BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

NORMA LUND, Claimant, vs. MERCY MEDICAL CENTER, Employer, and INDEMNITY INSURANCE COMPANY OF NORTH AMERICA, Insurance Carrier, Defendants.	:	File No. 5066398 A R B I T R A T I O N D E C I S I O N Head Note Nos.: 1100; 1802

STATEMENT OF THE CASE

Norma Lund, claimant, filed a petition in arbitration seeking workers' compensation benefits against Mercy Medical Center, employer, and Indemnity Ins. Co. of America, insurer, both as defendants for a disputed work injury date of February 25, 2018.

The case was heard on October 31, 2019, in Des Moines, Iowa. The case was considered fully submitted on November 27, 2019, upon the simultaneous filing of briefs.

The record consists of Joint Exhibits 1-20; Claimant's Exhibits 1-5; Defendants' Exhibits A-K, and the live testimony of claimant, Norma Lund, Cindy Sue Jennings, and Chester Calambas.

ISSUES

- Whether claimant sustained an injury on February 25, 2018, which arose out of and in the course of employment;
- Whether claimant is entitled to healing period benefits beginning May 17, 2018; and

- The assessment of costs.

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.

The parties agree that at the time of the alleged injuries, claimant was an employee of defendant-employer. They further agree that the issues of permanent partial disability benefits and medical benefits are not ripe for determination but that they will work out those issues based on the decision herein.

At the time of the alleged injury the claimant's gross earnings were $616.10, she was single and entitled to one exemption. Based on the foregoing, the claimant's weekly benefit rate is $383.07.

The defendants are entitled to a credit for short term disability and long term disability paid and for medical paid by the defendants' health insurance or previously by workers' compensation against any award herein.

The defendants waive all affirmative defenses. While the parties do not agree on the causal connection between the medical bills and the injury, defendants would further stipulate that the fees and prices charged by the providers in the disputed medical expenses were fair and reasonable, that the treatment was reasonable and necessary, that they will not offer any contrary evidence as to the reasonableness of the fees and/or treatment, and although the causal connection of the expenses to the work injury cannot be stipulated, the parties agree that the listed expenses are at least causally connected to the medical condition upon which the claim of injury is based.

FINDINGS OF FACT

Claimant was a 58-year-old woman at the time of hearing. She began work as a sterilization processing technician for defendant-employer on December 19, 2016. As a part of her duties, she would assemble instruments necessary for surgery. This required her to lift items off and onto trays, lift the trays off the carts for sterilization, push the carts into the sterilization room, and pull the carts from the same.

Cindy Jennings was the sterile processing supervisor at all times material hereto and was claimant's direct supervisor from the time that claimant started working at defendant-employer until claimant ceased working for defendant-employer. Chester Calambas is a co-worker of claimant who shared shifts with her. The aforementioned testified live. Mary Bowlin, a supervisor, and Daniel Bench, a co-worker, testified via deposition. (Exhibits J and K)

All had slightly varying testimony regarding the quantity of work done during a shift and the weight of the trays. Claimant testified that the trays she lifted weighed 30 to 50 pounds and sometimes even 60. Cindy Jennings maintained that no tray weighed more than 25 pounds due to a requirement by the "Joint Commission" although she acknowledged that some trays were 27 to 28 pounds. (Tr. page 81) Mr. Bench elaborated on this. He stated that the vendors have to weigh the pans every time and certify that they are under 25 pounds because that is the legal limit for them to be considered sterile by the Joint Commission. (Ex. K, p. 17) Mr. Bench testified that the pans are weighed and that most weigh less than 20 pounds but that the heaviest are vendor pans and ortho pans. The vendors weigh close to 25 pounds and the medium ortho tray weighs approximately 22 pounds. (Ex. K, pp. 9-10) Chester Calambas, a co-worker, testified that he lifted trays of 30 pounds but never more than 40. (Trans. p. 107) He also testified that all vendor trays that came pre-assembled had their weight printed on a label. The job description provided by defendants did require lifting of up to 50 pounds occasionally and pushing and pulling up to 65 pounds. (JE 1:2) An orthopaedic doctor, Stephen Aviles, M.D., testified that orthopedic surgeons use some of the heaviest equipment in a hospital and ordinarily their trays are 20-25 pounds. (Ex. D, p. 20) Mary Bowlin testified that the heaviest tray to lift would be a medium ortho or a vendor pan or a total hip that would be around 25 pounds. (Ex. J 41, p. 6) According to Ms. Bowlin, no pan would weigh more than 25 pounds. (Ex. J 41, pp. 6-8) Id.

