

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

MELISSA ROSALES,

Claimant,

vs.

SHINE BROS CORP. a/k/a GRAB &
GO AUTO SALVAGE, LLC,

Employer,

and

NEW HAMPSHIRE INSURANCE
COMPANY,Insurance Carrier,
Defendants.

File No. 1666197.01

ARBITRATION DECISION

Head Note Nos.: 1108.50, 1402.40,
1803.1, 2907

STATEMENT OF THE CASE

Melissa Rosales, claimant, filed a petition in arbitration seeking workers' compensation benefits from Shine Brothers Corporation a/k/a Grab and Go Auto Salvage, LLC, employer, and New Hampshire Insurance Company, insurance carrier, as defendants. Hearing was held on July 18, 2022. This case was scheduled to be an in-person hearing occurring in Sioux City, Iowa. However, due to the declaration of a pandemic in Iowa, the Iowa Workers' Compensation Commissioner ordered all hearings to occur via Internet-based video. Accordingly, this case proceeded to a live video hearing via Zoom with all parties and the court reporter appearing remotely.

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.

Melissa Rosales was the only witness to testify live at trial. The evidentiary record also includes claimant's exhibits 1-9 and defendants' exhibits A-D. It should be noted that defendants initially only offered exhibits A-C. During the course of the hearing defendants learned that claimant was seen for a medical appointment in July 2022. The record was left open for the defendants to obtain and submit those clinical

notes. Defendants submitted and those records were received as exhibit D. All exhibits were received without objection. The evidentiary record closed with the submission of exhibit D on July 18, 2022.

The parties submitted post-hearing briefs on September 1, 2022, at which time the case was fully submitted to the undersigned.

ISSUES

The parties submitted the following issues for resolution:

1. Whether the claimant sustained any permanent disability as the result of the June 27, 2019 work injury. If so, the nature and extent of permanency.
2. Whether claimant is entitled to reimbursement for an Independent Medical Examination pursuant to Iowa Code section 85.39.
3. Assessment of costs.

FINDINGS OF FACT

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

Claimant, Melissa Rosales, sustained a work injury with Shine Brothers Corporation a/k/a Grab & Go Auto Salvage, LLC ("Shine Brothers") on June 27, 2019. Ms. Rosales began working for Shine Brothers in October 2018. Shine Brothers is a scrap metal business. When Ms. Rosales was first hired, she worked in the metals department where she sorted and stacked different types of metals. She sorted by hand and by using skid loaders and other equipment. (Tr. pp. 18-21)

On the date of the injury, June 27, 2019, Ms. Rosales was helping a co-worker hook up hydraulic lines on the pay loader bucket when the bucket was inadvertently dropped on the top of her left foot. Ms. Rosales was taken from her workplace to the hospital. (Tr. pp. 33-36)

Ms. Rosales was seen at the Spencer Hospital Emergency Room on June 27, 2019. X-rays of her left foot revealed no acute bony or joint abnormality. The overlying soft tissues were unremarkable. (Cl. Ex. 1)

On July 1, 2019, Ms. Rosales saw Timothy Blankers, DPM, at Northwest Iowa Bone, Joint & Sports Surgeons, for evaluation of her left foot. The assessment was contusion left midfoot with possible navicular fracture. She was to remain nonweightbearing. Dr. Blankers recommended an MRI to evaluate for further soft tissue and osseous injuries. (Cl. Ex. 3, pp. 8-9)

After the MRI, Ms. Rosales returned to Dr. Blankers on July 8, 2019. She continued to have burning and stinging in her foot. The MRI shows bone marrow edema within the subtalar joint, along the talus at the anterior aspect of the posterior facet. Dr. Blankers felt there was evidence of change to the navicular consistent with

injury. His assessment was contusion left midfoot. He recommended continuing the cam boot for an additional 10 days. He noted she was motivated to get back to work. (Cl. Ex. 2; Cl. Ex. 3, pp. 10-11)

