BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

LAWRENCE GODNAI, Claimant, vs. DES MOINES REGISTER & TRIBUNE CO., Employer, and NEW HAMPSHIRE INS. CO., Insurance Carrier, Defendants.	File No. 5062343 ARBITRATION DECISION Head Note Nos.: 1402.40; 2501; 2502

FILED
APR 17 2018
WORKERS' COMPENSATION

STATEMENT OF THE CASE

Claimant, Lawrence Godnai, filed a petition in arbitration seeking worker's compensation benefits from the Des Moines Register & Tribune Company (Register), employer, and New Hampshire Insurance Company, insurer, both as defendants. This matter was heard in Des Moines, Iowa, in December 5, 2017 with a final submission date of January 5, 2018.

The record in this case consists of Joint Exhibits 1 through 24, and the testimony of claimant.

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.

ISSUES

1. Whether the injury resulted in a permanent disability; and if so,

2. The extent of claimant's entitlement to permanent partial disability benefits;

3. The extent of claimant's entitlement to temporary benefits.

4. Whether there is a causal connection between the injury and the claimed medical expenses.

5. Whether claimant is entitled to reimbursement for an independent medical evaluation (IME), under Iowa Code section 85.39.

6. Costs.

FINDINGS OF FACT

Claimant was 70 years old at the time of hearing. Claimant graduated from high school. Claimant has two associate degrees in Tool and Dye and Electronics. Claimant served in the Air Force from 1966 through 1970. Claimant served in Vietnam.

Claimant has worked for Firestone for 32 years. Claimant also did maintenance work for Dee Zee Manufacturing.

Claimant began at the Register in 2007 as an electrician. Claimant says he also does mechanical work. Claimant testified he works on presses that are approximately four stories high. He said his job requires a lot of walking, and climbing up and down ladders and stairs.

Claimant said he was paid $21.50 per hour at the time he was hired. At the time of hearing, claimant was earning $25.00 per hour.

Claimant's medical history is relevant. In July 2000, claimant was evaluated for pain in both knees. (Exhibit 1, page 1)

In February 2011, claimant had x-rays in both knees. X-rays showed loss of joint space in the medial compartments of the left knee. (Ex. 2, p. 2)

In December 2011, claimant was assessed as having degenerative joint disease in both knees. (Ex. 3, p. 16)

In January 2013, claimant was evaluated for right knee pain. Claimant had an antalgic gait. He was assessed as having bone on bone in both knees with left knee having advanced degenerative arthritis. (Ex. 4, pp. 57-58)

Claimant had a right hip replacement in 2013. (Transcript pages 30-31)

In June 2014, claimant complained of increased pain bilaterally in both ankles and knees. Claimant was prescribed Tramadol. (Ex. 3, p. 25)

On September 9, 2014, claimant was evaluated for left hip pain. Claimant's problem at the time was ankle, hip and knee joint pain. (Ex. 3, p. 26)

On September 13, 2014, claimant was pulling a pallet jack when his grip slipped off the handle. Claimant fell against the machine. Claimant said, at hearing, he had immediate pain in the left groin. Claimant testified at hearing that approximately three to four hours later he had left knee pain.

On September 14, 2014, claimant was evaluated at the emergency department at Mercy Medical Center for groin pain radiating to the left knee. Claimant was assessed as having a muscle strain. He was given pain medication and muscle relaxants and released.

Claimant was evaluated by Ricardo Bendezu, M.D., on September 18, 2014 for left groin pain. Claimant was assessed as having left groin pain. He was allowed to return to work at light duty. (Ex. 3, pp. 30-32)

Claimant completed the employee accident report on September 22, 2014. Claimant indicated a severe groin strain on the left. A diagram of the body shows circles on the left groin area. Claimant testified in deposition that he completed the employee injury report. (Ex. 19, p. 186; Ex. 24, Dep. pp. 30-31)

On October 14, 2014, claimant was evaluated by Stephen Nowak, D.O. Claimant had complaints of left groin pain. He also had developed left knee pain. Claimant indicated he probably twisted his knee at the time of the September 13, 2014 accident. (Ex. 3, pp. 37) X-rays taken on that day showed stable knee with osteoarthritis. (Ex. 2, p. 9)

