

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

ADELBYS TAMAYO LOPEZ,

Claimant,

vs.

LINEAGE LOGISTICS HOLDINGS,
LLC.,

Employer,

and

ACE AMERICAN INSURANCE CO.,

Insurance Carrier,
Defendants.

File No. 19700484.01

ARBITRATION DECISION

Head Note Nos: 1402.40; 1800;
1801; 1801.1; 1803; 2200, 2500.**STATEMENT OF THE CASE**

The claimant, Adelbys Tamayo Lopez, filed a petition for arbitration seeking workers' compensation benefits from Lineage Logistics Holdings, LLC ("Lineage") and ACE American Insurance Company. Steven Howard appeared on behalf of the claimant. Matthew Grotnes appeared on behalf of the defendants.

The matter came on for hearing on February 19, 2021, before Deputy Workers' Compensation Commissioner Andrew M. Phillips. An order issued on March 13, 2020, and updated June 1, 2020, August 14, 2020, and October 12, 2020, by the Iowa Workers' Compensation Commissioner, In the Matter of Coronavirus/COVID-19 Impact on Hearings (Available online at: <https://www.iowaworkcomp.gov/order-coronavirus-covid-19> (last viewed April 7, 2021)) amended the hearing assignment order in each case before the Commissioner scheduled for an in-person regular proceeding hearing between March 18, 2020, and March 19, 2021. The amendment makes it so that such hearings will be held by Internet-based video, using CourtCall. The parties appeared electronically, and the hearing proceeded without significant difficulties. Originally, briefing by the parties was due on March 19, 2021; however, the parties submitted a motion to extend the brief filing deadline to April 2, 2021. The motion was granted. The matter was fully submitted on April 2, 2021, after briefing by the parties.

On March 18, 2021, the claimant filed a motion to reopen the record. The undersigned denied the motion.

The record in this case consists of Joint Exhibits 1-7, Claimant's Exhibits 1-2, and Defendants' Exhibits A-B. All of the proposed exhibits were received into evidence.

Testimony under oath was also taken from the claimant, Adelbys Tamayo Lopez via interpreter Astrid Gale, and Steve Clausen. Gina Castro was appointed the official reporter and custodian of the notes of the proceeding.

STIPULATIONS

Through the hearing report, as reviewed at the commencement of the hearing, the parties stipulated and/or established the following:

1. There was an employer-employee relationship at the time of the alleged injury.
2. The claimant sustained an injury arising out of, and in the course of, employment, on May 17, 2018.
3. That the disability is an industrial disability.
4. That the claimant's gross earnings were five hundred forty-four and 67/100 dollars (\$544.67), he was single, and entitled to one exemption, resulting in a weekly compensation rate of three hundred fifty-four and 08/100 dollars (\$354.08) per week.
5. With regard to disputed medical expenses:
 - a. That although the expenses are disputed, the medical providers would testify as to the reasonableness of their fees and/or treatment as set forth in the listed expenses and the defendants are not offering contrary evidence.
 - b. That although a causal connection of the expenses to a work injury cannot be stipulated, the listed expenses are at least causally connected to the medical condition(s) upon which the claim of injury is based.
6. That prior to the hearing, the claimant was paid 0 weeks of compensation.
7. That the costs listed in Claimant's Exhibit 9 have been paid.

The defendants waived their affirmative defenses.

The parties are now bound by their stipulations.

ISSUES

The parties submitted the following issues for determination:

1. Whether the alleged injury is a cause of temporary disability during a period of recovery.
2. Whether the alleged injury is a cause of permanent disability.

3. Whether the claimant is entitled to temporary partial disability benefits from December 1, 2018, to November 30, 2019.
4. Whether the claimant is entitled to temporary total disability benefits from August 1, 2019, through the present and continuing until such time as the temporary total disability ceases.
5. Whether the claimant was off work during the periods in question.
6. The extent of permanent disability, if any is awarded.
7. Whether the claimant is entitled to reimbursement for medical expenses as noted in Claimant's Exhibit 1.
8. With regard to the disputed medical expenses:
 - a. Whether the fees or prices charged by providers are fair and reasonable.
 - b. Whether the treatment was reasonable and necessary.
 - c. Whether the listed expenses were causally connected to the work injury.
 - d. Whether the requested expenses were authorized by defendants.
9. Whether the claimant is entitled to a specific taxation of costs.

FINDINGS OF FACT

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

Adelbys Tamayo Lopez, the claimant, was 44 years old at the time of the hearing. (Testimony). He immigrated to the United States from Cuba in 2006. (Testimony). While in Cuba, he completed his education through 12th grade, and passed an administration course. (Testimony). He managed raw materials for a brewery in Cuba. (Testimony). He supervised an average of 10 to 15 people in that position. (Testimony).

Upon coming to the United States, Mr. Lopez attempted to learn English, but he has experienced some difficulty in doing so. (Testimony). He has not pursued any other education in the United States since emigrating from Cuba. (Testimony).

Upon arrival in the United States, Mr. Lopez began to work in Minnesota for a company known as JBS. (Testimony). While working for JBS, a coworker cut his left thumb in an altercation. (Testimony). In 2016, Mr. Lopez began working at Lineage Logistics. (Testimony). Upon application, he submitted a reasonable accommodation request form. (Defendants' Exhibit A:3-5). A form was filled out indicating that he had medical restrictions of no use of more than 20 pounds of force. (DE A:4). He signed the form, but testified that he did not write the form, as he does not write in English. (DE

A:5; Testimony). He operated a forklift for Lineage. (Testimony). As a forklift driver, he put away palletized units, inventoried materials, and loaded or unloaded materials. (DE A:1).

He also worked part time for PSSl. (Testimony). At PSSl, Mr. Lopez cleaned ovens and production lines. (Testimony). He worked four hours per day but was paid for eight. (Testimony). He also worked every other Saturday. (Testimony). His schedule depended on the production of the company. (Testimony).

Mr. Lopez had some neck pain that predated this incident. From May 8, 2017, to May 9, 2017, Sara McIntosh, A.R.N.P., excused Mr. Lopez from work due to neck pain. (Joint Exhibit 2:3).

