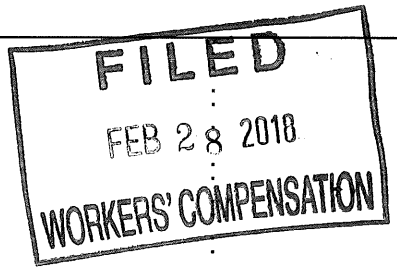
BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER



MIGUEL ARELLANO,

Claimant,

vs.

SABRE INDUSTRIES,

Employer,

and

LIBERTY MUTUAL INSURANCE COMPANY,

Insurance Carrier,
Defendants.

File No. 5051437

ARBITRATION

DECISION

Head Notes: 1402.20, 1801, 2501, 2701

STATEMENT OF THE CASE

Claimant, Miguel Arellano, filed a petition in arbitration seeking workers' compensation benefits from Sabre Industries (Sabre), employer, and Liberty Mutual Insurance Company, insurer, both as defendants. This matter was heard in Des Moines on November 27, 2017 with a final submission date of December 18, 2017.

The record in this case consists of Joint Exhibits 1 through 9, Claimant's Exhibits 1 through 31, Defendants' Exhibits A through G, and the testimony of claimant and Robert Schmeckpeper.

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

2. Whether claimant's injury resulted in a permanent disability; and if so

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

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

5. Whether claimant is entitled to alternate medical care under Iowa Code section 85.27.

FINDINGS OF FACT

Claimant was 25 years old at the time of hearing. Claimant came to the United States from Mexico when he was 9. Claimant graduated from high school. Claimant has worked in fast food restaurants, at meat processing plants, and at a dairy farm and a temporary agency. (Claimant's Exhibit 1, page 2)

Claimant began at Sabre in August of 2012. Sabre is a metal fabrication plant that builds towers. At his first month at Sabre, claimant was trained as a welder. When the training was completed, claimant worked as a welder at Sabre.

Claimant testified his job at Sabre was to install sealer plates on the insides of towers. Claimant was also required to inspect and repair welding seams inside the tower.

On October 1, 2014 claimant was working installing a sealer plate on a tower. Claimant said the plate at issue was about the size of a manhole cover and weighed approximately 50 pounds. While lifting the plate, claimant testified his knee gave out. Claimant said he worked the rest of his shift. Claimant said he told his supervisor of the injury.

Claimant said his left knee pain and swelling became worse that evening. Claimant said because of his left knee problems, he did not report to work the next two days. Claimant testified he failed to call his employer to report his knee problems on October 2, 2014 (a Thursday) or October 3, 2014 (a Friday). The record indicates claimant was scheduled to work both days.

Robert Schmeckpeper testified at hearing that he is a safety manager at the Sabre plant where claimant was employed. In that capacity he is familiar with claimant and claimant's work injury. Mr. Schmeckpeper testified claimant was terminated on October 7, 2014 for a violation of attendance policies at Sabre.

Claimant testified he believed he was terminated because he failed to call work and because he failed to report his accident.

On October 4, 2014 claimant was evaluated at Mercy Medical Center. Claimant injured his knee at work while lifting. Claimant was assessed as having a left knee injury with likely internal derangement with possible cartilaginous injury and a fracture. (Joint Ex. 1) Claimant was referred to CNOS. (Jt. Ex. 1)

On October 6, 2014 claimant was evaluated at CNOS by Michael Nguyen, M.D. Claimant was assessed as having a left tibial plateau fracture. Claimant was recommended to have an MRI. (Jt. Ex. 3, pp. 15-18)

Records indicate claimant went to Sabre on or about October 6, 2014 and spoke with the human resources department. Claimant indicated to Sabre he was a patient with CNOS and potentially required surgery. Claimant was told an investigation would be performed and that Sabre would let him know the outcome of that investigation that week. (Claimant's Ex. 9, p. 55)

On October 9, 2014 claimant underwent an MRI. It showed a patellar dislocation. (Jt. Ex. 3, p. 22)

Claimant returned to Dr. Nguyen in followup. Dr. Nguyen confirmed a loose body was in claimant's knee that needed removed. Claimant was referred to Benjamin Bissell, M.D. (Jt. Ex. 3, pp. 23-26)

On October 21, 2014 claimant was evaluated by Dr. Bissell. Claimant indicated no prior knee problems and that this was his first episode of patellar instability. Dr. Bissell recommended surgery. (Jt. Ex. 3, pp. 27-28)

On October 24, 2014 claimant sent an email to Sabre asking regarding status of his workers' compensation claim. (Claimant's Ex. 7, p. 16) After an investigation claimant's claim was finally accepted. (Claimant's Ex. 11, p. 65)