There was also a dispute about how high the trays would be lifted. Mr. Calambas said that you would not have to lift a tray overhead while claimant testified she would do this on a regular basis. Mr. Calambas stated that the heavy ones are placed around waist height or three to four feet high but not over the shoulder. (Tr. p. 106) Ms. Bowlin agreed with this but confirmed that there were times that a worker would have to lift off above shoulder height. (Ex. J 41, p. 19)

However, Ms. Jennings testified that on occasion vendor trays go on the top shelf and that some vendor trays are heavier than a typical tray. (Tr. p. 97) Ms. Jennings also testified that about 5 percent of the claimant's job required some overhead lifting in the range between 20-25 pounds. (Tr. p. 83) Mr. Bench testified that the pans on the top shelf were only small ones and the ones at the waist and chest-high shelves were the heaviest ones. (Ex. K, p. 10) This is in direct contradiction to Mr. Calambas' testimony that overhead lifting of trays never happened.

Finally, the witnesses disagreed as to the number of trays processed during a shift. Claimant maintained that she lifted 100 trays out of the washer during that weekend before she was injured. Ms. Jennings testified that it was possible claimant could have handled 100 trays during the shift but not taken 100 trays out of the washer. Mr. Calambas confirmed this and stated that they would not be able to fit 100 trays on their shelves and carts. Mr. Calambas and claimant did not have a good working relationship.

Based on the foregoing, I find that the pans weighed no more than 25 to 27 pounds; that some trays were lifted at or above shoulder height and that while most of the trays lifted at or above shoulder height should have been light, the claimant could have lifted vendor trays and placed them in the uppermost part of the sterile carts, and that she could have handled 100 trays during one shift.

Claimant maintains that as a result of this work, she sustained rotator cuff tears based on a February 25, 2018, work incident. Prior to her alleged injury date, her performance reviews were generally positive and while she had a history of right shoulder pain, she was able to do her job without difficulty or accommodations.

She did have a history of treatment including medications such as prednisone, Flexeril, Tylenol #3, diclofenac, injections, light duty or no work. (JE 2) Prior MRI studies showed rotator cuff tendinitis but no full-thickness tear. (JE 2:7) The diagnosis in 2000 was rotator cuff tendinitis. (JE 2:7) She had neck pain in 2014 and then returned to Jason Sullivan, M.D., on March 15, 2016, for right shoulder pain radiating down into the biceps. (JE 2:10) An injection was administered at her request. (JE 2:10) She underwent some chiropractic care for the right neck and shoulder pain due to repetitive use of her right shoulder. (JE 4:18) She saw John L. Gaffney, M.D., on September 15, 2017, for right shoulder pain. (JE 2:11) She was sent for physical therapy.

On or about February 25, 2018, claimant worked the 3:00 p.m. to 11:30 p.m. shift. She wrapped vendor trays, lifted them and placed them on a cart. Around 6:30 p.m., she felt a pain in the right side of her neck, radiating down into her chest. Both shoulders felt tight and sore. Usually she would have a partner but her co-worker, Mr. Calamba, was not able to work due to dialysis. When he was present, she felt that he was not as helpful due to his own physical limitations. She testified that she asked for help but that no one was available to help her or that she was refused help.

The following day she worked with the in-house trays and pushed carts in and out of the sterilizer. She rested on Monday and returned to work on Tuesday. That day she did have assistance from a different co-worker, but her neck and shoulder pain continued.

She did not report her injury and instead sought out medical care with Todd Harbach, M.D., on her own. (JE 5:21-22) Dr. Harbach's notes reflect an onset of pain on February 25, 2018. (JE 5:24) There is no mention of any lifting of pans or traumatic incident. (JE 5:24)

Dr. Harbach diagnosed claimant with bilateral shoulder impingement rather than neck pain and injected both shoulders. (JE 5:24-25) He recommended physical therapy, prescribed medications and placed restrictions. (JE 5:26) "We discussed that she may just not be able to handle the amount of lifting required of her current job and possibly she could work in a different area in central supply at Mercy Hospital," Dr. Harbach wrote. (JE 5:25)

Since the pain did not subside, claimant reported the injury to her supervisor on March 16, 2018. She was seen on the same at Mercy Employee Health. (JE 6:32) The notes states, “Employee believes this is related to work activities.” (JE 6:32)

Claimant was referred to Mercy One for evaluation. (JE 8:37) During the March 19, 2018, examination, the subjective history is recorded as follows, “States hurt herself lifting surgical pans. She thought she hurt her neck and went to see ortho and was injected both shoulders and told she tore both rotator cuffs.” (JE 8:36) ARNP Joanne Harbert diagnosed claimant with acute bilateral shoulder strain. (JE 8:36) Claimant was placed on restrictions and ordered to go to physical therapy. (JE 8:43-44)

Neither restrictions nor the physical therapy improved her condition. An MRI performed on May 14, 2018, showed a full-thickness tear of the right rotator cuff. (JE 10:55) Claimant was referred to an orthopedist. Despite complaint of pain in both shoulders only the right was treated initially.