Mr. Lopez was again excused from work from August 11, 2017, to August 14, 2017, due to anxiety. (JE 2:4).

On May 17, 2018, Mr. Lopez was working in a cooler or freezer. (Testimony). He was operating a forklift. (Testimony). A mechanism on the forklift froze. (Testimony). Some boxes on the forklift began to shift. (Testimony). Mr. Lopez attempted to reverse the forklift to rebalance the boxes. (Testimony). Because the mechanism of the forklift was frozen, he could not reverse the forklift. (Testimony). Boxes between 13 and 17 pounds fell on Mr. Lopez. (Testimony). Two boxes struck his cervical spine and left shoulder. (Testimony). They also struck his back. (Testimony). He immediately felt pain to his neck, left shoulder, and lumbar spine. (Testimony). He reported the incident to his supervisor. (Testimony).

Mr. Lopez reported to Julie Graeve, A.R.N.P., at CCMH Medical Clinic on May 18, 2018. (JE 4:43-45). Mr. Lopez indicated that he had left shoulder pain. (JE 4:43). He reported that one box fell on his left shoulder. (JE 4:43). This differs from his testimony describing the incident. Some of the pain radiated into his thigh and buttock. (JE 4:43). Mr. Lopez complained of neck pain and stiffness, especially first thing in the morning. (JE 4:44). He also had muscle aches. (JE 4:44). Most of the pain centered on the left shoulder. (JE 4:44). His cervical spine showed normal range of motion. (JE 4:44). Ms. Graeve diagnosed Mr. Lopez with acute pain of the left shoulder, cervical paraspinal muscle spasm, work-related injury, and pain of the cervical spine. (JE 4:45). Ms. Graeve recommended that Mr. Lopez undergo supportive conservative care. (JE 4:45). Ms. Graeve also recommended that Mr. Lopez take frequent breaks from activities. (JE 4:45). If his symptoms did not improve over the next two weeks, he was told to return. (JE 4:45). Ms. Graeve prescribed Mr. Lopez cyclobenzaprine and ibuprofen. (JE 4:45).

On May 30, 2018, Mr. Lopez had x-rays of his cervical spine at Crawford County Memorial Hospital. (JE 4:46). Michelle Peterson-Jones, M.D. reviewed the x-rays. (JE 4:46). The x-rays showed cervical straightening that was positional, and otherwise no significant changes from the August 3, 2016 x-ray. (JE 4:46). After the x-rays, Ms. Graeve examined Mr. Lopez. (JE 4:47-49). He continued to have pain through his cervical spine. (JE 4:47). He complained that his arms were very stiff in the morning.

(JE4:47). He also continued to have left shoulder pain. (JE 4:47). He showed pain with forward flexion as well as lateral bending to his cervical spine. (JE 4:48). Ms. Graeve diagnosed Mr. Lopez with pain of the cervical spine, cervical paraspinous muscle spasm, work-related injury, and acute pain of the left shoulder. (JE 4:48-49). Ms. Graeve told Mr. Lopez to continue with conservative care and to take cyclobenzaprine. (JE 4:49). Mr. Lopez also reported low back pain and cramping in his legs. (JE 4:49).

June M. Myler, A.R.N.P., examined Mr. Lopez on June 5, 2018, at Ida Grove Denison Family Health Center. (Claimant's Exhibit 2:26-28). Mr. Lopez complained of left hand pain after a work accident. (CE 2:26). He requested a work note. (CE 2:26). Mr. Lopez denied muscle aches. (CE 2:27). He had a supple neck with full range of motion. (CE 2:27). His hand was so painful that he was unable to work. (CE 2:27). He made no mention of the work incident. (CE 2:27). Ms. Myler provided a note indicating that Mr. Lopez was to remain off work through June 14, 2018, due to left hand pain. (CE 2:90).

Mr. Lopez attended a session of physical therapy on July 11, 2018, at Crawford County Memorial Hospital. (JE 5:59-61). Mr. Lopez claimed that boxes fell on his neck, and that pain started in that area, and then moved to his shoulders. (JE 5:59). Mr. Lopez indicated that he had increased pain from various activities. (JE 5:59). His pain in his neck and hands was constant. (JE 5:60). The therapist set certain goals for Mr. Lopez. (JE 5:60-61).

On July 16, 2018, Sara McIntosh, A.R.N.P., examined Mr. Lopez again. (CE 2:29-30). He requested a work note as he had difficulty waking up after taking pain medications. (CE 2:29). He complained of neck pain due to a work injury. (CE 2:30). Ms. McIntosh diagnosed Mr. Lopez with bilateral neck pain. (CE 2:30). As a result of Mr. Lopez's request, Ms. McIntosh excused Mr. Lopez from work due to neck pain from July 14, 2018, through July 16, 2018. (JE 2:5).

On July 25, 2018, Todd Woollen, M.D., examined Mr. Lopez at CCMH Medical Clinic. (JE 4:50-51). Mr. Lopez complained of back and neck pain since the previous Monday. (JE 4:50). His pain went from C5 to about T8 and was midline and to the right of midline. (JE 4:50). Mr. Lopez also noted pain in his right heel and left foot after physical therapy. (JE 4:50). Dr. Woollen recommended that Mr. Lopez continue physical therapy and a 30-pound lifting restriction. (JE 4:50). Dr. Woollen noted, "[h]e has a very unusual, and nonfocal pain syndrome at this time." (JE 4:50). Dr. Woollen diagnosed Mr. Lopez with chronic pain syndrome and continued to opine that Mr. Lopez had no obvious uniting diagnosis for his pain. (JE 4:51). Dr. Woollen concluded that Mr. Lopez required no further imaging "given the unusual syndrome." (JE 4:51).

Ms. Graeve examined Mr. Lopez again on August 15, 2018, for complaints of right-sided neck and back pain along with left shoulder pain. (JE 4:54-57). Mr. Lopez felt that his neck contracted or stiffened. (JE 4:54). Mr. Lopez questioned Ms. Graeve as to whether she noted lower back pain during his initial visit. (JE 4:54). Ms. Graeve

noted that she did not record it as Mr. Lopez's main complaint, but that back pain was noted. (JE 4:54). Ms. Graeve diagnosed Mr. Lopez with pain in his right shoulder, acute pain of the left shoulder, cervical paraspinous muscle spasm, and chronic pain syndrome. (JE 4:56). Ms. Graeve agreed with Dr. Woollen that Mr. Lopez did not require additional imaging. (JE 4:56).

