BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

TERRENCE DEFFEBAUGH, Claimant, vs. 1ST INTERIORS, INC., Employer, and SFM MUTUAL INSURANCE CO., Insurance Carrier, Defendants.	FILED APR 25 2018 WORKERS COMPENSATION	File No. 5047330 ARBITRATION DECISION Head Note Nos.: 1803

STATEMENT OF THE CASE

Terrence Deffebaugh, claimant, filed a petition in arbitration seeking workers' compensation benefits from 1st Interiors, Inc. (1st Interiors) and its insurer, SFM Mutual Insurance Company as a result of an injury he allegedly sustained on March 3, 2014 that allegedly arose out of and in the course of his employment. This case was heard in Des Moines, Iowa, and fully submitted on October 2, 2017. The evidence in this case consists of the testimony of claimant, Joint Exhibits 1 – 14, Claimant's Exhibits 1 – 4 and Defendants' Exhibits A – C.

ISSUES

Whether the alleged injury is a cause of permanent disability and, if so;

Whether the alleged disability is a scheduled member disability or an unscheduled disability.

The extent of claimant's disability.

Whether claimant may recover costs for some medical reports and filing fee.

STIPULATIONS

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

FINDINGS OF FACT

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

Terrence Deffenbaugh, claimant, was 55 years old at the time of his hearing. Claimant quit high school in the 12th grade and obtained a GED while he was enrolled in Job Corp. Claimant attended college, but did not obtain a degree. (Transcript, page 11) Claimant transferred to a technical school and obtained a degree in computer-aided design (CAD). (Tr. p. 11) Claimant started working in 1994. Most of his work since that time has been in construction. (Exhibit 4, pp. 22, 23; Ex. B, pp. 2, 3) Generally, claimant was involved in framing with wood and metal studs, Sheetrock; some commercial, some residential. (Tr. p. 13) Claimant was responsible for obtaining bids for jobs when he procured work for his crew when he obtained contracts to perform repair work through Iowa's Medicaid III and Handicap Waiver program. (Tr. p. 17)

Claimant testified that he has had some injuries in the past. In 1989 claimant fell off a roof and injured his left shoulder and had two years of treatment. (Tr. p. 18) Claimant was assessed on September 24, 1990 with, "Chronic muscular strain of the left scapular rotators." (JE 1, p. 7) Claimant had a work injury in 2003 that went to an arbitration hearing. (Tr. p. 19; Ex. C) Claimant was awarded 100 weeks of permanent partial disability for this injury to his back. The appeal decision found claimant had permanent restrictions of no lifting greater than 50 pounds on a continual basis, no repetitive bending, lifting, or twisting, and no work greater than 8 hours per day. (Ex. C, pp. 2, 3; JE 5, p. 2) Claimant said he last received treatment for this injury in 2005. (Tr. p. 20)

On May 3, 2006, claimant was seen by Karen Kienker, M.D. Claimant reported to Dr. Kienker that he had developed a deep pain in his right buttock and an intermittent knife-like pain going horizontally across the right low back or top of the buttock. (JE 6, p. 1) Dr. Kienker recommended additional restrictions and more physical therapy. She wrote,

> The myofascial pain in his right quadratus lumborum, gluteus medius, and gluteus minimus muscles was caused by the December 17, 2003, work injury. I would be happy to see him in followup if an additional

> course of physical therapy would be approved. This physical therapy would likely need to be continued over several months to be effective.