Ms. Rosales returned to Dr. Blankers on July 16, 2019. She reported she was doing fairly well and would like to attempt to return to work. She is able to weight-bear and notes tenderness with single leg heel rise. The assessment was contusion left midfoot. He placed her on a tapering dosage of prednisone. She was allowed to return to work progressing from 4 to 6 to 8 to 10 hours per day. She was to return in two weeks. (Cl. Ex. 3, pp. 12-14)

On July 30, 2019, Ms. Rosales returned to see Dr. Blankers. She continued to have tenderness over her left foot. She discontinued the use of her cam boot two weeks ago and has since been wearing her regular work boots. Overall she has no complaints and feels she is doing well. Ms. Rosales requested to be and was released to return to work without restrictions. (Cl. Ex. 3, pp. 15-16)

Ms. Rosales returned to Dr. Blankers on September 8, 2020 for a recheck of her left foot contusion. She reported a burning sensation in the midfoot with occasional shooting pains in her foot. New x-rays were obtained. Dr. Blankers noted that the x-rays of the left foot taken that day showed a mottled appearance to the bones. He had concerns for ongoing reaction to her contusion. He recommended physical therapy to help reduce some of her pain and try to improve some of the coloration and appearance of blood flow to her foot. She was to return in 3 to 4 weeks. (Cl. Ex. 3, pp. 17-19)

Ms. Rosales began physical therapy at NWIA Bone, Joint & Sports Surgeons on September 15, 2020. Over the past six months she has experienced increased soft tissue, pain, tingling and numbness on the top of her left foot. She does not tolerate cold or pressure across the top of her left foot without excruciating pain. She attempted to have a pedicure and started sweating and experienced 7-8/10 pain on the top of her foot from massage. Her foot gets very white when it is cold, she feels it does not have a good blood supply. The plan was to undergo therapy 1-2 times per week for up to 6 weeks. (Cl. Ex. 3, pp. 20-21)

On October 6, 2020, Ms. Rosales returned to Dr. Blankers for follow-up. She felt therapy was helping a little. The doctor's examination revealed some patchy areas of hyperemia and pallor. He did not appreciate full-blown Raynauds or CRPS; however, Dr. Blankers had concerns for both. He questioned whether there was some nerve injury along the lateral foot. His assessment included contusion left midfoot, paresthesias left foot, and left ankle instability. He recommended continued therapy regarding paresthesias and sensory and vascular changes. She was to return in 3 to 4 weeks and if no impairment may consider nerve conduction study. (Cl. Ex. 3, p. 22)

Ms. Rosales continued to attend physical therapy. On October 21, 2020, she reported that her feet get really cold at work. By the end of her work shift her left foot was white in discoloration on the top of her foot. She had burning pain and felt she

needed to itch the top of her foot. She scratched so much she created an abrasion on the top of her foot. The therapist called the physician to express her concerns of possible Raynauds/circulation issues within her left foot. Ms. Rosales had more cold sensitivity than sensory or RSD issues at this point. (Cl. Ex. 3, p. 24)

Dr. Blankers saw Ms. Rosales on November 3, 2020. She reported continued burning pain across the top of her foot. Her foot was always cold, even when wearing two pairs of socks. Her therapy was almost creating more discomfort than benefit. The discoloration of her right foot appeared to be somewhat global as opposed to patchy. Ms. Rosales also has decreased function of her toes. Her left foot is cool compared to the right. She was referred to rheumatology due to the doctor's concerns of Raynaud's. (Cl. Ex. 3, p. 26)

On November 23, 2020, Ms. Rosales saw Mark T. Vercel, D.O., at Avera Medical Group Rheumatology. She presented with chief complaints of pain and circulation changes in the foot after a crush injury. She has generalized local swelling, with new enlargement of her left foot, with purple changes, numbness, shooting pain from the ankle. The circulation changes came from the midfoot down on the left side only. Dr. Vercel's impression was symptoms most consistent with a complex regional pain syndrome (CRPS) after having a crush injury at work. He recommended she see a neurologist to establish a more concrete diagnosis and treatment options. He did not believe she had an active rheumatic condition contributing to her condition. (Cl. Ex. 4, pp. 44-50)