On September 9, 2018, Dr. Woollen responded to a note from a Corvel claims adjuster. (JE 4:58). He declined to provide an administrative discharge for Mr. Lopez due to noncompliance. (JE 4:58).

Robert VanDemark, M.D., examined Mr. Lopez on September 10, 2018, and issued a letter. (JE 6:62). Dr. VanDemark indicated that Mr. Lopez complained of bilateral arm pain and numbness with associated neck pain, back pain, and left shoulder pain. (JE 6:62). Dr. VanDemark evaluated Mr. Lopez's hands and noted no issues or concerns. (JE 6:62). Dr. VanDemark indicated concern about an injury to Mr. Lopez's spine, and recommended an MRI of the neck and a follow-up with The Spine Center for further evaluation and treatment. (JE 6:62).

On September 18, 2018, Cory Olson, PA-C, P.T., wrote a letter indicating that Mr. Lopez was under the care of Dr. Boetel for cervicalgia, chronic pain of both shoulders, bilateral arm pain, and chronic thoracic back pain. (JE 6:63). Mr. Olson allowed Mr. Lopez to return to work effective September 19, 2018, with the restriction of no lifting greater than 30 pounds. (JE 6:63).

From August of 2018 to October of 2018, Mr. Lopez was temporarily laid off. (Testimony). He returned to work in late October of 2018, and continued to work his forklift job; however, he could only be in the freezer for a short period of time. (Testimony). If he was in the freezer for longer than 20 minutes, he had increased pain. (Testimony).

On October 9, 2018, Mark Pilley, M.D., A.B.Q.A.U.R.P., A.A.F.P, A.A.D.E.P., examined Mr. Lopez at WorkFit. (JE 3:22-31). Dr. Pilley reviewed a number of medical records along with examining Mr. Lopez. (JE 3:22-31). Mr. Lopez complained of stiffness in his neck, shoulders, back, and legs. (JE 3:27). He described his pain as constant upon performing any activity. (JE 3:27). Cold temperatures, standing or sitting for more than 30 minutes, and movement of his neck caused him increased pain. (JE 3:27). He rated his pain 7 out of 10. (JE 3:27). Based upon an Oswestry Function test, Mr. Lopez showed "severe disability." (JE 3:28). Mr. Lopez told Dr. Pilley that he always had neck and left arm pain, but that his pain increased since the work incident. (JE 3:29). Mr. Lopez showed full range of motion with pain in his neck upon examination. (JE 3:29). Mr. Lopez had tenderness to palpation of the cervical spine and bilateral shoulders. (JE 3:29). Dr. Pilley diagnosed Mr. Lopez with cervicalgia with muscle spasm and radiation of pain to the bilateral shoulders. (JE 3:30). Dr. Pilley recommended that Mr. Lopez be evaluated by a spinal surgeon and undergo a cervical MRI to rule out spinal nerve involvement. (JE 3:30). Dr. Pilley opined that Mr. Lopez required no permanent restrictions beyond a 30 pound restriction. (JE 3:31). Dr. Pilley

opined that Mr. Lopez had yet to reach maximum medical improvement (“MMI”). (JE 3:31). Dr. Pilley felt that Mr. Lopez would achieve MMI after evaluation and treatment with a spinal surgeon. (JE 3:31). Included with Dr. Pilley’s evaluation was a questionnaire. (JE 3:32-41). Mr. Lopez testified during the hearing that he could not write in English, so it is unclear who filled this out. (JE 3:32-41; Testimony).

Mr. Lopez returned to Ida Grove Denison Family Health Center on October 17, 2018. (CE 2:31-33). Kelli Borkowski, A.R.N.P., examined Mr. Lopez. (CE 2:31-33). Mr. Lopez complained of mid back and neck pain. (CE 2:31). He requested a work note beginning on October 15, 2018. (CE 2:31). His pain improved after resting and taking time off work. (CE 2:32). He rated his pain 4 out of 10. (CE 2:32). Mr. Lopez denied trauma to his back. (CE 2:32). Ms. Borkowski diagnosed Mr. Lopez with muscle spasm and bilateral neck pain. (CE 2:32). Ms. Borkowski prescribed Mr. Lopez with Baclofen. (CE 2:32). Ms. Borkowski provided a note taking Mr. Lopez off work on October 15, 2018, due to his chronic neck and back pain. (CE 2:92).

On November 15, 2018, Joey Hoefling, A.R.N.P., examined Mr. Lopez at Ida Grove Denison Family Health Center. (CE 2:34-36). Mr. Lopez claimed to be unable to work in cold temperatures at work. (CE 2:34). Mr. Lopez wanted to visit with a provider about increasing pain. (CE 2:34). He complained of pain in both shoulders, which did not improve with physical therapy. (CE 2:35). Mr. Lopez displayed a full range of motion in his neck. (CE 2:35). Mr. Hoefling found tenderness to the posterior neck and across the subscapular region bilaterally. (CE 2:35). Mr. Hoefling diagnosed Mr. Lopez with muscle spasm, bilateral neck pain, pain in his right shoulder, pain in his left shoulder, and other chronic pain. (CE 2:36). Mr. Hoefling excused Mr. Lopez from work on November 8, 2018, and November 9, 2018, due to neck, shoulder, and back pain. (CE 2:93).

On December 10, 2018, Mr. Lopez returned to Ida Grove Denison Family Health Center. (JE 2:6-9). June M. Myler, A.R.N.P., examined Mr. Lopez. (JE 2:6). Mr. Lopez complained of neck, shoulder, upper and lower back pain. (JE 2:6). His pain was constant and was present for the last seven months. (JE 2:6). It was worsening. (JE 2:8). Mr. Lopez took Baclofen and Ibuprofen. (JE 2:6). Upon examination, Mr. Lopez displayed full range of motion in his neck. (JE 2:7). He had limited abduction of his neck. (JE 2:8). Mr. Lopez told Ms. Myler that he felt that he could no longer continue to work as the forklift caused additional pain and discomfort to his back. (JE 2:8). He reported good range of motion in his back but had daily stiffness. (JE 2:8). Ms. Myler diagnosed Mr. Lopez with cervicgia, spine pain, pain in his right shoulder, and pain in his left shoulder. (JE 2:8). Ms. Myler also excused Mr. Lopez from work on December 10, 2018, but allowed him to return to work immediately. (CE 2:94).

