April 26, 1991). Claimant need not ultimately prove the injury arose out of and in the course of employment to qualify for reimbursement under section 85.39. See Dodd v. Fleetguard, Inc., 759 N.W.2d 133, 140 (Iowa App. 2008).

In this instance, defendants obtained an evaluation by Dr. Neff in February 2014. Dr. Neff provided a causation opinion and also evaluated claimant's permanent impairment. Dr. Neff's evaluation occurred prior to claimant's evaluation by Dr. Bansal. I found Dr. Bansal's evaluation fee to be reasonable. Therefore, I conclude that claimant has established entitlement to reimbursement of Dr. Bansal's evaluation fee pursuant to Iowa Code section 85.39.

Finally, Mr. May seeks assessment of his costs associated with this case pursuant to 876 IAC 4.33(7). Assessment of costs is a discretionary function of the agency. Iowa Code section 86.40. Claimant has prevailed on the majority of the disputed issues and I find that it is appropriate to assess costs against defendants.

Claimant seeks assessment of his filing fee. Agency rule 876 IAC 4.33(7) permits assessment of the filing fee. Defendants shall reimburse the $100.00 filing fee.

Mr. May also seeks assessment of his independent medical evaluation fee with Dr. Bansal. Dr. Bansal's fee has already been ordered to be reimbursed pursuant to Iowa Code section 85.39. It would be redundant and unnecessary to assess Dr. Bansal's fee as a costs. I find it inappropriate to assess Dr. Bansal's fee as a cost.

ORDER

THEREFORE, IT IS ORDERED:

Defendants shall pay claimant healing period benefits from March 2, 2012, to the present and continuing into the future until the first factor set forth in Iowa Code section 85.34(1) is met.

All weekly benefits shall be paid at the rate of $303.74.

Defendants shall pay any accrued weekly benefits in lump sum with applicable interest pursuant to Iowa Code section 85.30.

Defendants shall be entitled to credit for any weekly benefits paid to date.

Defendants shall reimburse claimant for any out of pocket payments made for medical expenses documented in exhibit 14 and shall otherwise satisfy and hold claimant harmless for the remainder of the medical expenses contained in exhibit 14.

Defendants shall reimburse claimant for Dr. Bansal's independent medical evaluation fee totaling $2,975.00 pursuant to Iowa Code section 85.39.

Defendants shall reimburse claimant's filing fee totaling $100.00 as a cost of this action.

Signed and filed this 2nd day of June, 2015.

WILLIAM H. GRELL
DEPUTY WORKERS' COMPENSATION
COMMISSIONER

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Right to Appeal: This decision shall become final unless you or another interested party appeals within 20 days from the date above, pursuant to rule 876-4.27 (17A, 86) of the Iowa Administrative Code. The notice of appeal must be in writing and received by the commissioner's office within 20 days from the date of the decision. The appeal period will be extended to the next business day if the last day to appeal falls on a weekend or a legal holiday. The notice of appeal must be filed at the following address: Workers' Compensation Commissioner, Iowa Division of Workers' Compensation, 1000 E. Grand Avenue, Des Moines, Iowa 50319-0209.