Dr. Aviles saw claimant on June 11, 2018, for right shoulder pain. (JE 5:27) In the history section, he records that there was an injury that occurred while lifting at work. (JE 5:27)

> **History of Present Illness**
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> 1. [R]ight shoulder pain
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> Onset: on 02/25/2018. Severity level is 3. It occurs constantly and is stable. Location: right shoulder. The pain is aching. Context: there is an injury. Trauma type: lifting, occurred at work. Hand Dominance: right.
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> Norma is a 57-year-old woman who developed RIGHT shoulder pain after working a weekend for sterile processing. She states that she does not remember any clear injury, but that she had significant pain the evening of Sunday after working the Saturday and Sunday shift. She incidentally does complain of LEFT shoulder pain.

(JE 5:27)

He diagnosed her with a right full-thickness rotator cuff tear. (JE 5:29) He recommended surgery but did not perform it. (JE 5:29) On July 9, 2018, Dr. Aviles wrote that claimant could not recall a particular trauma or injury but instead described pain as a result of increased workload. (Ex. A:1) He did not believe that the rotator cuff tears were the result of work but rather a just an occurrence that is a “fairly normal phenomenon.” (Ex. A:1)

After he provided an opinion indicating that the right shoulder was not work related, the defendants did not provide any further treatment and claimant was charged with the responsibility of directing her own care. (JE 14:65)

Claimant sought out the assistance of Jeffrey P. Davick, M.D., who performed surgery on claimant's right rotator cuff on November 29, 2018. (JE 2:13; JE 11:56-58) The subjective notes record "She is a 57-year-old female who injured the right shoulder at work. She was working at Mercy Hospital in sterile processing. She was repetitively putting trays on a shelf above shoulder height and felt a deep pull in her right shoulder." (JE 2:13)

On March 19, 2019, claimant underwent an MRI of her left shoulder which revealed a full-thickness tear of the left rotator cuff. (JE 2:14; JE 13:63) Dr. Davick performed surgery on April 2, 2019, to repair the left rotator cuff. (JE 11:58) Claimant had not been released from Dr. Davick's care at the time of the hearing.

On March 18, 2019, ARNP Harbert wrote a letter in response to an inquiry from defendants' counsel. (Ex. B) In the letter, she described claimant's history of the injury as related to "lifting heavy objects over shoulders on a cart." (Ex. B:4) She agreed with the July 9, 2018 opinion of Dr. Aviles and noted that she never took claimant off work but rather had given claimant temporary restrictions until she was transferred to orthopaedics. (Ex. B:5)

On April 24, 2019, Dr. Aviles responded to a second letter from the defendants' counsel. (Ex. C) In the letter, Dr. Aviles stated claimant did not describe any specific trauma on June 11, 2018; that the type of tear she sustained was one that developed from chronic injury rather than acute trauma; the work injuries were not the type to cause a rotator cuff tear but rather normal activities of daily living. (Ex. C:8)

> Question #2: Her MRI dated May 14, 2018, 3 months after the injury alleged on February 24, 2018 showed a full-thickness tear of the supraspinatus, possibly of the subscapularis with some biceps subluxation. It should be noted upon my review of that MRI that there was adipose architecture in the volume that was lost as a result of the supraspinatus tear. This only develops as a result of chronic injury. Furthermore, there was no evidence of acute trauma in the joint including no blood in the joint or edema in the bone. I saw no evidence of acute injury present. All evidence suggested that this was a more chronic tear.

