BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

LOUISE COFFLAND, Claimant, vs. MIDWEST JANITORIAL SERVICE, Employer, and NATIONWIDE MUTUAL INSURANCE COMPANY, Insurance Carrier, Defendants.	File No. 5047475 ARBITRATION DECISION Head Note Nos. 1802, 1803, 2500

STATEMENT OF THE CASE

Louise Coffland filed a petition for arbitration seeking workers' compensation benefits from Midwest Janitorial Service and Nationwide Mutual Insurance Company.

The matter came on for hearing on June 30, 2015, before Deputy Workers' Compensation Commissioner Joseph L. Walsh in Cedar Rapids, Iowa. The record in the case consists of claimant's exhibits 1 through 13; defense exhibits A through J; as well the sworn testimony of claimant, Louise Coffland. The parties briefed this case and the matter was fully submitted on August 10, 2015.

ISSUES

1. Whether the claimant is entitled to healing period benefits. Claimant alleges entitlement to healing period commencing on August 9, 2013, through August 16, 2013. The defendants argue that claimant is not entitled to benefits during this period of time.

2. The claimant also alleges she is entitled to permanent partial disability benefits. The defendants argue that she is not entitled to any permanent partial disability benefits because her work injury did not cause any permanency.

3. The commencement date for permanent disability benefits is disputed as well. The claimant alleges the commencement date is January 14, 2014.

4. Whether the claimant is entitled to medical expenses as outlined in claimant's Exhibit 12. The defendants dispute these bills on the basis of causal connection and whether the treatment was reasonable and necessary.

5. The rate for permanent partial disability is not disputed; however, the defendants contend that the claimant is merely entitled to the statutory minimum for any temporary disability benefits.

6. Costs are disputed.

STIPULATIONS

Through the hearing report, the parties stipulated to the following:

1. The parties had an employer-employee relationship at the time of the alleged injury.

2. The parties agree that the claimant suffered an injury which arose out of and in the course of employment on August 13, 2012. The defendants paid some temporary disability benefits for this injury as outlined in claimant's Exhibit 6.

3. Affirmative defenses have been waived.

4. The weekly rate of compensation for any permanent disability benefits is $181.19 per week based upon gross wages of $262.00 and being single with one exemption.

5. At the beginning of hearing, the defendants stipulated payment for the claimant's independent medical evaluation.

FINDINGS OF FACT

Louise Coffland is a pleasant 63-year-old woman from Belle Plaine, Iowa. She testified at hearing. She was credible. She was a relatively good historian. Her testimony was generally consistent with her previous deposition testimony and the medical records. There was nothing about her demeanor which caused the undersigned any concern about her propensity to tell the truth.

Ms. Coffland attended high school in Alburnett, Iowa; however, she did not graduate. She has never received a GED; however, she has taken numerous classes at Kirkwood Community College in Cedar Rapids, Iowa. In 1980, she earned some type of degree in animal sciences. Ms. Coffland has worked as a cook for most of her working life. (*See* Claimant's Exhibit 10) In most of her cooking positions she earned between $9.00 to $12.00 per hour. (Cl. Ex. 4, pp. 113-114)

Ms. Coffland began working for Midwest Janitorial Services (hereafter "Midwest") in April 2012. Midwest provides cleaning services for various businesses. She was part of a crew that worked at an office building and the YMCA. She testified that the YMCA cleaning was a little more strenuous, particularly in terms of the bending and stooping. She worked 6 hours per day, 5 days per week and earned between $8.50 and $8.75 per hour (depending upon the location). The job required her to lift and carry 50 pounds on occasion, as well as frequent bending, stooping, pushing and pulling. She was essentially required to walk or stand for the full work shift. (Cl. Ex. 5, p. 118)

The parties have stipulated that Ms. Coffland suffered an injury which arose out of and in the course of employment on August 13, 2012. On that date, she fell on the stairs while carrying a bag of rags. She landed on her buttocks. The fall is well-documented in medical records at St. Luke's Work Well the next day, August 14, 2012. (Cl. Ex. 3A, p. 9) She had a bruise on her right flank. She was sent to the emergency department for an EKG due to chest pain. (Cl. Ex. 3A, p. 12)

Ms. Coffland returned to St. Luke's on September 10, 2012. "She continues with back discomfort. She states she has been working her regular job, but having increased discomfort with any attempts of heavy lifting, pushing, or pulling." (Cl. Ex. 3A, p. 14) She was diagnosed with a thoracic/lumbar back strain and was provided 10 pound weight restrictions (lift and carry) and no forceful pushing and pulling. Medications were prescribed. Just a few days later she had a significant flare-up when she was required to do heavy cleaning. (Cl. Ex. 3A, p. 16) The restrictions were increased at that time and the medical provider directed that she "will need assistance in emptying her mop bucket." (Cl. Ex. 3A, p. 16) She was started on physical therapy at this time.