Claimant returned to Dr. Nowak on October 29, 2014. Physical therapy had been helpful to claimant's left hip pain. Claimant was allowed to return to work with light duty. (Ex. 3, p. 40) Claimant was eventually referred to treat with Scott Meyer, M.D., at Iowa Orthopaedics. Claimant first saw Dr. Meyer on December 17, 2014 for left knee pain. Claimant indicated he fell and rolled on the left side to avoid injuring his right hip. Claimant was assessed as having hip and knee osteoarthritis. He was given a cortisone injection in his left knee. (Ex. 5, pp. 64-66)

Claimant returned to Dr. Meyer on January 12, 2015. Claimant had left knee and hip pain aggravated by a fall at work. Claimant was told he had severe knee arthritis. He was told that his fall at work was a short-term aggravation of the arthritis, but not the cause for the need of a total knee replacement (TKR). Treatment options were discussed. (Ex. 5, pp. 67-69) Claimant returned to Dr. Meyer on April 1, 2015. A TKR surgery was discussed and chosen as a treatment option. (Ex. 5, pp. 70-71)

On May 12, 2015, claimant had a TKR on the left. Surgery was performed by Dr. Meyer. (Ex. 5, p. 73)

Claimant underwent follow up care with Dr. Meyer from June 2015 through November 2015. (Ex. 5, pp. 75-80) On November 2, 2015, claimant was returned to work with modified duty and told to avoid repetitious climbing. (Ex. 5, p. 83)

On August 24, 2015, claimant was seen by Joseph H. Galles, M.D., for right foot pain. Claimant was given a prescription for a brace. (Ex. 13, pp. 138-140)

Claimant returned to Dr. Meyer one year after his TKR. Claimant indicated pain with climbing stairs. Claimant still had left knee and groin pain. Claimant was assessed as having severe right hip arthritis. (Ex. 5, pp. 84-86)

On August 2, 2016, claimant was seen by Mark Matthes, M.D., for left hip pain. Claimant had no injury associated with left hip pain. Claimant was assessed as having osteoarthritis of the left hip. A left total hip arthroplasty (THA) was discussed and chosen as a treatment option. (Ex. 10, pp. 116-118)

In a February 27, 2017 report, John Kuhnlein, D.O., gave his opinions of claimant's condition following the September 8, 2016 independent medical evaluation (IME). Claimant complained of internal left hip pain with walking and constant left knee pain. Claimant also had right foot pain while walking. Claimant indicated that at the time of the examination, his left hip and knee pain had worsened. (Ex. 14, pp. 141-146)

Claimant related no prior left hip or knee problems. (Ex. 14, p. 142)

Dr. Kuhnlein indicated claimant's September 13, 2014 injury aggravated claimant's left knee osteoarthritis and left hip osteoarthritis. Dr. Kuhnlein could not attribute claimant's right foot and ankle pain to his injury. He found claimant at maximum medical improvement (MMI) on June 12, 2016 for the TKR on the left. Dr. Kuhnlein found claimant had a 15 percent permanent impairment to the body as a whole for the left knee. Dr. Kuhnlein restricted claimant to lifting up to 30 pounds floor to waist; stooping, squatting, or kneeling rarely; and rarely climbing stairs and to avoid ladders. (Ex. 14, pp. 146-149)

On October 3, 2016, claimant had a THA on the left. Surgery was performed by Dr. Matthes. (Ex. 10, pp. 119-121)

In an August 11, 2017 letter, Dr. Matthes gave his opinion of claimant's condition. Claimant was diagnosed as having left hip osteoarthritis. Dr. Matthes noted the cause of claimant's osteoarthritis was multifactorial. He did not believe the left hip condition was causally related to the September 13, 2014 injury at work. Dr. Matthes did not believe claimant's left hip procedure was necessitated by the September 13, 2014 accident. (Ex. 11, pp. 131-133)

In an August 11, 2017 letter, Dr. Meyer gave his opinions of claimant's condition. Claimant was assessed as having degenerative osteoarthritis. He noted claimant's obesity was a high risk factor for degenerative arthritis of the knee. He said claimant's fall led to an aggravation of claimant's left knee osteoarthritis. Dr. Meyer found claimant at MMI for the left knee as of July 15, 2016. He recommended claimant avoid kneeling, repetitive squatting, climbing or descending stairs. He did not believe claimant required

further medical treatment. He found claimant's TKR was necessitated by the work injury of September 13, 2014. (Ex. 6, pp. 89-91)

In a September 19, 2017 letter Dr. Meyer noted claimant would have had a TKR whether or not he had a work injury. Given that claimant had a prior knee complaint to the fall, Dr. Meyer opined that the work injury did not directly lead to the need for a knee replacement. (Ex. 6, p. 94)