(JE 6, p.4) On December 12, 2007, Dr. Kienker noted claimant had, "Chronic right gluteus medius pain." (JE 6, p. 8) Claimant saw Dr. Kienker on April 14, 2009 for right sacroiliac and right buttock pain. (JE 6, p. 12)

On October 19, 2010, claimant was seen at Broadlawns Medical Center (Broadlawns) for left shoulder and chronic right buttock pain. (JE 8, p. 1) Claimant complained of right-sided aches and pains after sitting a long time in July 2013. (JE 8, p. 17) Claimant saw Shaun Quam, D.O. at Broadlawns on July 26, 2013 for diabetes check-up and continued low back pain. (JE 8, p. 20)

Claimant applied for work with 1st Interiors on February 25, 2014. (Ex. 6) At that time 1st Interiors was framing up a Kohl's department store. (Tr. p. 23) Claimant said that at the time of his work with 1st Interiors he felt that he was at 100 percent and did not have any problems working. (Tr. p. 42) Claimant's last day at work was June 5, 2014. Claimant had finished his physical therapy and informed 1st Interiors and was asked to come to the office. He was discharged and not provided an explanation as to why he was discharged. (Tr. p. 43)

On March 3, 2014, claimant was working for 1st Interiors framing with metal studs. While using a saw to cut a metal stud some sparks caught his right pants leg on fire. (Tr. p. 27) The fire was put out and claimant went to the emergency department at a local hospital. Claimant was assessed with burns. (JE 9, p. 2) Claimant said he was prescribed an ointment and referred to a wound center to consider a skin graft. (Tr. p. 29) The defendants canceled the referral to the wound center. (JE. 9, p. 5) Claimant did not have a skin graft. (Tr. p. 35) Claimant had four burn areas on his leg. (Tr. p. 48)

Claimant was referred by the defendants to Daniel Miller, D.O. On March 6, 2014, Dr. Miller examined clamant. Dr. Miller noted claimant was working full duty. (JE 10, p. 1) On March 20, 2014, Dr. Miller noted claimant was having intermittent pain around the right ankle, especially during or after work, and claimant's hydrocodone medication was controlling his pain. (JE 10, p. 4) Dr. Miller recommended physical and whirlpool therapy. (JE 10, p. 5; JE 11, p. 1) On April 24, 2014, Dr. Miller stated that he believed claimant had deep 2nd degree burns, not 3rd degree burns and that claimant would not need a skin graft. (JE 10, p. 6) Claimant agrees that by May 21, 2014 the wound that he was being treated for was 1 centimeter by ½ centimeter, with no measurable depth. He was also released to return to work without restrictions on May 21, 2014. (Tr. p. 48) Dr. Miller found claimant at maximum medical improvement on June 5, 2014. (JE 10, p. 10)

Claimant was seen by Mirza Baig, M.D. on April 18, 2014 due to his leg injury. Dr. Baig noted two wounds, one 4 cm x 2 cm and another 3 cm x 2 cm on his right leg. He said the wounds were open without complications. (JE 12, p. 1) On October 15,

2014, Dr. Baig noted that claimant's wounds had healed and that claimant was having some swelling around his ankle. (JE 12, pp. 1, 2)

Claimant went to see William Maher, D.O. on October 15, 2014 to establish care and for pain in his right leg. Claimant was assessed with Type 2 diabetes mellitus and limb pain. (JE 13, p. 1)

On November 25, 2014, claimant was seen at a wound clinic by Ravi Vemuri, M.D. for his burn wound on his right leg. Dr. Vemuri noted claimant's wound was healed and that claimant appeared to have venous insufficiency. (JE 14, p. 2)

Claimant said that after this injury he experienced pain caused by the burn, but was not having problems with his back or buttock. (Tr. p. 31) Claimant said that he eventually developed pains in his buttock, hip area and lower back. (Tr. p. 32) Claimant said that he received care for his back though his primary care physician at Broadlawns. Claimant went to Broadlawns on July 26, 2013 with complaints of lower back pain and a check-up for diabetes. (Tr. p. 60; JE 8, p. 20)

He was referred to a pain clinic and received injections. Claimant said that the last time he was seen at the pain clinic for an injection was in September 2016. (Tr. p. 34)