Mr. Lopez returned to Ida Grove Denison Family Health Center on January 3, 2019. (JE 2:10-14). Ms. Myler again examined Mr. Lopez. (JE 2:10). Mr. Lopez complained of bilateral arm, shoulder, neck, and chest pain. (JE 2:10). Simple tasks including pouring milk caused pain. (JE 2:10). He also complained of leg cramps. (JE 2:10-11). He asked for an MRI of the lower back. (JE 2:12). Ms. Myler opined that she

could not provide Mr. Lopez with any work restrictions based upon his current information. (JE 2:12). Ms. Myler diagnosed Mr. Lopez with muscular aches, chronic pain, dorsalgia, pain in his left shoulder, left forearm pain, and neck pain. (JE 2:12). Mr. Lopez was excused from work on January 2, 2019, but allowed to return to work on January 3, 2019. (JE 2:14; CE 2:95).

On January 29, 2019, Mr. Lopez continued treatment with Ms. Myler at Ida Grove Denison Family Health Center. (JE 2:15-20). Mr. Lopez complained of pain radiating to his neck, shoulder, arm, back, hip, and legs. (JE 2:15). He noted weakness in both legs, which resulted in two falls. (JE 2:17). Mr. Lopez continued to demand an MRI of his lower back. (JE 2:17). Ms. Myler referred Mr. Lopez to neurology for continued examination. (JE 2:17). Ms. Myler excused Mr. Lopez from work on January 25, 2019, and January 29, 2019. (JE 2:20; CE 2:96).

On February 1, 2019, Lineage terminated Mr. Lopez. (Testimony; DE A:6). Steve Clausen, general manager of Lineage, testified as to the reasons for Mr. Lopez's firing from Lineage. (Testimony). Mr. Lopez was fired for insubordination and attendance issues. (Testimony). Mr. Lopez's attendance violations resulted in an accumulation of 10 points. (DE A:6). There also was an incident on January 31, 2019, wherein Mr. Lopez had a "near miss" with another team member. (DE A:6). A warehouse lead approached Mr. Lopez after the incident to discuss corrective action. (DE A:6). Mr. Lopez told the lead to get out of his face and threatened him with a fight. (DE A:7). Mr. Lopez made an obscene gesture. (DE A:4, 7).

Ms. Myler examined Mr. Lopez again on March 7, 2019, to complete disability paperwork, and discuss back, neck, and shoulder pain. (CE 2:50-53). Mr. Lopez requested a refill on cyclobenzaprine. (CE 2:50). He noted difficulty with sleeping at night. (CE 2:50). Mr. Lopez also complained of decreased muscle tone in his left shoulder along with pain in his bilateral shoulder, neck, and back. (CE 2:50). He described his pain as stabbing and sharp. (CE 2:50). Ms. Myler noted Mr. Lopez's pain complaints escalated from his left hand, wrist, and thumb to his left shoulder, neck, and back. (CE 2:51). Mr. Lopez reported that he continued to work out. (CE 2:51). Ms. Myler diagnosed Mr. Lopez with chronic pain, cervical pain, acute midline thoracic back pain, and insomnia. (CE 2:51-52).

On March 26, 2019, Mr. Lopez reported to Horn Memorial Hospital for an MRI of his cervical spine. (JE 1:1-2). Eric Luebbert, D.O. interpreted the MRI. (JE 1:2). Dr. Luebbert noted that the MRI was unremarkable with no underlying etiology for Mr. Lopez's current complaints. (JE 1:1).

Dr. Pilley issued another letter on April 18, 2019, regarding review of additional medical records. (JE 3:42). Dr. Pilley reviewed the March 26, 2019 MRI and agreed that it was unremarkable. (JE 3:42). He further agreed that there were no signs of disc herniation, significant bulging of the annulus, spinal canal or neural foraminal stenosis, or evidence of cord or nerve compression. (JE 3:42). Dr. Pilley placed Mr. Lopez at MMI with no further evaluation or treatment by a spinal surgeon. (JE 3:42).

On May 7, 2019, Ms. Myler examined Mr. Lopez for continued back, left shoulder, and bilateral arm pain. (CE 2:54-57). Mr. Lopez indicated that his MRI of his neck was negative, but that he continued to have back, left shoulder, and bilateral arm pain. (CE 2:54). In the morning, his arms were numb and tingled. (CE 2:54). He continued to push for an MRI of his spine. (CE 2:56). Ms. Myler diagnosed Mr. Lopez with paresthesia of the skin, epigastric pain, dorsalgia, and other chronic pain. (CE 2:56).

Michael Luft, D.O., examined Mr. Lopez on May 22, 2019, for continued complaints of pain in Mr. Lopez's neck, shoulders, and back. (CE 2:58-60). Mr. Lopez again requested a work note and a depression/anxiety screening. (CE 2:58). Dr. Luft diagnosed Mr. Lopez with neck pain, thoracic spine pain, and GERD. (CE 2:59). Mr. Lopez was not getting better. (CE 2:59). Mr. Lopez continued to demand an MRI of the thoracic spine. (CE 2:59).

Dr. Luft examined Mr. Lopez again on June 18, 2019. (CE 2:61-63). Mr. Lopez continued to complain of lower back pain, bilateral shoulder pain, elbow pain, and neck pain. (CE 2:61). Mr. Lopez continued to request a thoracic spine MRI. (CE 2:61). Dr. Lutz diagnosed Mr. Lopez with bilateral neck pain, dorsalgia, muscle spasm, and other chronic pain. (CE 2:62). Dr. Luft ordered the MRI and provided a refill prescription for ibuprofen. (CE 2:62).