On September 20, 2012, she saw Mark Taylor, M.D., at the same clinic. Dr. Taylor adjusted her medications and took her off work for a few days following an increase of symptoms after physical therapy. (Cl. Ex. 3A, p. 20) Dr. Taylor ordered an MRI which revealed degenerative changes at L5-L6 with no obvious herniations or fractures. (Cl. Ex. 3A, p. 26) Dr. Taylor took Ms. Coffland off work again while she finished her therapy. By this time, the working diagnosis was low back pain. At this time, the pain was more localized on the right side. (Cl. Ex. 3A, p. 26)

On October 22, 2012, Dr. Taylor referred Ms. Coffland to the pain clinic. "She appears [sic] have hit a plateau and may be slightly worse than when I had seen her previously." (Cl. Ex. 3A, p. 28) He noted in the history that the pain has been more in the left low back and buttock. (Cl. Ex. 3A, p. 28) She continued on medical restrictions at that time, which was office/clerical work for four hours per day. (Cl. Ex. 3A, p. 29) For a portion of her light duty, Ms. Coffland was assigned to perform charitable work in an office for a non-profit organization called Horizons. She accepted this work.

Ms. Coffland was given an injection at the pain clinic on October 25, 2012. (Cl. Ex. 3B, p. 76) She continued with the physical therapy and restrictions through November 2012. (Cl. Ex. 3A, p. 36) She then had another injection in January 2013.

(Cl. Ex. 3A, p. 41) At this point the left low back was still her biggest problem and he referred her to Chad Abernathey, M.D. "Ms. Louise Coffland clinically presents with chronic low back pain following a work related injury. I do not recommend an aggressive neurosurgical stance due to a paucity of clinical and radiographic findings. I favor conservative treatment in this setting". (Cl. Ex. 3D, p. 109)

On February 19, 2013, she returned to Dr. Taylor. He did not provide much hope. "She is starting to exhaust available options. She has already been through fairly extensive physical therapy. She had a couple of epidurals." (Cl. Ex. 3A, p. 45) He referred her back to the pain clinic to see if anything else could be done. She had a third injection in March 2013, which provided some relief. The pain, however, continued. (Cl. Ex. 3A, p. 47) She started work hardening. (Cl. Ex. 3A, p. 48)

In April 2013, Shirley Pospisil, M.D., took over Ms. Coffland's care. She diagnosed "low back pain, recently worse, right hip posterolateral buttocks pain, no left-sided pain." (Cl. Ex. 3A, p. 51) She recommended follow up with the pain clinic again, and then a physiatrist if necessary. She also kept the 4 hour per day sedentary work restrictions. (Cl. Ex. 3A, p. 51) In May, Dr. Pospisil noted some continued changes in Ms. Coffland's symptoms and attempted to increase her hours to 6 hours per day.

In June 2013, Dr. Pospisil stated, "we have run out of modalities in our clinic" and she referred Ms. Coffland to a physiatrist for evaluation. (Cl. Ex. 3A, p. 60) Her restrictions were adjusted again. "She was written for lifting and carrying limited to 20 pounds; occasionally bend, stoop, squat, kneel, and she should alternate walking, standing, and sitting as tolerated for comfort. She should avoid prolonged standing, but may occasionally climb stairs." (Cl. Ex. 3A, p. 60) She was also increased to 6 hour shifts.