On June 19, 2014, claimant went to Broadlawns for care for his burn of his right leg. (JE 8, p. 22) The treating physician was concerned about claimant's diabetes and claimant's lack of concern for his diabetes. (JE 8, p. 23) The medical record noted claimant's second degree burns had healed and claimant's skin looked normal for an injury of this type. (JE 8, p. 23) On August 6, 2014, a Broadlawns report stated that claimant was requesting pain medication for his burn. The note stated claimant, " . . . with poorly controlled DM and right 3rd degree burn to lower leg returns for follow up." (JE 8, p. 25) The report stated that claimant's pain was likely secondarily to nerve regeneration. (JE 8, p. 26) An October 9, 2015 Broadlawns report stated that claimant has had back and right hip pain since his accident in 2004. (JE 8, p. 27) A medial branch block on the right L3-4-5 and S1 was performed. (JE 8, p. 30) He had a second medial branch block on November 3, 2015. (JE 8, p. 34) He had a third medial branch block on January 15, 2016. (JE 8, p. 41) On February 18, 2016, claimant had an injection into his sacral iliac joint for right back and hip pain. (JE 8, p. 46)

On September 23, 2015, claimant returned to Dr. Kienker. She noted that claimant had returned to work as a carpenter in early 2014 and noticed that wearing a tool belt caused right hip and right buttock pain. (JE 6, p. 14) Claimant reported to Dr. Kienker that he was limping with his burned leg, which further aggravated his right buttock and hip pain. (JE 6, p. 14) Dr. Kienker wrote that claimant said he had complained about this injury to his doctors, but was not receiving treatment, which was why claimant returned to her. (JE 6, p. 14) Dr. Kienker provided prescriptions, a referral to Dr. Iqbal and physical therapy. (JE 6, p. 16) In February 2009, Dr. Iqbal had previously provided injections for claimant's back pain. (JE 7, pp. 1, 5)

On March 10, 2016, claimant was seen at Broadlawns for his leg pain. Claimant told Broadlawns that he had been diagnosed with chronic venous insufficiency. (JE 8, p. 50) The report of that visit stated,

> Leg pain: Discussed with the patient that most likely the interventional pain clinic will not have a lot to offer for this particular type of pain, which is most likely related to his injury and the damage to the underlying tissues. Noted to the patient that an MRI is probably not warranted and will not be able to give much information about what is causing his pain. Agree that venous insufficiency may be involved, though objective evidence of that diagnosis is not pronounced. Good news is that the compression stockings help (either with preventing edema, versus distraction of the pain response in that region); encouraged him to continue wearing them. If pain continues could consider referral to the Vein Center here for evaluation. Patient voices understanding. Could consider OMM, or discuss options with wound care clinic. Will place referral, regardless, so it can be evaluated, but prepared him that they may not offer or be able to add much.

(JE 8, p. 52) On March 30, 2016, claimant was examined for venous insufficiency as the cause of his pain. The testing concluded that, "With the ultrasound findings are correlated with his physical exam findings and clinical symptoms, his symptoms are not likely related to underlying venous disease." (JE 8, p. 60)

On August 10, 2015, Robin Sassman, M.D. examined claimant and she issued her independent medical examination (IME) report on December 31, 2015. (Ex. 1, pp. 1 – 8) On a pain diagram claimant indicated he was having right leg pain as well as right low back and buttock pain. (Ex. 1, p. 10) Dr. Sassman noted claimant had a normal gait. (Ex. 1, p. 6) Dr. Sassman's diagnosis was

> Third degree burns to the right lower extremity resulting in loss of sensation in the distribution of the saphenous nerve, occasional swelling and decreased range of motion of the right ankle.

(Ex. 1, p. 7) Dr. Sassman provided a ten percent impairment rating to the whole body using Table 8-2 page 178 of the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. (Ex. 1, p. 7) She recommended claimant not wear high top shoes and not use ladders. (Ex. 1, pp. 7, 8) Claimant also has a decreased range of motion in his right ankle due to his scarring. I find these to be claimant's restrictions due to his burn injury.