In a September 20, 2017 report, Robert Broghammer, M.D., gave his opinions of claimant's condition following an IME. Dr. Broghammer opined claimant's left knee osteoarthritis was related to claimant's aging and obesity. He opined that claimant may have had a left knee contusion caused by the September 2014 work injury. Dr. Broghammer opined that claimant's September 2014 fall did not materially or substantially contribute to claimant's need for a left TKR. He noted that claimant first noted a knee condition on October 14, 2014, approximately one month after the September 13, 2014 work injury. He opined claimant's left TKR was not necessitated by claimant's fall on September 13, 2014. He also noted that claimant had a pre-existing left knee osteoarthritis and left hip complaints dating back to 2011. (Ex. 16, pp. 178-181)

In a November 2, 2017 report, Dr. Kuhnlein gave his opinions of claimant's condition following a second IME. Dr. Kuhnlein indicated he had reviewed the opinions of Dr. Meyer and Dr. Matthes. Dr. Kuhnlein again opined that claimant's left hip osteoarthritis was lit up by the September 13, 2014 accident. He found claimant had reached MMI for the left hip as of October 3, 2017. He found claimant had a 15 percent permanent impairment to the body as a whole for the left hip replacement. When combined with the left TKR, he found that claimant had a 32 percent permanent impairment to the body as a whole. (Ex. 14, pp. 152-155)

In a November 21, 2017 letter, written by claimant's attorney, Dr. Meyer indicated claimant had osteoarthritis long before his TKR on May 12, 2015. He indicated that claimant told him that the September 13, 2014 fall aggravated his pre-existing osteoarthritis, causing claimant a greater level of symptoms. He indicated the September 13, 2014 fall aggravated claimant's underlying osteoarthritis to the point that claimant required a total knee replacement probably a few months earlier. (Ex. 6, pp. 95-96)

Claimant said his knee pain is better now than in December 2014. Claimant says he still has knee pain. Claimant said he has no left hip pain. Claimant wears an orthotic brace on his left leg.

Since returning to work, claimant does not climb ladders. He says he wears knee pads or uses a cushion when kneeling. Claimant is limited in his bending. At the time of hearing, claimant was still working full time for the Register.

Claimant testified he did not believe he could return to any of his prior jobs given his current limitations with his hips and knee.

CONCLUSIONS OF LAW

The first issue to be determined is if claimant's injury resulted in a permanent disability.

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P. 6.14(6).

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).

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.

While a claimant is not entitled to compensation for the results of a preexisting injury or disease, its mere existence at the time of a subsequent injury is not a defense. Rose v. John Deere Ottumwa Works, 247 Iowa 900, 76 N.W.2d 756 (1956). If the claimant had a preexisting condition or disability that is materially aggravated, accelerated, worsened or lighted up so that it results in disability, claimant is entitled to recover. Nicks v. Davenport Produce Co., 254 Iowa 130, 115 N.W.2d 812 (1962); Yeager v. Firestone Tire & Rubber Co., 253 Iowa 369, 112 N.W.2d 299 (1961).

Claimant contends the osteoarthritis in his left hip and left knee is materially aggravated or "lit up" by the September 13, 2014 accident resulting in a need for surgery. A number of experts have opined regarding causation of claimant's fall and his need for surgery.

Regarding the left hip, as noted in the Findings of Facts, four days prior to his fall, on September 9, 2014, claimant was evaluated for left hip pain. (Ex. 3, p. 26) Claimant fell on September 13, 2014.

On August 2, 2016, claimant was seen by Dr. Matthes for left hip pain. Notes indicate there was no injury regarding the left hip pain. (Ex. 10, pp. 116-118) Claimant eventually had a left THA on October 3, 2016. (Ex. 10, pp. 118) Dr. Matthes opined claimant's need for left hip replacement was not causally related to his September 13, 2014 injury. (Ex. 11, p. 131)

Dr. Kuhnlein saw claimant on two occasions for an IME. He opined that claimant's need for a left THA was causally related to the September 13, 2014 fall. Dr. Kuhnlein's opinion is based, in part, on history claimant gave to Dr. Kuhnlein that he had no prior left knee or left hip pain prior to the September 13, 2014 fall. It is also based on Dr. Kuhnlein's assumption that claimant's left hip was asymptomatic at the time of injury. (Ex. 14, pp., 142, 147)

This assumption was not correct. As noted, four days before the fall, claimant was treated for left hip pain. This is contrary to the history claimant gave to Dr. Kuhnlein. Dr. Kuhnlein's opinion is based on an understanding claimant was asymptomatic in his left hip prior to his September 13, 2014 fall. Because Dr. Kuhnlein's opinion is based on an incorrect assumption, it is found that his opinions regarding causation of claimant's need for a left hip replacement is not convincing.