On July 3, 2019, Dr. Luft reexamined Mr. Lopez for ongoing complaints of neck and back pain. (CE 2:64). Mr. Lopez requested a work note for one week. (CE 2:64). Dr. Luft diagnosed Mr. Lopez with bilateral neck pain, low back pain, and other chronic pain. (CE 2:65). Dr. Luft told Mr. Lopez to continue with his current medications. (CE 2:65). Dr. Luft issued a note excusing Mr. Lopez from work from July 8, 2019, to July 15, 2019, due to back pain. (CE 2:97).

In July of 2019, PSSI laid off Mr. Lopez as they deemed him unfit for duty. (Testimony).

On July 29, 2019, Dr. Luft referred Mr. Lopez to Iowa Ortho in Des Moines for his thoracic back pain. (CE 2:67). Dr. Luft noted that neurosurgery felt that they could not help. (CE 2:67). Mr. Lopez became upset when a work note was not provided. (CE 2:68).

Dr. Luft examined Mr. Lopez again on September 4, 2019. (CE 2:70-72). Mr. Lopez was discharged from "UNMC," and noted that his jaundice was decreasing. (CE 2:70). He continued to have a small amount of right side pain. (CE 2:70). Mr. Lopez wished to discuss a return to work. (CE 2:70). Dr. Luft diagnosed Mr. Lopez with jaundice, gallbladder carcinoma, dorsalgia, and other chronic pain. (CE 2:72). Mr. Lopez had an upcoming appointment with oncology at the end of the week for non-operative cancer. (CE 2:72). Mr. Lopez was not working, and Dr. Luft noted, "will not be able to work." (CE 2:72).

On September 25, 2019, Mr. Lopez returned to Dr. Luft's office. (CE 2:73-75). He complained of upper back, shoulder, and neck pain radiating into his lower back. (CE 2:73). He also followed up for a liver mass and biliary obstruction. (CE 2:73-75). Dr. Luft diagnosed Mr. Lopez with thoracic spine pain, jaundice, and adenocarcinoma of the liver. (CE 2:75). Rather than pursue traditional treatment, Mr. Lopez elected to pursue homeopathic treatment from Cuba. (CE 2:75). Dr. Luft informed Mr. Lopez that, by not pursuing traditional treatment, his left expectancy was less than six months. (CE 2:75). Mr. Lopez understood. (CE 2:75).

On October 15, 2019, Dr. Luft examined Mr. Lopez again. (CE 2:77-79). Mr. Lopez presented with fever and general body aches. (CE 2:77). Mr. Lopez again declined treatment for cancer. (CE 2:79). Dr. Luft also issued a letter indicating that Mr. Lopez had liver cancer and chronic thoracic back pain which caused him to be unable to have the stamina and conditioning to do any work. (JE 2:21). Dr. Luft noted that this was a terminal condition. (JE 2:21). Dr. Luft issued a letter on this date, stating that Mr. Lopez had liver cancer and chronic thoracic back pain. (CE 2:98). Due to these issues, Mr. Lopez lacked stamina and conditioning to do any work. (CE 2:98).

Mr. Lopez followed up with Ms. Borkowski on November 27, 2019, for his thoracic pain and cancer. (CE 2:80-82). Mr. Lopez previously took ibuprofen, but felt it was not good to continue taking a lot of the medication due to his stomach issues. (CE 2:80). Mr. Lopez also requested a letter that the cold aggravated his pain, and that he should leave Iowa for a warmer climate. (CE 2:80). He claimed that he did not follow up with a neurologist due to it not being authorized by the workers' compensation insurer. (CE 2:81). Mr. Lopez planned to return to Cuba to visit a specialist. (CE 2:81).

PSSI sent a letter to Mr. Lopez on May 19, 2020. (DE B:9). PSSI indicated that Mr. Lopez was previously granted FMLA and ADA leave from July 25, 2019, until April 15, 2020. (DE B:9). PSSI noted that forms to extend leave were sent to Mr. Lopez in October of 2019. (DE B:9).

Dr. Luft filled out a fitness for duty questionnaire on June 2, 2020, for PSSI. (DE B:10-13). Dr. Luft indicated that Mr. Lopez had a medical condition that may impair his ability to fulfill his essential duties. (DE B:11). Dr. Luft noted that Mr. Lopez had gallbladder and liver cancer. (DE B:11). Dr. Luft further indicated that Mr. Lopez had chemotherapy from May 26, 2020, to June 1, 2020. (DE B:11). Mr. Lopez's treatment was ongoing, and his prognosis was poor. (DE B:11). His restrictions included "no work." (DE B:11). Dr. Luft concluded that Mr. Lopez had terminal cancer, and that this was a potentially life-threatening condition. (DE B:12-13).

On September 14, 2020, Mr. Lopez followed up with Ms. Nielsen, requesting sleep medication. (CE 2:84-86). He requested a work note for his wife, as he was concerned that she would transmit COVID-19 to him. (CE 2:84). Ms. Nielsen gave him a prescription for insomnia, and recommended a bland diet for his ongoing stomach issues. (CE 2:86).

Mr. Lopez had an MRI of his thoracic spine and lumbar spine on October 10, 2020, at Nebraska Medicine in Omaha, Nebraska. (JE 7:64-65). Douglas Niemann, M.D. interpreted the MRIs. (JE 7:64-65). Dr. Niemann's impression was of an MRI showing no significant spinal canal narrowing or neuroforaminal stenosis. (JE 7:64). Dr. Niemann also opined that Mr. Lopez had an L3 vertebral body lesion that could represent a hemangioma or metastatic lesion. (JE 7:64). There was also a tiny lesion in the T12 vertebral body with similar characteristics. (JE 7:64). The doctor compared the MRI findings to a CT scan from September of 2020. (JE 7:64). Compared to the previous CT scan, Dr. Niemann opined that the lesions were likely hemangioma rather than metastatic disease. (JE 7:64).

On December 15, 2020, Dr. Luft saw Mr. Lopez again. (CE 2:87-88). Mr. Lopez requested paperwork be filled out regarding his cancer. (CE 2:87). Mr. Lopez also had several questions for Dr. Luft regarding his thoracic and lumbar MRIs. (CE 2:88). Dr. Luft recommended that Mr. Lopez begin acetaminophen for his low back pain. (CE 2:88).