Ms. Rosales saw Andrew J. Ridder, M.D. at AMG Neurology on January 7, 2021. Ms. Rosales had a lot of numbness and pain in her left foot following a crush injury. The numbness did not go higher than her ankle. She had intermittent color changes and substantial pain from the ankle on down. Her feet also felt very cold. Physical exam did note slight decrease in sensation in the left foot. The doctor felt CRPS was definitely a consideration, although focal nerve injury around the tarsal tunnel or the peroneal nerve was also a possibility. Another consideration was mononeuritis multiplex. He recommended an EMG of her left lower extremity and some blood work. (Cl. Ex. 5, pp. 56-65)

Ms. Rosales returned to AMG Neurology on January 10, 2022. Her EMG, NCS and lab work were all unremarkable. She had ongoing neuropathic pain with combination gabapentin, duloxetine therapy, with symptoms most bothersome at night. Her presentation was likely consistent with CRPS. Her left foot is sensitive to the cold. She puts a hot pack in her shoe during work. Once her foot becomes cold her neuropathic pain is very intense. Working in the cold, standing in certain positions contribute to increased pain with discomfort described as burning, crawling, itching sensation to her left foot. Standing in certain positions causes shooting pain from the foot into her proximal left lower extremity. The diagnosis was paresthesia and CRPS of left lower extremity. (Cl. Ex. 5, pp. 66-70)

On January 28, 2022, Jamie Busch, CNP of AMG Neurology Sioux Falls issued a note. She stated Ms. Rosales' pain is exacerbated by cold weather. Ms. Busch recommended Ms. Rosales be excused from working outdoors if the temperature is below 15 degrees. (Cl. Ex. 5, p. 71) On February 9, 2022, Ms. Busch recommended Ms. Rosales work outside for no more than 1 hour when temperatures are below 15 degrees without an inside break of 15 minutes to warm up. (Cl. Ex. 5, p. 72)

On March 2, 2021, Ms. Rosales returned to Dr. Blankers for a recheck of her left foot. She had been taking Gabapentin for her nerve pain and that was helping. Dr. Blankers noted she had a bone on the dorsal left foot that was rubbing on her shoes. She wanted to have the prominence removed. (Cl. Ex. 3, pp. 27-28)

On March 25, 2021, Ms. Rosales underwent an osteophyte resection. The operative notes state she had a previous injury that she attempted to treat conservatively but continued to have pain over the site of the injury from a prominence to the medial cunelform. (Cl. Ex. 1, pp. 3-5)

Ms. Rosales returned to Dr. Blankers on April 6, 2021, two weeks post-op. Her foot was still painful, but the incision was well healed and sutures were removed. She still had numbness and decreased function to her toes. She was to continue with the cam boot and remain off work. (Cl. Ex. 3, pp. 30-31)

Dr. Blankers saw Ms. Rosales again on April 20, 2021. She had some swelling and tenderness along her incision. She was instructed to work on desensitization over the next two weeks. If she is able to return to regular shoes, then the doctor would consider gradual return to work. (Cl. Ex. 3, pp. 32-33)

Ms. Rosales returned to Dr. Blankers on May 4, 2021. She still had mild swelling along the dorsal foot. When she moves her foot too quickly, she occasionally gets a catching feeling. She wanted to return to full duty and Dr. Blankers allowed her to do so. Follow-up in one month. (Cl. Ex. 3, pp. 34-35)

On July 13, 2021, Ms. Rosales returned to Dr. Blankers. He felt that her skin condition had improved slightly as she did not have as much discoloration. She continued to have shooting pains throughout her foot. (Cl. Ex. 3, p. 37)

On January 20, 2022, Ms. Rosales reported to Dr. Blankers that her foot was still very sensitive to the cold weather. Her nerve pain had been getting worse and her neurologist increased her nighttime medication to help with the pain. She felt her left foot was bigger than the right and there was swelling coming back into her dorsal foot and a tendon catching in her dorsal foot. Consideration was given to an injection into her foot at the site of the pain, but it was decided to wait. Regarding her RSD/CRPS, Dr. Blankers deferred to her neurologist. (Cl. Ex. 3, pp. 38-396)