Dr. Matthes treated claimant for an extended period of time and performed surgery on claimant. Dr. Matthes opined that claimant's need for a THA was not causally related to his September 2014 fall. Dr. Kuhnlein's opinion regarding causation is found not convincing. Given this record, claimant has failed to carry his burden of proof his fall of September 13, 2014 was causally related to his need for a hip

replacement on the left. Claimant has failed to carry his burden of proof that his September 13, 2014 fall resulted in a permanent disability regarding his left hip.

Regarding the right knee injury, claimant was evaluated the day after his fall, on September 14, 2014, as having left groin pain. (Ex. 2, pp. 2-5)

Claimant returned in follow up and again was assessed as having left groin pain. (Ex. 3, pp. 30-32)

Claimant completed an employee injury report. That report indicates severe groin pain. A diagram of the body shows a circle in the left groin area. There is no indication in the report that claimant had left knee pain. Claimant testified in deposition that he completed the employee injury report. (Ex. 19, p. 186; Ex. 24, Dep. pp. 30-31)

On October 14, 2014, approximately one month after the fall, claimant was evaluated by Dr. Nowak. This is the first time in the record claimant is assessed as having a work-related injury to his knee. (Ex. 3, p. 37)

Claimant was referred to Dr. Meyer. Dr. Meyer indicates that claimant's fall at work was a temporary aggravation and the osteoarthritis was the cause of claimant's need for a TKR. (Ex. 5, pp. 67-69)

Claimant had a TKR performed by Dr. Meyer in May 2015. (Ex. 5, p. 73)

In his initial opinions regarding causation, Dr. Meyer opined that because claimant had no prior left hip or left knee pain to the September 2014 fall, he found the fall at work aggravated claimant's underlying left knee osteoarthritis. (Ex. 6, p. 89)

As noted in the record, this understanding is not true. Claimant was treated for knee pain in June 2014. He also was treated four days prior to the fall for left hip pain. (Ex. 3, pp. 25-26)

Dr. Meyer issued a second opinion. It indicated that given claimant's prior complaints, the work injury did not lead directly to claimant's need for a TKR. (Ex. 6, p. 94)

In a third opinion, Dr. Meyer noted that the fall claimant experienced in September 2014 aggravated his underlying osteoarthritis to the point that claimant required a TKR sooner by a few months. (Ex. 6, p. 96)

The record suggests that Dr. Meyer's opinion regarding causation for claimant's TKR depends on which party he last addresses. In his final opinion, he appears to opine the fall accelerated claimant's need for a TKR by a few months. Given the equivocation of Dr. Meyer's opinions, it is found his opinions of causation, either finding causation or not finding causation, are not convincing.

Dr. Kuhnlein opined that claimant's fall of September 13, 2014 materially aggravated claimant's osteoarthritis to the point that he required a TKR. (Ex. 14, pp. 147-148)

Dr. Kuhnlein's opinions are based, in part, on an understanding that claimant had, "no prior left hip or knee problems". (Ex. 14, p. 147) Claimant also told Dr. Kuhnlein his left knee was asymptomatic prior to his September 2014 fall. As detailed above, this is incorrect. Claimant treated for his left knee in June 2014 and his left hip four days prior to the September 2014 work injury. (Ex. 3, pp. 25-26)

As detailed above, claimant was first assessed as having left knee pain one month after the date of injury. Claimant completed an employee injury report indicating he only had a left groin injury and not a left knee injury. Dr. Kuhnlein offers no analysis or rationalization of why claimant's TKR is work related when claimant was not assessed for a knee injury until one month after the date of injury, and when claimant himself completed an injury report indicating only a groin injury.

Given these discrepancies, it is found that Dr. Kuhnlein's opinion regarding causation regarding the need for a TKR on the left knee are not convincing.

Dr. Broghammer evaluated claimant one time for an IME. Dr. Broghammer opined claimant's need for a left TKR was not causally aggravated by the September 13, 2014 injury. This opinion is based, in part, on a recognition that claimant was not assessed, and did not indicate a left knee injury until one month after the date of injury. There is also a recognition in part that claimant had knee problems three months before his fall, and hip problems four days before the fall. Given this, it is found the opinions of Dr. Broghammer regarding causation and the need for claimant's TKR on the left are found more convincing.