He testified that he could not continue working at PSSI after his injury in May of 2018. (Testimony).

Mr. Lopez testified that his neck pain was connected to the pain in his back. (Testimony). When he has lumbar pain, he feels "completely, like, paralyzed . . ." (Testimony). He noted that when pain begins, he has to stop and stretch the area of the body that hurts. (Testimony). He claimed to not have this problem before the work injury. (Testimony). His pain "comes and goes." (Testimony). His left shoulder also caused him pain. (Testimony).

Mr. Lopez claimed that he could no longer do anything physical due to the pain in his neck, lower back, or shoulder. (Testimony). Even minimal activity can cause his pain to flare. (Testimony). Mr. Lopez claims that he is no longer working due to his work injury at Lineage. (Testimony). However, Mr. Lopez has gallbladder and liver cancer. (Testimony). He blames his cancer on his work injury at Lineage. (Testimony). He had a round of chemotherapy. (Testimony). No doctor has related his cancer to his employment. (Testimony).

CONCLUSIONS OF LAW

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. 6.904(3).

Temporary Disability

To receive workers' compensation benefits, an injured employee must prove, by a preponderance of the evidence that the employee's injuries arose out of, and in the course of the employee's employment with the employer. 2800 Corp. v. Fernandez, 528 N.W.2d 124, 128 (Iowa 1995). The words "arising out of" refer to the cause or source of the injury. The words "in the course of" refer to the time, place, and circumstances of the injury. Id. An injury arises out of employment when a causal

relationship exists between the employment and the injury. Quaker Oats Co. v. Ciha, 552 N.W.2d 143, 151 (Iowa 1996). The injury must be a rational consequence of a hazard connected with the employment and not merely incidental to the employment. Koehler Elec. v. Wills, 608 N.W.2d 1, 3 (Iowa 2000). The Iowa Supreme Court has held that an injury occurs “in the course of employment” when:

[i]t is within the period of employment at a place where the employee reasonably may be in performing his duties, and while he is fulfilling those duties or engaged in doing something incidental thereto. An injury in the course of employment embraces all injuries received while employed in furthering the employer’s business and injuries received on the employer’s premises, provided that the employee’s presence must ordinarily be required at the place of the injury, or, if not so required, employee’s departure from the usual place of employment must not amount to an abandonment of employment or be an act wholly foreign to his usual work. An employee does not cease to be in the course of his employment merely because he is not actually engaged in doing some specifically prescribed task, if, in the course of his employment, he does some act which he deems necessary for the benefit or interest of his employer.

Farmers Elevator Co. v. Manning, 286 N.W.2d 174, 177 (Iowa 1979).

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 medical causation is “essentially within the domain of expert testimony.” Cedar Rapids Cmty. Sch. Dist. V. Pease, 807 N.W.2d 839, 844-45 (Iowa 2011). The commissioner, as the trier of fact, must “weigh the evidence and measure the credibility of witnesses.” Id. The trier of fact may accept or reject expert testimony, even if uncontroverted, in whole or in part. Frye, 569 N.W.2d at 156. When considering the weight of an expert opinion, the fact-finder may consider whether the examination occurred shortly after the claimant was injured, the compensation arrangement, the nature and extent of the examination, the expert’s education, experience, training, and practice, and “all other factors which bear upon the weight and value” of the opinion. Rockwell Graphic Sys., Inc. v. Prince, 366 N.W.2d 187, 192 (Iowa 1985). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994). Supportive lay testimony may be used to buttress expert testimony, and therefore is also relevant and material to the causation question.

As a general rule, “temporary total disability compensation benefits and healing-period compensation benefits refer to the same condition.” Clark v. Vicorp Rest., Inc., 696 N.W.2d 596 604 (Iowa 2005). The purpose of temporary total disability benefits and healing period benefits is to “partially reimburse the employee for the loss of earnings” during a period of recovery from the condition. Id. The appropriate type of benefits depends on whether or not the employee has a permanent disability. Dunlap v. Action Warehouse, 824 N.W.2d 545, 556 (Iowa Ct. App. 2012).

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.

Iowa Code 85.33(1) provides

. . . the employer shall pay to an employee for injury producing temporary total disability weekly compensation benefits, as provided in section 85.32, until the employee has returned to work or is medically capable of returning to employment substantially similar to the first employment in which the employee was engaged at the time of injury, whichever occurs first.

Temporary total disability benefits cease when the employee returns to work, or is medically capable of returning to substantially similar employment.

Iowa Code 85.34(1) provides that healing period benefits are payable to an injured worker who has suffered permanent partial disability until: (1) the worker has returned to work; (2) the worker is medically capable of returning to substantially similar employment; or, (3) the worker has achieved maximum medical recovery. The first of the three items to occur ends a healing period. See Waldinger Corp. v. Mettler, 817 N.W.2d 1 (Iowa 2012); Evenson v. Winnebago Indus., 881 N.W.2d 360 (Iowa 2016); Crabtree v. Tri-City Elec. Co., File No. 5059572 (App., Mar. 20, 2020). The healing period can be considered the period during which there is a reasonable expectation of improvement of the disabling condition. See Armstrong Tire & Rubber Co. v. Kubli, 312 N.W.2d 60 (Iowa App. 1981). Healing period benefits can be interrupted or intermittent. Teel v. McCord, 394 N.W.2d 405 (Iowa 1986). Compensation for permanent partial disability shall begin at the termination of the healing period. Id.

An employee has a temporary partial disability when, because of the employee’s medical condition, “it is medically indicated that the employee is not capable of returning to employment substantially similar to the employment in which the employee was engaged at the time of the injury, but is able to perform other work consistent with the employee’s disability.” Iowa Code 85.33(2). Temporary partial disability benefits are payable in lieu of temporary total disability and healing period benefits, due to the reduction in earning ability as a result of the employee’s temporary partial disability, and “shall not be considered benefits payable to an employee, upon termination of temporary partial or temporary total disability, the healing period, or permanent partial

disability, because the employee is not able to secure work paying weekly earnings equal to the employee's weekly earnings at the time of the injury." Id.