Claimant testified that he cannot explain why Dr. Sassman did not note that he reported low-back, buttock or right hip pain during the examination for his IME. (Tr. p. 57)

On January 9, 2017, Dr. Kienker evaluated claimant. Dr. Kienker tried to determine if claimant's burn injury of March 3, 2014 caused his low back and buttock pain from reviewing medical records. She was unable to do so and requested an IME. (Ex. 2, p. 14) Claimant reported to Dr. Kienker that he was limping after his burn injury. (Ex. 2, p. 14) Dr. Kienker's impression was,

> 1. Chronic musculoskeletal low back and right buttock pain, increased since 03/03/2014 burns to right leg.
>
> 2. Depression, insomnia and decreased focus following 03/03/2014 aggravation of chronic low back and buttock pain.

(Ex. 2, p. 16) Dr. Kienker noted claimant's right low back and buttock pain improved after she saw him in 2009 and became much more disabling as a result of his new work injury of March 3, 2014. (Ex. 2, p. 16) Dr. Kienker recommended claimant be able to alternate sitting, and standing and walking and limit lifting to up to ten pounds occasionally. (Ex. 2, p. 17)

On February 23, 2017, Dr. Sassman issued a report that considered claimant's back condition. (Ex. 3, pp. 18 – 20) Dr. Sassman wrote,

> From the additional records you have provided, there is evidence that Mr. Deffebaugh's back conditioned [*sic*] worsened after the burn to his right lower extremity. Because of the burn and the treatment for the burn, he experienced a gait change (a limp), which subsequently caused his low back symptoms to worsen and prompted him to seek further treatment for this back in late 2015. Of note, prior to the burn on March 3, 2014, he had not sought treatment for his low back since July of 2013. This, in addition to the above information, would indicate that there was a worsening of the condition as a result of the gait change from the burn. Therefore, I would agree with Dr. Kienker that the injury of March 3, 2014, worsened Mr. Deffebaugh's back symptoms.

(Ex. 3, p. 20)

On April 17, 2017, Dr. Miller wrote to defendants' attorney after being provided some IME and medical records. Dr. Miller wrote:

> It is my opinion that the March 3, 2014, work injury did not currently aggravate or light up Mr. Deffebaugh's pre-existing degenerative low back condition.
>
> The injury sustained on March 3, 2014, resulted in a 2nd –degree burn. There was no back injury. The 2nd –degree burn did not cause any deep tissue or deep nerve damage. There was never any mention or note on physical examination to indicate this disturbance could potentially

> aggravate his pre-existing back pain. Although this was a significant burn, it healed as expected without complications. There are several other conditions that contribute and are causing chronic pain to the leg, which include uncontrolled diabetes for numerous years, venous stasis, and pre-existing lumbar radiculopathy.

(JE 10, p. 16)

As of the day of the hearing, claimant testified that the skin around his burn was tight and he gets a cramping feeling going into the shin above the ankle and inner part of his leg. (Tr. p. 35) Claimant wears a compression sock on this leg to prevent swelling. (Tr. p. 39) Claimant applies a topical prescribed pain ointment to his leg. (Tr. p. 39)

Claimant testified that he was currently having problems with his right buttock and hip. (Tr. p. 40) Claimant said that due to his right buttock he had difficulty sitting for long periods and standing and making sudden movements and leaning over the sink to do dishes. (Tr. p. 41) Claimant said he had problems with sleeping, walking, climbing stairs. (Tr. p. 35)

On May 6, 2016, Peter Matos, D.O. conducted an IME. Dr. Matos's diagnosis of the March 3, 2014 work injury was, "Mr. Deffebaugh sustained a second degree burn to his right anterior shin on March 3, 2014." (Ex. A, p. 3) He opined claimant was at maximum medical improvement as of June 5, 2014 and had no restrictions and a zero rating of impairment. (Ex. A, p. 3) Defendants' attorney requested Dr. Matos to update his report based upon additional reports and claims made by claimant. (Ex. A, pp. 19, 20) Dr. Matos issued a report on March 22, 2016. Dr. Matos wrote,

> Based upon the medical documentation provided, my previous IME and evidence based medicine Mr. Deffebaugh suffered no injury to his low back and right hip as a result of the March 3, 2014 work incident. He would have reached MMI on 6/5/14 from his work-related burn injury. He had a normal lumbar exam and could ambulate without difficulty when I performed the IME on 5/6/16.
>
> Based on my review of the additional medical documentation, previous IME and a review of the evidence based medicine, his ongoing low back and hip complaints are due to uncontrolled diabetes, diabetic neuropathy and venous insufficiency are affecting his gait and thus affecting his low back and right hip. His employment at First Interiors, Inc is not a substantial or significant contributing factor to his ongoing low back or right hip ailments.