Ms. Coffland returned to work for Midwest doing light duty cleaning work as documented in the employer's business forms. (Cl. Ex. 11, p. 151) The light-duty work was assigned at a newspaper office where Ms. Coffland was wiping down tables and desks and general cleaning. Ms. Coffland performed this work for several weeks until the end of July 2013. On July 31, 2013, Ms. Coffland underwent an independent medical evaluation (IME) with Kenneth McMains, M.D. at Allen Occupational Health Services. Dr. McMains performed an evaluation, reviewed the history including interviewing the claimant, and prepared a report dated August 1, 2013. Dr. McMains diagnosed chronic diffuse thoracolumbar spondylosis and seemed to find that this condition was unrelated to her low back injury. (Def. Ex. A, p. 24) Dr. McMains did not render any specific opinion as to whether the diagnosis set forth above substantially aggravated or lit up the condition set forth above. He went on to state that she was never qualified to work as a custodian as a result of her underlying condition. (Def. Ex. A, pp. 24-25)

Almost immediately after this evaluation, Ms. Coffland's supervisor called her and told her there was no work for her. Ms. Coffland followed up shortly thereafter and was told there were no other jobs for her with the employer. Erin Decker, Human Resources

Director for Midwest, confirmed that light-duty was not offered to Ms. Coffland. I find at this point, Ms. Coffland reasonably believed she had been terminated. Ms. Coffland quickly obtained employment with another employer. She went to work as a cook at the jail.

Ms. Coffland testified that a few weeks after she had been sent home from work, she was asked by the employer to participate in a fitness for duty test. The employer's H.R. manager testified at hearing and verified that Ms. Coffland could not perform her job as a custodian if she was restricted from prolonged standing. Since Ms. Coffland had secured other employment, she declined to participate in the fitness for duty request.

In February 2014, Ms. Coffland was terminated from her part-time cooking job at the jail. She applied for a position at a nursing home but testified she could not pick up 40 pounds to pass the fitness for duty test. In April 2014, Stanley Mathew, M.D., evaluated Ms. Coffland. He performed a thorough evaluation of the claimant and recounted the history accurately. (Cl. Ex. 1, pp. 1-2, 5-6) He is well-qualified. (Cl. Ex. 2) He diagnosed lumbosacral radiculopathy and chronic mid and low back pain, myofascial pain of the thoracic and lumbar spine. (Cl. Ex. 1, p. 2) He related these conditions to the work injury she sustained, assigned a 15 percent disability rating and significant medical restrictions. "I would avoid lifting of more than 10 pounds, repetitive prolonged standing, prolonged walking, repetitive stairs, pushing, avoid squatting, pulling or prolonged sitting." (Cl. Ex. 1, p. 3) I find his opinions compelling and convincing.

Ms. Coffland enrolled in the customer service certificate program at Kirkwood Community College. She completed the program and secured employment at the Brooklynn Call Center making outbound calls on behalf of various customers. The position is full-time. She subsequently reduced her hours to 32 per week because the sitting was bothering her. She had treatment for "an acute exacerbation" of her back pain in March 2015, due to all of the sitting. (Cl. Ex. 3C, p. 96) Ms. Coffland testified she was eventually compelled to resign from her call center position due to the amount of time she was missing from low back pain. She underwent some additional treatment through the University of Iowa Hospitals and Clinics for her acute flare-up.

At the time of hearing, Ms. Coffland testified she is still in significant pain. The pain interferes with her activities of daily living. She testified she is looking for work in customer service. She testified she believes she can perform that type of work on a part-time basis.

CONCLUSIONS OF LAW

The first question is whether the admitted work injury is a cause of any permanent disability. By a preponderance of evidence, I find that the August 13, 2012, work injury is a proximate cause of disability in the claimant's back and head.

The claimant has the burden of proving by a preponderance of the evidence that the injury is a proximate cause of the disability on which the claim is based. A cause is proximate if it is a substantial factor in bringing about the result; it need not be the only cause. A preponderance of the evidence exists when the causal connection is probable rather than merely possible. George A. Hormel & Co. v. Jordan, 569 N.W.2d 148 (Iowa 1997); Frye v. Smith-Doyle Contractors, 569 N.W.2d 154 (Iowa App. 1997); Sanchez v. Blue Bird Midwest, 554 N.W.2d 283 (Iowa App. 1996).

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

The expert medical opinions are conflicted. The claimant relies upon the opinion of Dr. Mathew, while the defendants rely upon the expert opinion of Dr. McMains.