(Ex. C:8)

On August 23, 2019, Dr. Harbach did not find any record of claimant reporting an inciting incident or acute trauma but rather hurting after performing all the activities required of her job for several shifts. (Ex D:11) The positive response she had to the injections led him to conclude that the work did not cause any injury to her cervical spine nor did it aggravate or light up a pre-existing degenerative condition in her spine. (Ex. D:11) He felt that her problems were related to her shoulder. (Ex. D:11)

On September 9, 2019, Dr. Aviles wrote a letter agreeing that if claimant had lifted 50 pounds overhead repeatedly and at one point felt a pop with new onset of pain that it could possibly be the cause of the rotator cuff tear as seen on her MRI dated May 14, 2019. (Ex. 1:1)

Likely because of his late change in opinion, Dr. Aviles was deposed on October 21, 2019. (Ex. H) During the deposition, he re-affirmed that claimant cited no specific trauma but he did acknowledge that her onset of pain occurred on the evening of a Sunday after working a Saturday and Sunday shift. (Ex. H, internal pp. 5-6) Dr. Aviles explained that 60 percent of individuals with rotator cuff tears have no symptoms. (Ex. H, internal p. 31) When asked about causation, Dr. Aviles testified as follows:

> Q. And what was your opinion about whether or not the rotator cuff tear in the right shoulder was related to her work activities at Mercy Hospital?
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> A. My concerns at the time was that she had not recalled any particular injury. That was first – first and foremost. The second concern that I had was that the space where the rotator cuff had pulled away from, that space was not filled with blood, which is what you normally see from an acute injury. That space was filled with architecture of fat cells and veins and arteries. And those veins and arteries and those fat cells have to build up and have to grow over time. It takes longer than three months, which is the time from the alleged injury to the MRI for that to develop. So I just didn't think that based upon my review of that MRI that that was the time at which – that the injury time that she had suggested was the time when it occurred. That combined with the fact that she didn't recall any inciting injury, I just didn't think that that was the right answer at that time.
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> Q. Let me back up. So if this tear was acute, if it had happened in Febuary, 11 or 12 weeks before the MRI scan, would you have expected there to be blood in the torn area of the rotator cuff which would show up on the MRI scan?
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> A. If your rotator cuff tears off of the bone – we're talking about the tendon ripping off of the bone – you're going to bleed. You're going to bleed. And that blood takes time for your body to resorb [*sic*] it, or for lack of a better term, gobble it up. You should be able to see it on an MRI a couple months later. You should see some element of bone bruising because that's where this rotator cuff would pull off from. And you shouldn't see any incorporation of the fat, arteries, or veins that were in the space where the rotator cuff used to exist.

(Ex. H, internal p. 11-12) On cross-examination, Dr. Aviles agreed that on rare occasions were times that the MRI would show an absence of blood but that there would still be a full-thickness tear. (Ex. H, internal p. 22)

Dr. Davick also agreed, based on claimant's narrative of how the incident occurred, that it was more probable than not her work was the cause of both the right and left rotator cuff tears. (Ex 2:2) Claimant's narrative called the vendor trays heavy but did not define heavy by weight. (Ex 2:4) She stated that she was working three times as hard as a typical workday and that she would be lifting these heavy vendor pans on the tops of carts. (Ex. 2:4)

Claimant started to miss work beginning May 17, 2018, and was terminated on December 21, 2018. (JE 19:73)

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 Rule of Appellate Procedure 6.14(6).

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

The question of causal connection is essentially within the domain of expert testimony. The expert medical evidence must be considered with all other evidence introduced bearing on the causal connection between the injury and the disability. Supportive lay testimony may be used to buttress the expert testimony and, therefore, is also relevant and material to the causation question. The weight to be given to an expert opinion is determined by the finder of fact and may be affected by the accuracy of the facts the expert relied upon as well as other surrounding circumstances. The expert opinion may be accepted or rejected, in whole or in part. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); IBP, Inc. v. Harpole, 621 N.W.2d 410 (Iowa 2001); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995). Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417 (Iowa 1994). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994).

A personal injury contemplated by the workers' compensation law means an injury, the impairment of health or a disease resulting from an injury which comes about, not through the natural building up and tearing down of the human body, but because of trauma. The injury must be something that acts extraneously to the natural processes of nature and thereby impairs the health, interrupts or otherwise destroys or damages a part or all of the body. Although many injuries have a traumatic onset, there is no requirement for a special incident or an unusual occurrence. Injuries which result from cumulative trauma are compensable. Increased disability from a prior injury, even if brought about by further work, does not constitute a new injury, however. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995); McKeever Custom Cabinets v. Smith, 379 N.W.2d 368 (Iowa 1985). An occupational disease covered by chapter 85A is specifically excluded from the definition of personal injury. Iowa Code section 85.61(4)(b); Iowa Code section 85A.8; Iowa Code section 85A.14.