(Ex. A, p. 27) Dr. Matos still opined claimant had a zero impairment rating and no permanent restrictions due to his March 3, 2014 work injury. (Ex. A, p. 28)

I find that as of the date of his work injury claimant's gross weekly income was $1,033.20 and that he was single and entitled to one exemption. Using the rate table in effect as of the time of his injury claimant's weekly workers' compensation rate is $603.75.

RATIONALE AND CONCLUSIONS OF LAW

The parties agree that claimant had an injury that arose out of and in the course of his employment with 1st Interiors. The parties disagree that he has any permanent impairment. And they disagree as to whether the injury should be considered an industrial disability or a scheduled member injury.

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)

INDUSTRIAL DISABILITY

There is scant evidence that claimant's burns caused a limp. Claimant reported to Dr. Kienker in September 2015 that he was limping due to the burn, but there is not convincing medical evidence from his medical providers he was limping due to his burns. No medical provider made significant note or observation of a limp caused by his burn. Dr. Sassman noted claimant had a normal gait in August 2015. Claimant's report to Dr. Kienker in September 2015 is the primary source used to conclude that his burns caused a limp that lighted up his back and buttock.

I do not find the reports of Dr. Kienker and Dr. Sassman concerning causation of claimant's low back and buttock pain as convincing as the reports of Dr. Miller and Dr. Matos. Claimant never mentioned his limp to Dr. Sassman when she conducted her IME examination of claimant in August 2015. Claimant had a preexisting low back and buttock condition prior to his March 3, 2014 injury. Dr. Matos's explanation as to claimant's poorly controlled diabetes as the cause for claimant's aggravation of his conditions is more convincing evidence. That condition is well documented in the records and based upon the evidence presented is the most convincing as to causation. Claimant has failed to prove by a preponderance of the evidence that he has an industrial disability.

SCHEDULED MEMBER

Claimant suffered deep second degree burns on his right leg and ankle. Claimant still has pain and needs to treat his skin around the wound sites. The wounds are healed but claimant's leg has suffered damage. I find that claimant has proven that he has a permanent impairment to his right leg caused by his burns on March 3, 2014.

The AMA Guides, Fifth Edition, has been adopted as a guide for determining an injured worker's extent of functional disability. 876 IAC 2.4. In making an assessment of the loss of use of a scheduled member, however, the evaluation is not limited to the use of the AMA Guides. Lay testimony and demonstrated difficulties from claimant must be considered in determining the actual loss of use so long as loss of earning capacity is not considered. Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417, 420, 421 (Iowa 1994); Soukup v. Shores Co., 222 Iowa 272, 268 N.W. 598 (1936). This agency has a long history of recognizing that the actual loss of use which is to be compensated is the loss of use of the body member in the activities of daily living, including activities of employment. Pain which limits use, loss of grip strength, fatigability, activity restrictions, and other pertinent factors may all be considered when determining scheduled disability. Bergmann v. Mercy Medical Center, File Nos. 5018613 & 5018614, (App. March 14, 2008); Moss v. United Parcel Service, File No. 881576 (App. September 26, 1994); Greenlee v. Cedar Falls Community Schools, File No. 934910 (App. December 27, 1993); Westcott-Riepma v. K-Products, Inc., File No. 1011173 (Arb. July 19, 1994); Bieghler v. Seneca Corporation, File No. 979887 (Arb. February 8, 1994); Ryland v. Rose's Wood Products, File No. 937842 (Arb. January 13, 1994); Smith v. Winnebago Industries, File No. 824666 (Arb. April 2, 1991).