On February 3, 2022, Ms. Rosales returned to Dr. Blankers. She was at the point where she wanted to consider a cortisone injection. She continued to try to work but questions whether the cold is the cause of the increase in her CRPS-type symptoms. She has had to miss work on severely cold days due to her foot pain. She continues to have tenderness over the first metatarsal cuneiform joint. She was given an injection. (Cl. Ex. 3, p. 40)

On February 16, 2022, Dr. Blankers opined that Ms. Rosales' symptoms were consistent with CRPS and the direct result of her injury in June 2019. He noted that from the start of her injury she expressed her desire to keep working. Dr. Blankers felt that Ms. Rosales' flare-ups may make it difficult for her to stand. (Cl. Ex. 3, pp. 41-42)

Ms. Rosales followed-up with Dr. Blankers on March 15, 2022. The injection helped lessen the catching sensation in her left foot. She continued to have deep pain in her left forefoot. Her foot appeared discolored; there is a purplish color over her foot. Dr. Blankers instructed her to continue to follow-up with neurology. He felt he could not provide any additional surgical benefit to her. (Cl. Ex. 3, p. 43)

On April 21, 2022, at the request of her attorney, Ms. Rosales saw Sunil Bansal, M.D., for an independent medical examination (IME). Dr. Bansal noted Ms. Rosales' injury and development of symptoms. He noted she developed discoloration of her foot, and extreme hypersensitivity. A neurologist diagnosed her with CRPS. Ms. Rosales continued to have pain and sensitivity of her foot. Due to her ongoing symptoms, it was difficult for Ms. Rosales to work on inclines and uneven ground. Dr. Bansal placed Ms. Rosales at MMI on April 21, 2022. His diagnosis includes crush injury to her left midfoot, painful osteophyte of the left first metatarsocuneiform joint, CRPS. He stated, "as a result of her left foot crush injury, her condition evolved to CRPS (complex regional pain syndrome). The pathogenesis of these types of conditions that have to do with an aberrant host response by the central nervous system is a chronic pain condition, characterized by excessive pain." (Cl. Ex. 6, p. 83) Dr. Bansal assigned impairment as follows:

Utilizing the AMA Guides of Evaluation for Permanent Impairment, Fifth Edition, we find the CRPS of the lower extremity is rated per Table 13-15. Her functional limitations are best defined by the criteria set forth for Class 2 impairments, as well as some from Class 3. She has difficulty walking on inclined surfaces. She also has difficulty if surfaces are not level. Therefore, she is assigned **10% whole person impairment**. This is a stand-alone impairment, and accounts for any other impairment to the foot.

(Cl. Ex. 6, p. 85)

Dr. Bansal permanently restricted Ms. Rosales to no prolonged standing or walking greater than 60 minutes at a time. She is to avoid multiple stairs, as well as walking on inclines or uneven ground. Avoid exposure to freezing temperatures. (Cl. Ex. 6, pp. 73-85)

The first issue to be addressed is permanent impairment. There is no dispute that she sustained a crush injury to her left foot which resulted in a diagnosis of CRPS. I find Ms. Rosales sustained a crush injury to her left foot which resulted in CRPS which, based on the opinion of Dr. Bansal, is an aberrant host response by the central nervous system. I find Ms. Rosales sustained a work injury that affects her central nervous system. I find the opinions of Dr. Bansal regarding permanent impairment to carry the greatest weight. His opinion is un rebutted and is based on The Guides. Thus, I find Ms. Rosales sustained 10 percent impairment of her body as a whole as the result of the work injury.

At the time of the hearing Ms. Rosales was 40 years old. She was still employed with Shine Brothers and was earning \$21.12 per hour. She was averaging approximately 50 hours per week. At the time of her injury, she was paid approximately \$17.00 per hour. At the time of hearing, she was making significantly more than she was at the time of the injury. (Tr. pp. 8-9, 19-20, 67-68) I find that after the work injury Ms. Rosales returned to work and receives greater wages than she did at the time of the injury.