Dr. Kuhnlein's opinions regarding causation for the need of the TKR are found unconvincing. Dr. Broghammer's opinions regarding causation of claimant's TKR are found more convincing. Given this record, claimant has failed to carry his burden of proof that his fall at work was a material aggravation and led to a need for a total knee replacement on the left.

As claimant has failed to carry his burden of proof his need for a left hip and left knee replacement is causally related to the September 13, 2014 fall, issues regarding claimant's entitlement to permanent partial disability benefits and temporary benefits are moot.

The next issue to be determined is if there is a causal connection between claimant's injury and the claimed medical expenses.

The employer shall furnish reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance, and hospital services and supplies for all conditions compensable under the workers' compensation law. The

employer shall also allow reasonable and necessary transportation expenses incurred for those services. The employer has the right to choose the provider of care, except where the employer has denied liability for the injury. Section 85.27. Holbert v. Townsend Engineering Co., Thirty-second Biennial Report of the Industrial Commissioner 78 (Review-Reopening October 1975).

As detailed above, defendants are not liable for claimant's left knee or left hip replacement. As such, defendants are not liable for expenses for treatment related to claimant's left knee and left hip replacement.

The next issue to be determined is whether claimant is entitled to reimbursement for the IME under Iowa Code section 85.39.

Section 85.39 permits an employee to be reimbursed for subsequent examination by a physician of the employee's choice where an employer-retained physician has previously evaluated "permanent disability" and the employee believes that the initial evaluation is too low. The section also permits reimbursement for reasonably necessary transportation expenses incurred and for any wage loss occasioned by the employee attending the subsequent examination.

Defendants are responsible only for reasonable fees associated with claimant's independent medical examination. Claimant has the burden of proving the reasonableness of the expenses incurred for the examination. See Schintgen v. Economy Fire & Casualty Co., File No. 855298 (App. April 26, 1991). Claimant need not ultimately prove the injury arose out of and in the course of employment to qualify for reimbursement under section 85.39. See Dodd v. Fleetguard, Inc., 759 N.W.2d 133, 140 (Iowa App. 2008).

Regarding the IME, the Iowa Supreme Court provided a literal interpretation of the plain-language of Iowa Code section 85.39, stating that section 85.39 only allows the employee to obtain an independent evaluation at the employer's expense if dissatisfied with the evaluation arranged by the employer. Des Moines Area Reg'l Transit Auth. v. Young, 867 N.W.2d 839, 847 (Iowa 2015).

Under the Young decision, an employee can only obtain an IME at the employer's expense if an evaluation of permanent disability has been made by an employer-retained physician.

Iowa Code section 85.39 limits an injured worker to one IME. Larson Mfg. Co., Inc. v. Thorson, 763 N.W.2d 842 (Iowa 2009).

Dr. Kuhnlein issued his first IME on February 27, 2017. At that time, no defendant retained expert had opined regarding permanent impairment. As a result, claimant is not due reimbursement for Dr. Kuhnlein's February 27, 2017 IME under Iowa Code section 85.39.

Dr. Broghammer issued his opinions regarding permanent impairment on September 20, 2017. Dr. Kuhnlein's second IME report was issued on November 2, 2017. As a result of this chronology, defendants are liable for Dr. Kuhnlein's second IME report of November 2, 2017.

The final issue to be determined is costs.

Costs are to be assessed at the discretion of the deputy hearing the case. As claimant failed to prove his fall at work led to a permanent injury, and he failed to prove that he is due temporary or permanent partial disability benefits, it is found that claimant is not entitled to costs.

ORDER

THEREFORE, IT IS ORDERED:

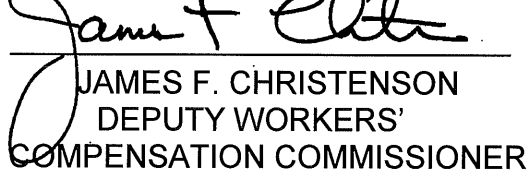
That claimant shall take nothing in the way of temporary benefits or permanent partial disability benefits from this case.

That defendants are not liable for any costs pertaining to medical care and treatment related to claimant's left hip or left knee replacement.

That defendants shall reimburse claimant for costs associated with Dr. Kuhnlein's November 2, 2017 IME.

That defendants shall file subsequent reports of injury as required by this agency under rule 876 IAC 3.1(2).

Signed and filed this 17th day of April, 2018.



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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.