

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

TRACY DRAAYER,

Claimant,

vs.

PELLA CORPORATION,

Employer,  
Self-Insured,  
Defendant.

File No. 5018137

A P P E A L

D E C I S I O N

Head Note No: 2500

FILED

DEC-1 2017

WORKERS' COMPENSATION

Defendant Pella Corporation, self-insured employer, appeals from an arbitration decision filed on March 8, 2016. Claimant Tracy Draayer responds to the appeal. The case was heard on July 23, 2015, and it was considered fully submitted in front of the deputy workers' compensation commissioner on September 11, 2015.

The deputy commissioner found claimant is entitled to payment by defendant of a Medicaid lien for medical expenses totaling \$2,877.31 as itemized in Exhibit 24. The deputy commissioner also found claimant is entitled to alternate medical care and the deputy commissioner ordered defendant to authorize a treating physician for claimant for her cervical spine condition and her right shoulder condition.

Defendant asserts on appeal that the deputy commissioner erred in finding claimant is entitled to payment by defendant of the Medicaid lien. Defendant also asserts the deputy commissioner erred in finding claimant is entitled to alternate medical care and in ordering defendant to authorize a treating physician for claimant for her cervical spine condition and her right shoulder condition.

Claimant asserts on appeal that the arbitration decision should be affirmed in its entirety.

Those portions of the proposed agency decision pertaining to issues not raised on appeal are adopted as a part of this appeal decision.

Having performed a de novo review of the evidentiary record and the detailed arguments of the parties, I reach the same analysis, findings, and conclusions as those reached by the deputy commissioner.

Pursuant to Iowa Code sections 17A.5 and 86.24, I affirm and adopt as the final agency decision those portions of the proposed arbitration decision filed on March 8, 2016, which relate to the issues properly raised on intra-agency appeal.

I find the deputy commissioner provided sufficient analysis of the issues raised in the arbitration proceeding. I affirm the deputy commissioner's findings of fact and conclusions of law pertaining to those issues. I affirm the deputy commissioner's finding that claimant is entitled to payment by defendant of the Medicaid lien for medical expenses totaling \$2,877.31 as itemized in Exhibit 24. I affirm the deputy commissioner's finding that claimant is entitled to alternate medical care and I affirm the deputy commissioner's order that defendant shall authorize a treating physician for claimant for her cervical spine condition and her right shoulder condition, and defendant's failure to do so will result in defendant's loss of the right to control care for claimant's cervical spine and right shoulder conditions. I affirm the deputy commissioner's findings, conclusions and analysis regarding those issues.

#### ORDER

IT IS THEREFORE ORDERED that the arbitration decision filed on March 8, 2016, is affirmed in its entirety.

Defendant shall pay Medicaid for the medical costs listed in Exhibit 24.

If defendant has not already done so, it shall immediately authorize a treating physician for claimant for her cervical spine condition and her right shoulder condition. Failure by defendant to do so will result in defendant's loss of the right to control care for claimant's cervical spine and right shoulder conditions.

Pursuant to rule 876 IAC 4.33, defendant shall pay the costs of the appeal, including the cost of the hearing transcript.

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

Signed and filed this 1<sup>st</sup> day of December, 2017.



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JOSEPH S. CORTESE II  
WORKERS' COMPENSATION  
COMMISSIONER

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