I find the opinion of Dr. Mathew more compelling for a number of reasons. First, Dr. Mathew's opinion is consistent with Ms. Coffland's testimony. I found Ms. Coffland to be credible. Her hearing testimony was consistent with her prior sworn testimony, as well as the medical documentation available. She appeared to be an honest woman somewhat confounded by her circumstances. Importantly, she was not significantly symptomatic prior to her work injury. The opinion of Dr. McMains is premised upon the notion that Ms. Coffland has been symptomatic in her low back for many years. The proof in the record of this is sparse at best, including medical notes from 2002 and 2007. (*See* Def. Ex. A pp. 1-4) There is not a single record between 2007 and 2012, which demonstrated any ongoing back pain.

Ms. Coffland began working for the employer in this case in April 2012, and performed her janitor position unrestricted between her date of hire and date of injury. There is nothing in the record to reflect she had difficulty performing this work, or in fact, that her performance was, in any way, substandard during this period. Yet Dr. McMains opined the following. "From the interview and exam, it would appear that at the time of Ms. Coffland's hire, she was not a qualified worker due to her deconditioning and due to her inability to spend 8 hours on her feet secondary to her fusion of her left ankle and a recurrent injury to her right ankle." (Def. Ex. A, p. 24) He further suggested that all of her back symptoms were related to the underlying condition, not any acute injury. "It would appear that Ms. Coffland was never a qualified worker to perform the essential

functions of her job as a janitor; however, it is obvious from her history and from the medical records that when she increases activity, she increases pain in her back based on the chronic degenerative process and not due to any specific industrial injury." (Def. Ex. A, p. 25)

The opinions of Dr. McMains led to the employer removing Ms. Coffland from the payroll. They told her there was no work available for her within a few days of her evaluation. She reasonably believed she was terminated. The opinion of Dr. McMains, however, was clearly wrong. Ms. Coffland had performed the work without incident for four months and she did not have any medical restrictions prior to the admitted work accident. There is no evidence in the record that she was having any difficulty performing the work. And again, the premise of his opinion, that when she increased her activities, she had additional pain, is not supported by the medical documentation, which only demonstrated two extremely limited periods of treatment over a ten year period prior to her work injury.

Dr. McMains then reframed her work injury as a mild muscle contusion despite the fact that the treating physicians treated her for her work-aggravated degenerative conditions for about a year. "It would appear that the worker suffered a mild muscle contusion to her mid back, which one would expect to resolve over a period of about 2 weeks on average due to a soft tissue injury." (Def. Ex. A, p. 24) This opinion is not even consistent with the treatment provided by the defendants' own medical providers. Dr. Pospisil and Dr. Taylor treated the claimant for nearly a year, attempting numerous treatment modalities to help her.

Finally, and most importantly, Dr. McMains did not even directly address the most relevant issue which is whether the admitted work injury substantially aggravated or lit up her "chronic degenerative conditions" in her low back. Based upon his report, it appears that Dr. McMains does not understand that a chronic degenerative condition can be lit up or substantially aggravated by a work injury. Instead of even addressing that issue, Dr. McMains questioned whether the injury really happened. "In summary, after interviewing and examining Ms. Coffland, it appears that on the date of 08/13/12 for reasons that she is unable to explain, she was taking the stairs when she would normally take the elevator and she slipped on the last step and fell, hitting her mid back on the steps." (Def. Ex. A, p. 25) This sentence seems to explain why Dr. McMains failed to address the appropriate legal standard for medical causation. He apparently did not believe that Ms. Coffland was truly injured. This, however, is a stipulated fact of the case. The employer did not even contend what Dr. McMains suggested. It seems preposterous for the defendants to rely upon this opinion when his opinion did not even address the correct standard for medical causation and even suggested that the injury did not even really happen as the claimant stated.

In sharp contrast to the opinion of Dr. McMains, Dr. Mathew prepared a concise expert opinion which is consistent with the claimant's credible testimony and the medical documentation in the file. His opinions are adopted as the best medical evidence in the file. It is noteworthy that the incident of injury itself was fairly significant.

This was not a situation where a claimant bent over to tie her shoes. It makes perfect sense to me that a 60-year-old woman with a history of some degenerative-type symptoms in her low back would have a bad result from falling backward on the stairs so hard that it left a significant bruise. It is the type of injury which seems quite likely to cause a permanent aggravation of underlying degenerative conditions. Significantly, Dr. Mathew noted that the mechanism of injury is consistent with her resulting disability. (Cl. Ex. 1, pp. 3, 6)

For all of these reasons, I find that the claimant has met her burden of proof. She demonstrated by a preponderance of evidence that her work injury resulted in permanent disability.