On February 4, 2015 claimant underwent arthroscopic surgery consisting of removal of loose bodies within claimant's left knee. (Jt. Ex. 3, pp. 32-33)

Claimant attended physical therapy in followup from approximately February 10, 2015 through mid-April of 2015. (Jt. Ex. 4)

In a February 25, 2015 note, defendant insurer indicated claimant did not have a job to return to. The note goes on to indicate, "I need to get him to a full duty status in order to terminate his temporary total benefits. I will continue to work with Mr. Arellano, and Dr. Bissel's [sic] office to get a full duty release in the optimum length of disability. The optimum full duty release would be by April 29, 2015." (Claimant's Ex. 11, p. 66)

A March 12, 2015 physical therapy note indicates claimant had increased range of motion but that claimant was still walking with a limp and his left foot was rotated externally. (Jt. Ex. 4, p. 65)

On March 26, 2015 claimant was evaluated by Dr. Bissell. Claimant was slowly improving, but had continued pain and swelling. Claimant was not able to return to full duty. (Jt. Ex. 3, pp. 41-42)

On April 14, 2015 claimant returned to physical therapy. Claimant had a level 8 pain during activity, on a scale where 10 is excruciating pain. Claimant still had

decreased range of motion, decreased strength, and an abnormal gait and muscle spasms. (Jt. Ex. 4, p. 70)

On May 7, 2015 claimant was evaluated by Dr. Bissell. Dr. Bissell recommended continued therapy, but claimant said defendants denied further physical therapy. Claimant was improving, but still had discomfort and weakness in the left knee. Dr. Bissell indicated claimant said he was ready to return to work. Claimant was told to continue to exercise and to strengthen his knee. He was found at maximum medical improvement (MMI). Claimant was released to full duty. (Jt. Ex. 3, pp. 44-45)

Claimant testified at hearing that he told Dr. Bissell at his last meeting that he still had swelling and weakness in the knee. Claimant testified that after his release from Dr. Bissell's care, he still had swelling and weakness in his left knee. Claimant said he felt his left knee was unstable.

On August 20, 2015 claimant was seen by Todd Sekundiak, M.D. Claimant had continued left knee pain. Claimant indicated limping at the end of the day. Claimant was assessed as having a patella-femoral syndrome on the left. An MRI was recommended. (Jt. Ex. 5, pp. 72-76)

Claimant testified he had no new injury from the time he last saw Dr. Bissell until his appointment with Dr. Sekundiak.

An MRI was taken on October 15, 2015 suggesting an osteochondral injury of the lateral femoral condyle. (Jt. Ex. 5, p. 77)

Claimant returned to Dr. Sekundiak on November 2, 2015. Claimant was assessed as having patellar instability in the left knee and was having osteophytosis of the lateral femoral condyle. (Jt. Ex. 5, p. 83)

In deposition, Dr. Sekundiak opined that when he saw claimant on November 2, 2015, he did not believe claimant could do his job as a welder without significant pain. (Jt. Ex. 6, p. 87; Deposition p. 13) Dr. Sekundiak opined that the findings in the October 2015 MRI were consistent with the injury claimant sustained in October 2014. (Jt. Ex. 6; Depo. p. 15)

Dr. Sekundiak referred claimant to Eric Samuelson, M.D. to see if arthroscopic surgery or an osteotomy, was an appropriate treatment. (Jt. Ex. 5, p. 80; Jt. Ex. 6, p. 91)

Claimant testified that from the time he treated with Dr. Sekundiak until November 2015, his knee was not stable and he could not return to work at Sabre or any of his prior jobs.

In a November 30, 2015 letter, defendant insurer wrote to Dr. Bissell, asking if further treatment of claimant's knee was related to the October 2014 injury. In a

handwritten note, Dr. Bissell wrote, "No new findings on MRI compared to prior MRI and OP note findings." (Jt. Ex. 3, p. 50)

The record indicates that based upon this note, defendants denied authorization of the referral to Dr. Samuelson.

In early 2016 claimant began attending Western Iowa Tech Community College studying welding technology. At the time of hearing claimant was still attending classes. (Tr. pp. 56-57) Claimant said he could not return to work to his job at Sabre due to his knee.