Claimant seeks reimbursement for the IME conducted by Dr. Bansal. Defendants do not dispute claimant's entitlement to reimbursement for the IME. (Tr. p. 5). I find claimant is entitled to reimbursement for the IME in the amount of three thousand four hundred eighty and no/100 dollars (\$3480.00). (Cl. Ex. 6, pp. 86-87)

Finally, claimant is seeking an assessment of costs as set forth in claimant's exhibit 8. Costs are to be assessed at the discretion of the Iowa Workers' Compensation Commissioner or by the hearing deputy. I find that claimant was generally successful in her claim and exercise my discretion to find that an assessment of costs against the defendants is appropriate.

CONCLUSIONS OF LAW

The party who would suffer loss if an issue were not established ordinarily has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P. 6.904(3)(e).

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).

Under the Iowa Workers' Compensation Act, permanent partial disability is compensated either for a loss or loss of use of a scheduled member under Iowa Code section 85.34(2)(a)-(u) or as an unscheduled injury pursuant to the provisions of section 85.34(2)(v). The extent of scheduled member disability benefits to which an injured worker is entitled is determined by using the functional method. Functional disability is "limited to the loss of the physiological capacity of the body or body part." Mortimer v. Fruehauf Corp., 502 N.W.2d 12, 15 (Iowa 1993); Sherman v. Pella Corp., 576 N.W.2d 312 (Iowa 1998).

An injury to a scheduled member may, because of after effects or compensatory change, result in permanent impairment of the body as a whole. Such impairment may in turn be the basis for a rating of industrial disability. It is the anatomical situs of the permanent injury or impairment which determines whether the schedules in section 85.34(2)(a)-(u) are applied. Lauhoff Grain Co. v. McIntosh, 395 N.W.2d 834 (Iowa 1986); Blacksmith v. All-American, Inc., 290 N.W.2d 348 (Iowa 1980); Dailey v. Pooley Lumber Co., 233 Iowa 758, 10 N.W.2d 569 (1943). Soukup v. Shores Co., 222 Iowa 272, 268 N.W. 598 (1936).

Iowa has adopted the majority view set forth by Professor Arthur Larson in his treatise on workers' compensation law concerning "spill-over" effects of a scheduled injury. Larson states that if the effects of the loss of the member extend to other parts of the body and interfere with their efficiency, the schedule allowance for the lost member is not exclusive. 4-87 Larson's Workers' Compensation Law Section 87.02. Therefore, various spill-over conditions resulting from a scheduled injury are now compensation industrially in this state. This includes RSD or what is now termed chronic regional pain syndrome (CRPS). Collins v. Department of Human Services, 529 N.W.2d 627, 629 (Iowa App. 1995) & Barton v. Nevada Poultry Co., 253 Iowa 285, 110 N.W.2d 660-664 (1961); (regional pain syndrome formerly called Sudeck's atrophy, causalgia or reflex sympathetic dystrophy (RSD)).

Defendants submit that a blanket application of Collins to any CRPS case is erroneous. Defendants contend it is the anatomical situs of the permanent injury or impairment which determines whether an injury is contained to the schedule. See Lauhoff Grain v. McIntosh, 395 N.W.2d 834 (Iowa 1986). Defendants argue that the Collins and Barton cases involve situations where the claimant's RSD resulted in pain and restrictions beyond the scheduled member. In the present case defendants contend the medical records indicate symptoms and impairment are contained to the left lower extremity. I do not find defendants' argument to be persuasive.

Based on the above findings of fact, I conclude that as the result of the June 27, 2019 work injury claimant sustained a crush injury to her left foot that resulted in CRPS which is an aberrant host response by the central nervous system. I conclude claimant sustained an injury to her central nervous system. I conclude that claimant's left foot injury includes CRPS as a spill-over effect of the scheduled injury. This spill-over effect results in an unscheduled injury. See Barton v. Nevada Poultry Co., 253 Iowa 285, 110 N.W.2d 660-664 (1961). I conclude that Ms. Rosales has sustained an injury to her body as a whole. Because claimant established by the preponderance of the evidence that her injury extends into the body as a whole and should be compensated pursuant to Iowa Code section 85.34(2)(v).