The next question is whether the claimant is entitled to healing period benefits for one week in August 2013. The claimant alleges she should be entitled to a week of benefits following her termination while the defendants allege that she had reached maximum medical improvement prior to her termination.

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

Ms. Coffland was working under medical restrictions from her authorized treating physician, Dr. Pospisil. The restrictions had been adjusted in June 2013 as follows: "She was written for lifting and carrying limited to 20 pounds; occasionally bend, stoop, squat, kneel, and she should alternate walking, standing and sitting as tolerated for comfort. She should avoid prolonged standing, but may occasionally climb stairs." (Cl. Ex. 3A, p. 60) She was allowed to work up to 6 hours per day. This is the last treatment record in the file prior to the defendants sending Ms. Coffland to Dr. McMains on July 31, 2013. Within days after her evaluation with Dr. McMains, Ms. Coffland was told there was no work available for her. She was effectively terminated from her position a few days after that when she was told there was no work for her. Since Ms. Coffland was terminated from her position and was no longer working as of September 9, 2013, the only issue is whether she was capable of returning to substantially similar employment or whether she had already achieved maximum medical improvement.

The only evidence in this file to support either proposition is the medical report of

Dr. McMains. As stated above, I reject the medical report of Dr. McMains. I do not find it to be reliable. The claimant was off work from August 9, 2013, until she secured new employment as a cook for the jail. This was at least one week that she was off work. Pursuant to the report of Dr. Mathew, I find that Ms. Coffland did not reach maximum medical improvement until January 2014. Since she was removed from employment at a time when she was not capable of substantially similar employment and she was not at maximum medical improvement, healing period is owed.

I therefore find the defendants are responsible for healing period benefits from August 9, 2016, through August 16, 2013.

The next issue is the nature and extent of disability. Ms. Coffland's disability is to her low back. The parties have stipulated that the disability is industrial.

Since claimant has an impairment to the body as a whole, an industrial disability has been sustained. Industrial disability was defined in Diederich v. Tri-City R. Co., 219 Iowa 587, 258 N.W. 899 (1935) as follows: "It is therefore plain that the legislature intended the term 'disability' to mean 'industrial disability' or loss of earning capacity and not a mere 'functional disability' to be computed in the terms of percentages of the total physical and mental ability of a normal man."

Functional impairment is an element to be considered in determining industrial disability which is the reduction of earning capacity, but consideration must also be given to the injured employee's age, education, qualifications, experience, motivation, loss of earnings, severity and situs of the injury, work restrictions, inability to engage in employment for which the employee is fitted and the employer's offer of work or failure to so offer. McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Olson v. Goodyear Service Stores, 255 Iowa 1112, 125 N.W.2d 251 (1963); Barton v. Nevada Poultry Co., 253 Iowa 285, 110 N.W.2d 660 (1961).

Compensation for permanent partial disability shall begin at the termination of the healing period. Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Section 85.34.

Although claimant is close to a normal retirement age, proximity to retirement cannot be considered in assessing the extent of industrial disability. Second Injury Fund of Iowa v. Nelson, 544 N.W. 2d 258 (Iowa 1995). However, this agency does consider voluntary retirement or withdrawal from the work force unrelated to the injury. Copeland v. Boones Book and Bible Store, File No. 1059319, (Appeal November 6, 1997). Loss of earning capacity due to voluntary choice or lack of motivation is not compensable. Id.

The refusal of defendant-employer to return claimant to work in any capacity is, by itself, significant evidence of a lack of employability. Pierson v. O'Bryan Brothers, File No. 951206 (App. January 20, 1995). Meeks v. Firestone Tire & Rubber Co., File No. 876894, (App. January 22, 1993); See also, 10-84 Larson's Workers'

Compensation Law, section 84.01; Sunbeam Corp. v. Bates, 271 Ark. 609 S.W.2d 102 (1980); Army & Air Force Exchange Service v. Neuman, 278 F. Supp. 865 (W.D. La. 1967); Leonardo v. Uncas Manufacturing Co., 77 R.I. 245, 75 A.2d 188 (1950). An employer who chooses to preclude an injured worker's re-entry into its workforce likely demonstrates by its own action that the worker has incurred a substantial loss of earning capacity. As has previously been explained in numerous decisions of this agency, if the employer in whose employ the disability occurred is unwilling to accommodate the disability, there is no reason to expect some other employer to have more incentive to do so. Estes v. Exide Technologies, File No. 5013809 (App. December 12, 2006).