In a March 17, 2016 letter, Dr. Sekundiak opined claimant's injury to his lateral femoral condyle is consistent with the MRI of 2015 and October 2014. He opined claimant's ongoing problems were related to his October 2014 work injury. (Jt. Ex. 5, p. 83)

In a May 27, 2016 letter, Dr. Bissell indicated the left knee MRI of October 2014 did not show evidence of an osteochondral fracture or a cartilage injury of the lateral femoral condyle. He indicated claimant's patellar defect was the result of the work injury but not the lateral femoral condyle cartilage lesion. (Jt. Ex. 3, p. 52)

In an August 23, 2016 note, Dr. Bissell indicated claimant's lateral femoral condyle cartilage lesion was not a result of the October 1, 2014 work injury. (Jt. Ex. 3, p. 53)

In a February 7, 2017 note Dr. Bissell indicated he believed the distal lateral femoral condyle cartilage lesion, shown on the October 15, 2015 MRI, was the result of a new injury. He agreed, it was possible, claimant had a bone contusion on the lateral femoral condyle, and could have lost blood supply to the lateral femoral condyle, which caused a new osteochondral defect. (Jt. Ex. 3, p. 55)

Claimant was seen by Dr. Samuelson on February 24, 2017 with continued complaints of left knee pain. Claimant was assessed as having a chondral defect of the condyle of the left femur and osteochondral allograft was discussed as a treatment option. (Jt. Ex. 7)

Claimant was evaluated by Ryan Arnold, M.D. on March 28, 2017. Claimant did not have good results from his 2015 arthroscopic surgery. Further arthroscopic surgery was recommended as a treatment option. (Jt. Ex. 8, pp. 148-149)

On April 17, 2017 claimant underwent surgery with Dr. Arnold consisting of a left knee arthroscope with chondroplasty. (Jt. Ex. 8, pp. 150-152)

Claimant returned in followup with Dr. Arnold on April 27, 2017 and May 25, 2017. Both records indicate claimant was still using crutches. Claimant was to be fitted with a J-brace, and claimant was recommended to progress to full weightbearing. (Jt. Ex. 8, pp. 153-154)

Claimant returned to Dr. Arnold on June 27, 2017. Claimant had swelling with prolonged weightbearing and increased activity. Claimant noted a 60 percent improvement in his knee. (Jt. Ex. 8, p. 155)

On July 28, 2017 claimant returned to Dr. Arnold. Further surgery was discussed as a treatment option. (Jt. Ex. 8, pp. 157-158) Another MRI was taken. It showed a lateral femoral condyle far lateral lesion. Further surgery was again discussed as a treatment option. (Jt. Ex. 8, pp. 160-163)

On October 11, 2017 claimant underwent a third knee surgery. Surgery consisted of reconstruction of the medial patellofemoral ligament; a distal realignment; and a cartilage replacement. (Jt. Ex. 8, pp. 164-165; Jt. Ex. 9, p. 170; Depo. p. 9)

In a November 2, 2017 note, which appears to be from Dr. Bissell, Dr. Bissell indicated he still believed claimant's continued left knee treatment was not caused by the October 1, 2014 work injury. (Jt. Ex. 3, p. 56)

At the time of hearing claimant was working as an assistant instructor at Western Tech. Claimant made $8.00 an hour and worked approximately 15 hours per week. Claimant testified he has not applied for other jobs.

Dr. Sekundiak testified, in deposition, that during the time he treated claimant, claimant could not return to work at his job at Sabre without significant pain. (Jt. Ex. 6, p. 87; Depo. p. 13) He indicated claimant's need for further treatment, after being released by Dr. Bissell, was related to the October 2014 injury. (Jt. Ex. 6, p. 91; Depo. p. 30) At the time of his deposition, in late December 2016, Dr. Sekundiak opined claimant should be returned to a sedentary job. (Jt. Ex. 6, p. 95; Depo. p. 48)

Dr. Sekundiak disagreed that claimant was at MMI as of May 7, 2015. (Jt. Ex. 6, p. 96; Depo. p. 49) He indicated it would be advisable for claimant not to return to work to his prior job. (Jt. Ex. 6, p. 96; Depo. p. 50)

Dr. Arnold testified in deposition the description of claimant's injury fits the mechanism of a patellar dislocation. He testified all of the care claimant received was related to the original knee injury. (Jt. Ex. 9, p. 173; Depo. pp. 21-22)

Dr. Arnold testified that at the time of his deposition, in late November 2017, claimant could only return to a sedentary job with no lifting over 10 pounds. He said returning to a welding job would be medically unsafe for claimant. (Jt. Ex. 9, p. 81; Depo. pp. 53-54)

CONCLUSIONS OF LAW

The first issue to be determined is the extent of claimant's entitlement to temporary benefits.

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).