In this case, the claimant alleges entitlement to temporary total disability benefits from August 1, 2019, to the present, and continuing. The claimant also alleges entitlement to temporary partial disability benefits from December 1, 2018, to November 30, 2019. The parties dispute whether the claimant was off work during the time period in question, and whether the alleged injury is a cause of temporary disability during a period of recovery.

Mr. Lopez initially reported to Ms. Graeve on May 18, 2018, that one box fell on him. This caused pain localized to the left shoulder. He also had some neck pain and stiffness. Several weeks later, Mr. Lopez emphatically asked Ms. Graeve whether she included lower back pain in his initial visit notes. She indicated that she did, but that his main complaint was to his left shoulder. At the hearing, Mr. Lopez testified that two or more boxes fell on him, and that he had immediate pain in his neck, left shoulder, and lumbar spine. Dr. Woollen opined in July of 2018, that Mr. Lopez had no obvious uniting diagnosis for his pain, and that Mr. Lopez required no further imaging "given the unusual syndrome."

During Mr. Lopez's treatment, many of the medical records include notations that he requested a work note. This indicates that providers did not feel that he should be kept off work, but that work notes were provided based upon Mr. Lopez's requests.

The time period in question for temporary partial disability benefits is December 1, 2018, to November 30, 2019. Mr. Lopez continued to work for Lineage during part of the time period in question. On December 10, 2018, Mr. Lopez told Ms. Myler that he could no longer work due to additional pain and discomfort caused by the forklift. Ms. Myler made no opinion as to whether she agreed with this assertion or not. Ms. Myler further indicated that she could provide no work restrictions for Mr. Lopez on January 3, 2019. Ms. Myler excused Mr. Lopez from work on January 2, 2019, but allowed him to return thereafter. Ms. Myler again provided a work excuse for a few days in late January, but documented no opinion as to whether or not this was due to a work injury. Mr. Lopez was terminated from Lineage on February 1, 2019, due to a combination of attendance issues and a confrontation between Mr. Lopez and another employee. I do not find sufficient evidence in the record to support awarding Mr. Lopez temporary partial disability benefits during the time period in question.

The claimant alleges entitlement to temporary total disability benefits from August 1, 2019, to the present, and ongoing. In February of 2019, Mr. Lopez was dismissed from employment with Lineage. In July of 2019, Mr. Lopez was relieved of his duties by PSSI. In September of 2019, Dr. Luft made the first mention of Mr. Lopez's cancer diagnosis. At that time, Dr. Luft noted that Mr. Lopez was not working, and would not be able to work. Dr. Luft did not indicate whether this was due to the nonoperative cancer or Mr. Lopez's alleged work injury. In October of 2019, Dr. Luft issued a letter opining that Mr. Lopez could no longer work because he had liver cancer and chronic

thoracic back pain, which caused him to be unable to have the stamina to work. In June of 2020, Dr. Luft filled out paperwork for PSSI opining that Mr. Lopez's cancer prevented him from working. He made no mention of Mr. Lopez's back pain. There is insufficient evidence to award Mr. Lopez temporary total disability benefits, as there is insufficient evidence that Mr. Lopez's work injury on May 17, 2018, was a cause of temporary disability during a period of recovery.

Permanent Disability

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 medical causation is "essentially within the domain of expert testimony." Cedar Rapids Cmty. Sch. Dist. V. Pease, 807 N.W.2d 839, 844-45 (Iowa 2011). The commissioner, as the trier of fact, must "weigh the evidence and measure the credibility of witnesses." Id. The trier of fact may accept or reject expert testimony, even if uncontroverted, in whole or in part. Frye, 569 N.W.2d at 156. When considering the weight of an expert opinion, the fact-finder may consider whether the examination occurred shortly after the claimant was injured, the compensation arrangement, the nature and extent of the examination, the expert's education, experience, training, and practice, and "all other factors which bear upon the weight and value" of the opinion. Rockwell Graphic Sys., Inc. v. Prince, 366 N.W.2d 187, 192 (Iowa 1985). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994). Supportive lay testimony may be used to buttress expert testimony, and therefore is also relevant and material to the causation question.

The claimant testified that he has ongoing complaints to his neck, shoulders, and lower back. He also blamed his work injury for his gallbladder and liver cancer. There is no objective medical proof that his cancer was caused by his work injury. Outside of Mr. Lopez's testimony, there is no medical evidence that Mr. Lopez suffered permanent impairment. While he continued to complain of pain, objective medical evidence showed no explanation for his pain. X-rays showed no abnormalities beyond cervical straightening. An MRI in March of 2019 showed no underlying etiology for Mr. Lopez's history. No provider offered a restriction beyond a 30 pound force limit that Mr. Lopez had from a previous work injury. Additionally, no medical provider provided an impairment rating or opinion that Mr. Lopez suffered a permanent disability. Based upon the evidence in the record, I find that the claimant failed to prove by a preponderance of the evidence that he suffered a permanent disability. Considering the foregoing, it is not necessary to address the extent of the claimant's alleged permanent disability.

Payment of Medical Expenses

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. Iowa Code 85.27. Holbert v. Townsend Engineering Co., Thirty-second Biennial Report of the Industrial Commissioner 78 (Review-Reopening, October 1975).

Pursuant to Iowa Code 85.27, claimant is entitled to payment of reasonable medical expenses incurred for treatment of a work injury. Claimant is entitled to an order of reimbursement if he/she has paid those expenses. Otherwise, claimant is entitled only to an order directing the responsible defendants to make such payments directly to the provider. See Krohn v. State, 420 N.W.2d 463 (Iowa 1988).

In cases where the employer's medical plan covers the medical expenses, claimant is entitled to an order of reimbursement only if he has paid treatment costs; otherwise, the defendants are ordered to make payments directly to the provider. See Krohn, 420 N.W.2d at 463. Where medical payments are made from a plan to which the employer did not contribute, the claimant is entitled to a direct payment. Midwest Ambulance Service v. Ruud, 754 N.W.2d 860, 867-68 (Iowa 2008) ("We therefore hold that the commissioner did not err in ordering direct payment to the claimant for past medical expenses paid through insurance coverage obtained by the claimant independent of any employer contribution."). See also Carl A. Nelson & Co. v. Sloan, 873 N.W.2d 552 (Iowa App. 2015)(Table) 2015 WL 7574232 15-0323.