I find that the claimant has suffered a 50 percent loss of earning capacity as a result of her work injury. Claimant was 63 years old as of the date of hearing. She did not graduate from high school but she is a bright, experienced worker who has skills. She has had a great deal of training and she does not fear change or hard work. She is generally highly motivated; however, she has taken Social Security retirement, and she earns approximately $591.00 per month from that source.

She has a 15 percent impairment rating in her low back resulting from the following diagnoses: lumbosacral radiculopathy and chronic mid and low back pain, myofascial pain of the thoracic and lumbar spine. The medical restrictions are severe. "I would avoid lifting of more than 10 pounds, repetitive prolonged standing, prolonged walking, repetitive stairs, pushing, avoid squatting, pulling, or prolonged sitting." (Cl. Ex. 1, p. 3)

The employer sent Ms. Coffland home in August 2013, approximately a year after her work injury. They told her they had no more work for her. This was verified by the H.R. Manager at hearing. She reasonably believed she was fired. The termination was directly because of claimant's work limitations or abilities, or the employer's perception of her abilities.

Since losing her job, claimant attempted retraining (in customer service) and worked in two different jobs, once as a cook at the jail and then later as a telemarketer using her customer service skills. Neither job was particularly heavy in light of her work history, but both gave her difficulty because of the standing and sitting. I find that Ms. Coffland is capable of working; however, her back condition is severely limiting. She needs a lighter position where she can alternate standing and sitting. These positions do exist in the competitive job market, although it is difficult for an older worker with these types of significant limitations to find the correct fit.

When considering these and all of the factors of industrial disability, I find the claimant has a 50 percent loss of earning capacity. This entitles the claimant to 250 weeks of benefits commencing the date her temporary disability benefits ceased (August 16, 2013). *See* Iowa Code section 85.34(2) (2015).

The next issue is 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. Iowa Code section 85.27 (2015). For all claimed medical expenses, the claimant is entitled to an order of reimbursement only if she has paid treatment costs; otherwise, to an order directing the responsible defendants to make payments directly to the provider. Krohn v. State, 420 N.W.2d 463 (Iowa 1988). Defendants should also pay any lawful late payment fees imposed by providers. Laughlin v. IBP, Inc., File No. 1020226 (App., February 27, 1995).

I have reviewed claimant's Exhibit 12 and all of the supporting documentation. I have compared the documentation in Exhibit 12 with the corresponding medical records. I agree with the defendants that the claimant failed to meet her burden of proof regarding these bills from 2014 and 2015. Ms. Coffland reached maximum medical improvement, and her work-related disability was stable as of January 12, 2014. She had acute flare-ups of her condition thereafter from separate incidents. It is simply not clear that those bills resulted from the work injury. Consequently, she has failed to prove bills after January 2014, to be causally connected to her August 2012, work injury. They were appropriately paid by other insurance sources. Any bills prior to her date of maximum medical improvement are owed if they remain unpaid.

Finally, the defendants contend that the claimant is entitled to the statutory minimum for her healing period and that the defendants should receive a credit for the weeks paid. I disagree. Iowa Code section 85.36(9) (2015) is not applicable in this case. Her gross wages were appropriately determined and paid.

ORDER

THEREFORE IT IS ORDERED:

Defendants shall pay the claimant healing period benefits from August 9, 2013, through August 16, 2013, at the rate of one hundred eighty-one and 19/100 dollars ($181.19) per week.

Defendants shall pay the claimant two hundred fifty (250) weeks of permanent partial disability benefits at the rate of one hundred eighty-one and 19/100 dollars ($181.19) per week commencing August 17, 2013.

Defendants shall pay accrued weekly benefits in a lump sum.

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

Defendants shall pay the outstanding medical expenses outlined in claimant's Exhibit 12 through January 12, 2014. Defendants are not responsible for medical bills

after January 12, 2014.

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

Costs are taxed to defendants.

Signed and filed this 22nd day of July, 2016.

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