The issue regarding the extent of claimant's entitlement to temporary benefits, is actually two sub-issues. The first is, did claimant reach MMI as of May 7, 2015, as opined by Dr. Bissell, or did claimant's continued knee problems, and need for further care relate to his October 2014 injury. If claimant's continued care relates to the October 2014 injury, the second question is, is claimant entitled to a running award of temporary benefits.

Dr. Bissell indicates in his notes, claimant's October 2014 injury resulted in a patellar dislocation and that this was claimant's first episode of a patellar instability. (Jt. Ex. 3, p. 27)

Records indicate claimant's last physical therapy session was on April 14, 2015. Claimant had a pain level of 8. He still had decreased range of motion, decreased strength and an abnormal gait. (Jt. Ex. 4, p. 70)

Records from defendant insurer indicate defendant insurer was going to try to work with Dr. Bissell to get claimant released to full duty as of April 29, 2015. (Claimant's Ex. 11, p. 66)

On May 7, 2015 claimant was seen by Dr. Bissell. Notes indicate Dr. Bissell recommended further physical therapy, but defendant insurer had denied further

physical therapy. Claimant still had weakness in the left knee. Despite the fact that physical therapy records indicate claimant lacked full range of motion and had an abnormal gait, despite the fact that Dr. Bissell recommended further physical therapy, despite the fact that claimant continued to have weakness in the left knee, Dr. Bissell released claimant to return to full duty and found him at MMI. (Jt. Ex. 3, pp. 44-45)

In November of 2015 Dr. Bissell opined claimant's need for further treatment was not related to the October 2014 injury. (Jt. Ex. 3, p. 50)

Eventually, in February of 2017, Dr. Bissell opined the distal lateral femoral condyle, cartilage lesion, shown on the October 15, 2015 MRI, was a result of a new injury. He also agreed, it was possible claimant had a contusion on the lateral femoral condyle that caused a loss of blood supply to the lateral femoral condyle, which potentially could have caused a new defect. (Jt. Ex. 3, p. 55)

There is no evidence in the record that claimant had a "new injury" following his October 1, 2014 injury at Sabre.

Dr. Sekundiak evaluated claimant on two occasions. Dr. Sekundiak specializes in hip and knee reconstruction. He reviewed claimant's diagnostic and medical records. He opined the October 1, 2014 injury was a substantial contributing factor regarding the pathology in claimant's knee as of 2016. He opined the October 2014 injury was the cause of need for further medical care. (Jt. Ex. 5, p. 85; Jt. Ex. 6, p. 91) He opined claimant was not at MMI as of May 7, 2015. (Jt. Ex. 6, p. 96)

Dr. Arnold performed two surgeries on claimant's knee. He opined claimant's underlying diagnosis was patellar instability. (Jt. Ex. 8, p. 155) This is the same diagnosis given by Dr. Bissell when he first examined claimant. (Jt. Ex. 3, p. 27) He also noted that given the location of the chondral lesion, this was also the result of claimant's patellar instability. (Jt. Ex. 8, p. 154)

Dr. Arnold was well acquainted with Dr. Bissell's treatment of claimant. Dr. Arnold performed two of the three procedures Dr. Bissell originally contemplated in October of 2014. (Jt. Ex. 9, p. 171) He opined the ongoing care claimant received after Dr. Bissell was related to the original work injury. (Jt. Ex. 9, p. 173)

The record indicates defendant insurer wanted claimant to be at MMI as of late April 2015. The record suggests that despite that claimant was not fully recovered from his October of 2014 injury, Dr. Bissell still found him at MMI on May 7, 2015. Dr. Bissell suggests the distal lateral femoral condyle lesion is the result of a new injury. There is no evidence in the record that claimant had a knee injury following the work-related October of 2014 injury. Given this record, the opinions of Dr. Bissell regarding claimant's date of MMI is found not convincing.

Both Dr. Sekundiak and Dr. Arnold opined claimant's continued problems and his continued need for medical treatment were the result of the October 1, 2014 work

accident. Claimant credibly testified that he still had pain, instability, and swelling long after Dr. Bissell released him to return to work to full duty. Given this record, it is found claimant has carried his burden of proof that his continued problems and subsequent treatment of his knee by Dr. Sekundiak, Dr. Arnold and Dr. Samuelson relates back to the October 1, 2014 work injury.

As noted, the next sub-issue to be determined is if claimant is entitled to a running award of temporary benefits.

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.

As noted above, Dr. Bissell's opinion that claimant reached MMI as of May 7, 2015 is found unconvincing.