Dr. Sassman rated claimant's condition as a 10 percent whole body impairment. The injury to the claimant is a scheduled member injury and therefore the whole body rating under the AMA Guides is not followed. Claimant continued to have pain in his leg around the burn sites and is restricted in climbing and wearing high topped shoes. He has some decreased range of motion in his right ankle. Using the AMA Guides, Table 17-3, p. 527, as well as agency expertise and evaluating the evidence, I find that claimant has a 20 percent loss of function to the right leg caused by the burn injury. This

entitles claimant to 44 weeks of permanent partial disability benefits (220 x 20 percent = 44).

COSTS

Claimant has requested $1,910.00 in costs be assessed against the defendants. (Attached to hearing report) Claimant is requesting the payment of the filing fee of $100.00, payment for a report of Dr. Kienker of $1,400.00 and payment for a report of Dr. Sassman of $410.00.

Iowa Code section 86.40 states:

> Costs. All costs incurred in the hearing before the commissioner shall be taxed in the discretion of the commissioner.

Iowa Administrative Code Rule 876—4.33(86) states in part:

> Costs. Costs taxed by the workers' compensation commissioner or a deputy commissioner shall be . . . (6) the reasonable costs of obtaining no more than two doctors' or practitioners' reports, (7) filing fees when appropriate . . . .

Iowa Administrative Code rule 876—4.17 includes as a practitioner, "persons engaged in physical or vocational rehabilitation or evaluation for rehabilitation." A report or evaluation from a vocational rehabilitation expert constitutes a practitioner report under our administrative rules. Bohr v. Donaldson Company, File No. 5028959 (Arb. November 23, 2010); Muller v. Crouse Transportation, File No. 5026809 (Arb. December 8, 2010). The entire reasonable costs of doctors' and practitioners' reports may be taxed as costs pursuant to 876 IAC 4.33. Caven v. John Deere Dubuque Works, File Nos. 5023051, 5023052 (App. July 21, 2009).

The Iowa Supreme Court provided guidance on whether the full cost of an IME may be taxed as a cost pursuant to rule 876 IAC 4.33 if that IME does not qualify for reimbursement under Iowa Code section 85.39. Des Moines Area Reg'l Transit Auth. v. Young, 867 N.W.2d 839, (Iowa 2015). In Young, the Court clarified that rule 876 IAC 4.33 allows only for the taxation of costs "incurred in the hearing." A physician's report becomes a cost incurred in a hearing when it is used as evidence in lieu of the doctor's testimony. However, the Court has indicated that the report is separate from the examination. The Court indicated that if an injured worker sought reimbursement for an IME, the provisions established by the legislature, under Iowa Code section 85.39, must be followed. Only the costs associated with preparation of the written report of a claimant's IME can be reimbursed as a cost at hearing under rule 876 IAC 4.33. (Id., pp. 846-847)

I find that claimant is entitled to reimbursement of costs in the amount of $1,910.00. The filing fee is an allowable cost. The two medical reports are also

allowable costs as well. The reports were not IMEs and the charges were not based upon an examination of the claimant. I find the costs to be fair and reasonable.

ORDER

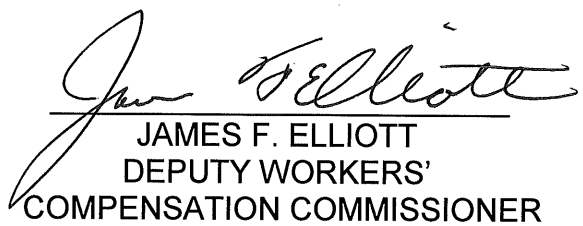
Defendants shall pay claimant forty-four (44) weeks of permanent partial disability benefits at the weekly rate of six hundred three and 75/100 dollars ($603.75) commencing March 4, 2014.

Defendants shall pay claimant costs of one thousand nine hundred ten and 00/100 dollars ($1,910.00).

Defendants shall pay any past due amounts in a lump sum with interest as provided by law.

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

Signed and filed this 25th day of April, 2018.



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JFE/srs

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.