Claimant denies she had a pre-existing condition based on the lack of pre-injury treatment and problems. (See Cl. Brief, p. 5) The defendants argue that claimant's injury is not a traumatic one and the medical evidence supports this. Dr. Aviles convincingly described the condition of a shoulder if there was a traumatic, full-thickness tear. There would be blood, bruising and vascular trauma viewable on an MRI. There was none in this case. Further, while claimant was in pain following the February 25, 2018, incident she continued to work without restrictions or accommodations and sought out no health care until March 15, 2018. These are all facts that support a finding that there was no traumatic injury.

However, the lack of a traumatic injury does not mean there is no substantial evidence supporting an injury. There is no requirement that the injury be caused by a special event.

Just a few months before her alleged traumatic incident, claimant had received treatment for a right shoulder condition. MRI studies in 2000 also revealed rotator cuff tendinitis. The evidence shows she did have a pre-existing condition that was worsened by work she performed on or about February 25, 2018. She was consistent in her reports to her medical doctors that claimant's pain started on February 25, 2018. Dr. Harbach noted that the pain began on February 25, 2018, and then worsened. Dr. Aviles initially believed by history and by examination that claimant's condition was work related. He later changed his mind.

Dr. Davick, claimant's treating surgeon, opined that claimant's condition was work-related. Defendants might argue that a finding that claimant's condition was not traumatic but still casually related to claimant's work is not consistent based on the medical testimony. Dr. Davick, signed off on a statement that identified the claimant's injury as traumatic whereas the undersigned concluded it was cumulative. Moreover, one disagreement does not wholly invalidate the rest of Dr. Davick's opinions. Dr.

Davick agreed that the nature of the work performed by claimant was consistent with the type of activity resulting in rotator cuff/supraspinatus tears. (Ex. 2:2) The narrative in the letter that he relied on to form his decisions did vary from the findings of fact. In the narrative, the weight of the trays ranged from just a few pounds to up to 30 pounds or more. Specifically, it was noted that vendor pans were heavier than regular sterilization trays and all those who testified agreed that was true. (Ex. 2:4-5) These variations are measured against the overall evidentiary picture and the weight to be afforded Dr. Davick's opinions.

However, the claimant had some pre-existing complaints which did result in treatment, therapy and time off of work. Claimant returned to work after her complaints in March and continued to work until May when the pain was of such a nature she could not continue.

Defendants argue, primarily based on the opinions of Dr. Aviles, that the rotator cuff tears are the result of normal wear and tear. Yet there is nothing in claimant's regular day-to-day life that matches the work she did 8 hours a day, 5 days a week which included lifting of approximately 100 trays between 25 and 27 pounds on a repetitive basis. The regular wear and tear on her shoulders came from her work. That is the common sense conclusion to draw from these facts rather than a presumption that the degeneration in her shoulders and the ultimate full-thickness tears came from regular activities of daily living.

Dr. Aviles' opinions are based on his examination of the claimant that occurred four months after the alleged injury and five months before claimant first saw Dr. Davick. Dr. Davick, however, performed surgery on both claimant's shoulders and has not vacillated in his opinions. While Dr. Aviles did provide a detailed explanation for why there could not have been a traumatic tear, he did not provide a similar reason why there was not a cumulative trauma to the shoulders other than the pans were not greater than 25 pounds and that the majority of rotator cuff tears are caused through regular wear and tear. These are generalizations and not specific applications to the claimant's circumstance.

Moreover, claimant was able to do her job with no accommodations prior to February 25, 2018. Following that date, she struggled with the essential functions of her job, needed surgery and ultimately had to leave her position.

It is found that claimant's pre-existing condition was lit up or aggravated on February 25, 2018, from lifting pans weighing up to 25 pounds, some at or above shoulder height.

Based on the foregoing, it is determined claimant's bilateral shoulder injuries were the result of her work which manifested on or about February 25, 2018. She is entitled to healing period benefits beginning May 17, 2018. Further, claimant is entitled

to an assessment of costs. Iowa Code section 86.40; Iowa Administrative Code Rule 876—4.33(86).

ORDER

THEREFORE, IT IS ORDERED:

Defendants shall pay claimant temporary total disability benefits at the weekly rate of three hundred eighty-three and 07/100 dollars ($383.07) from May 17, 2018, through the date of the arbitration hearing and into the future during the period of claimant's continued healing period.

That defendants shall pay accrued weekly benefits in a lump sum.

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

That defendants are to be given credit for benefits previously paid.

That defendants shall pay the costs of this matter pursuant to rule 876 IAC 4.33.

Signed and filed this 10th day of January, 2020.

JENNIFER S. GERRISH-LAMPE
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Robert McKinney (via WCES)

Charles Cutler (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.