Claimant's credible testimony is that he could not return to work, given the condition of his left knee, when he was released to return to work by Dr. Bissell. Claimant's credible testimony was that he could not return to work as a welder at Sabre because of his knee condition. (Tr. pp. 56-57)

Dr. Sekundiak treated claimant from August of 2015 through November of 2015. He opined claimant could not return to work without significant pain. (Jt. Ex. 6, p. 87; Depo. p. 13) Dr. Sekundiak opined that, in December of 2016, claimant only could return to work at a sedentary job. (Jt. Ex. 6, pp. 95-96; Depo. pp. 48-50)

Dr. Arnold opined that given claimant's condition, claimant should only return to sedentary work with a 10-pound lifting restriction. Dr. Arnold opined it would not be medically safe for claimant to return to work as a welder. (Jt. Ex. 9, p. 181; Depo. pp. 53-54)

There is no evidence in the record that Sabre has a sedentary welding position with a 10-pound lifting restriction for claimant.

Dr. Bissell's opinion regarding claimant being at maximum medical improvement as of May 7, 2015 is not convincing. Dr. Arnold and Dr. Sekundiak opined it was

medically unsafe for claimant to return to work as a welder given the present condition of his knee. Dr. Arnold opined claimant could only return to work in a sedentary position with a 10-pound lifting restriction. There is no evidence in the record that Sabre has a job for claimant to return to within this restriction. Claimant's credible testimony is he could not return to work at Sabre at a welding job with the condition of his knee. There is no evidence claimant has reached MMI from his last surgery with Dr. Arnold at the time of hearing. Given this record, claimant has carried his burden of proof he is entitled to temporary total disability benefits commencing on May 7, 2015 and continuing until claimant is found to be at MMI.

Having found claimant is due a running award of temporary total disability benefits, the issues of whether claimant has a permanent disability, or the extent of claimant's entitlement to permanent partial disability, are not ripe for adjudication at this time.

The next issue to be determined is whether there is a causal connection between the 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).

Both Dr. Sekundiak and Dr. Arnold testified that claimant's medical care, after May 7, 2015, is causally connected to the October 1, 2014 injury. There is no evidence the charges by providers were not fair and reasonable. Given this record, defendants are liable for the medical bills as detailed in Claimant's Exhibits 21 and 22, including claimant's medical mileage.

The next issue to be determined is if claimant is entitled to alternate medical care.

Iowa Code section 85.27(4) provides, in relevant part:

> For purposes of this section, the employer is obliged to furnish reasonable services and supplies to treat an injured employee, and has the right to choose the care. . . . The treatment must be offered promptly and be reasonably suited to treat the injury without undue inconvenience to the employee. If the employee has reason to be dissatisfied with the care offered, the employee should communicate the basis of such

> dissatisfaction to the employer, in writing if requested, following which the employer and the employee may agree to alternate care reasonably suited to treat the injury. If the employer and employee cannot agree on such alternate care, the commissioner may, upon application and reasonable proofs of the necessity therefor, allow and order other care.

An application for alternate medical care is not automatically sustained because claimant is dissatisfied with the care he has been receiving. Mere dissatisfaction with the medical care is not ample grounds for granting an application for alternate medical care. Rather, the claimant must show that the care was not offered promptly, was not reasonably suited to treat the injury, or that the care was unduly inconvenient for the claimant. Long v. Roberts Dairy Co., 528 N.W.2d 122 (Iowa 1995).

As noted above, it is found the care provided by Drs. Sekundiak, Samuelson and Arnold was necessary and reasonable to treat claimant's condition. Claimant requested defendant authorize further care by Dr. Samuelson. The record indicates that request was denied. Defendants have denied liability for claimant's medical treatment after May 7, 2015. The care claimant has received after May 7, 2015 has been found to be causally related to the October of 2014 knee injury. Given this record, claimant has carried his burden of proof he is entitled to alternate medical care for the treatment for his left knee. Defendants shall authorize claimant to continue treatment with Dr. Arnold and shall authorize any further treatment related to claimant's October 1, 2014 injury.

ORDER

Therefore it is ordered:

That defendants shall pay claimant temporary total disability benefits at the rate of five hundred fifty-one and 66/100 dollars ($551.66) per week commencing on May 7, 2015 and running until claimant has been found to reach maximum medical improvement as determined by Dr. Arnold.

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

That defendants shall pay interest on unpaid weekly benefits as ordered above and as set forth in Iowa Code section 85.30.

That defendants shall pay claimant's medical expenses including medical mileage as detailed above.

That defendants shall authorize claimant further alternate medical care as detailed above.

That defendants shall pay costs.

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

Signed and filed this 28th day of February, 2018.

JAMES F. CHRISTENSON
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

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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.