The employee has the burden of proof to show medical charges are reasonable and necessary, and must produce evidence to that effect. Poindexter v. Grant's Carpet Service, I Iowa Industrial Commissioner Decisions, No. 1, at 195 (1984); McClellan v. Iowa S. Util., 91-92, IAWC, 266-272 (App. 1992).

The employee has the burden of proof in showing that treatment is related to the injury. Auxier v. Woodard State Hospital School, 266 N.W.2d 139 (Iowa 1978), Watson v. Hanes Border Company, No. 1 Industrial Comm'r report 356, 358 (1980) (claimant failed to prove medical charges were related to the injury where medical records contained nothing related to that injury) See also Bass v. Vieth Construction Corp., File No 5044438 (App. May 27, 2016)(Claimant failed to prove causal connection between injury and claimed medical expenses); Becirevic v. Trinity Health, File No. 5063498 (Arb. December 28, 2018) (Claimant failed to recover on unsupported medical bills).

There are several circumstances under which an employee can select their own medical care. The first circumstance is when an employer denies compensability for an injury. Bell Bros. Heating and Air Conditioning v. Gwinn, 779 N.W.2d 193, 204 (Iowa 2010). The second circumstance is when the employee "abandons the protections of section 85.27 or otherwise obtains his or her own medical care independent of the

statutory scheme.” Id. The second circumstance occurs when the employer admits compensability and provides medical care, but the employee disagrees with the care provided, or otherwise rejects care and obtains alternative care with neither the consent of the employer nor an order of alternate care from the commissioner. Id. Iowa Code section 85.27(4) provides that the employee may choose their own care at the employer’s expense in an emergency, if the employer’s agent cannot be immediately reached. However, the duty of an employer to furnish reasonable medical care supports all claims for care by an employee that are reasonable under the totality of the circumstances, “even when the employee obtains unauthorized care.” Id. at 206. The employee must still prove by a preponderance of the evidence that unauthorized care was reasonable and beneficial. Id. The Court in Bell concluded that unauthorized medical care is beneficial if it provides a “more favorable medical outcome than would likely have been achieved by the care authorized by the employer.” Id.

In this case, the expenses of Dr. VanDemark were not beneficial to improving Mr. Lopez’s condition, at Mr. Lopez’s own admission. (Testimony). Therefore, the expenses of Dr. VanDemark are not awarded.

Based upon my review of the evidence, the requested billing for March 21, 2019, August 20, 2019, January 23, 2020, February 17, 2020, and June 11, 2020, had no supporting medical records. I cannot evaluate whether the care was related to the injury for these dates of service. Therefore, I decline to award the value of those bills. Care on September 4, 2019, September 25, 2019, October 15, 2019, November 27, 2019, June 2, 2020, September 14, 2020, and December 15, 2020, did not relate to the work injury. Therefore, I decline to award the value of those bills. Also, treatment on June 5, 2018, was related to the claimant’s left hand injury from a previous work incident; thus that treatment was not related to this alleged work injury.

The remaining dates of service in question are July 16, 2018, October 17, 2018, November 15, 2018, December 10, 2018, January 3, 2019, January 29, 2019, March 7, 2019, May 7, 2019, May 22, 2019, June 18, 2019, July 3, 2019, and July 29, 2019. This care was reasonable and necessary based upon the claimant’s medical records. Most of these bills were paid by health insurance, and there is no indication that the health insurer is seeking reimbursement. Therefore, I award the claimant two hundred fifteen and 00/100 dollars (\$215.00) for these bills based upon payments made by the claimant.

Costs

Claimant seeks the award of costs for the filing fee. Costs are to be assessed at the discretion of the deputy commissioner hearing the case. See 876 Iowa Administrative Code 4.33; Iowa Code 86.40. 876 Iowa Administrative Code 4.33(6) provides:

[c]osts taxed by the workers’ compensation commissioner or a deputy commissioner shall be (1) attendance of a certified shorthand reporter or presence of mechanical means at hearings and evidential depositions, (2)

transcription costs when appropriate, (3) costs of service of the original notice and subpoenas, (4) witness fees and expenses as provided by Iowa Code sections 622.69 and 622.72, (5) the costs of doctors' and practitioners' deposition testimony, provided that said costs do not exceed the amounts provided by Iowa Code sections 622.69 and 622.72, (6) the reasonable costs of obtaining no more than two doctors' or practitioners' reports, (7) filing fees when appropriate, including convenience fees incurred by using the WCES payment gateway, and (8) costs of persons reviewing health service disputes.

In my discretion, I decline to award costs in this matter.

ORDER

THEREFORE, IT IS ORDERED:

The claimant shall take nothing further related to alleged temporary disability.

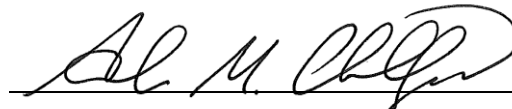
The claimant shall take nothing further related to permanent disability.

That the defendants shall reimburse the claimant two hundred fifteen and 00/100 dollars (\$215.00) for out-of-pocket medical expenses.

That the parties shall bear their own costs.

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

Signed and filed this 7th day of June, 2021.



ANDREW M. PHILLIPS
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Steven Howard (via WCES)

Matthew Grotnes (via WCES)

Right to Appeal: This decision shall become final unless you or another interested party appeals within 20 days from the date above, pursuant to rule 876-4.27 (17A, 86) of the Iowa Administrative Code. The notice of appeal must be filed via Workers' Compensation Electronic System (WCES) unless the filing party has been granted permission by the Division of Workers' Compensation to file documents in paper form. If such permission has been granted, the notice of appeal must be filed at the following address: Workers' Compensation Commissioner, Iowa Division of Workers' Compensation, 150 Des Moines Street, Des Moines, Iowa 50309-1836. The notice of appeal must be received by the Division of Workers' Compensation within 20 days from the date of the decision. The appeal period will be extended to the next business day if the last day to appeal falls on a weekend or legal holiday.