Iowa Code section 85.34(2)(v) provides:

In all cases of permanent partial disability other than those hereinabove described or referred to in paragraphs 'a' through 'u' hereof, the compensation shall be paid during the number of weeks in relation to five hundred weeks as the reduction in the employee's earning capacity caused by the disability bears in relation to the earning capacity that the employee possessed when the injury occurred. A determination of the reduction in the employee's earning capacity caused by the disability shall take into account the permanent partial disability of the employee and the number of years in the future it was reasonably anticipated that the employee would work at the time of the injury. If an employee who is eligible for compensation under this paragraph returns to work or is offered work for which the employee receives or would receive the same or greater salary, wages, or earnings than the employee received at the time of the injury, the employee shall be compensated based only upon the employee's functional impairment resulting from the injury, and not in relation to the employee's earning capacity.

Iowa Code section 85.34(2)(v).

In this case, I conclude Ms. Rosales returned to work and receives the greater wages than she did at the time of the injury. Thus, compensation should be based on Ms. Rosales' permanent impairment resulting from his injury. As such, I conclude that her current recovery is limited to her permanent functional impairment rating resulting from the injury. Iowa Code section 85.34(2)(v).

Iowa Code section 85.34(x) permanent disabilities states:

In all cases of permanent partial disability described in paragraphs “a” through “u”, or paragraph “v” when determining functional disability and not loss of earning capacity, the extent of loss or percentage of permanent impairment *shall be determined solely by utilizing the guides to the evaluation of permanent impairment, published by the American medical association*, as adopted by the workers' compensation commissioner by rule pursuant to chapter 17A. Lay testimony or *agency expertise shall not be utilized in determining loss or percentage of permanent impairment* pursuant to paragraphs “a” through “u”, or paragraph “v” when determining functional disability and not loss of earning capacity.

Iowa Code section 85.34 (x) (emphasis added).

This agency has adopted The Guides to the Evaluation of Permanent Impairment, Fifth Edition, published by the American Medical Association for determining the extent of loss or percentage of impairment for permanent partial disabilities. See 876 IAC 2.4.

Based on the above findings of fact, I conclude Dr. Bansal's impairment rating is unrebutted and based solely on The Guides. I accepted the impairment rating offered by Dr. Bansal and found that claimant proved a 10 percent permanent functional impairment of the whole person as a result of the June 27, 2019 work injury. This finding entitles claimant to an award equivalent to 10 percent of the whole person.

Pursuant to Iowa Code section 85.34(2)(v), unscheduled injuries are compensated based upon a 500-week schedule. Ten percent of 500 weeks is 50 weeks. Therefore, I conclude that claimant is currently entitled to an award of 50 weeks of permanent partial disability benefits as a result of the June 27, 2019 work injury.

Finally, claimant is seeking an assessment of costs as set forth in claimant's exhibit 8. Costs are to be assessed at the discretion of the Iowa Workers' Compensation Commissioner or by the hearing deputy. Based on the above findings of fact, I conclude that an assessment of costs against the defendants is appropriate. Claimant is seeking costs for the filing fee in the amount of \$100.00. I find this is an appropriate cost under 876 IAC 4.33(7). Defendants are assessed costs totaling one hundred and no/100 dollars (\$100.00).

ORDER

THEREFORE, IT IS ORDERED:

All weekly benefits shall be paid at the stipulated rate of five hundred fifteen and 02/100 dollars (\$515.02).

Defendants shall pay fifty (50) weeks of permanent partial disability benefits commencing on the stipulated commencement date of April 21, 2022.

Defendant shall be entitled to credit for all weekly benefits paid to date.


Defendants shall pay accrued weekly benefits in a lump sum together with interest at an annual rate equal to the one-year treasury constant maturity published by the federal reserve in the most recent H15 report settled as of the date of injury, plus two percent.

Defendants shall reimburse claimant for the cost of the IME in the amount of three thousand four hundred eighty and no/100 dollars (\$3,480.00).

Defendants shall reimburse claimant costs totaling one hundred and no/100 dollars (\$100.00).

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 17th day of October, 2022.


ERIN Q. PALS
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Willis Hamilton (via WCES)

Timothy Clausen (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.