BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

JOSEPH MILLER, Claimant, vs. LENNOX INTERNATIONAL, INC., Employer, and ACE AMERICAN INS. CO., Insurance Carrier, Defendants.	File No. 5044858.01 REVIEW-REOPENING DECISION Head Note No.: 2905, 2502

STATEMENT OF THE CASE

Claimant, Joseph Miller, has filed a review-reopening seeking workers' compensation benefits from Lennox International, Inc., employer, and Ace American Insurance Company, insurer.

In accordance with agency scheduling procedures and pursuant to the Order of the Commissioner in the matter of the Coronavirus/COVID-19 Impact on Hearings, the hearing was held on April 13, 2021 via CourtCall. The case was considered fully submitted on May 7, 2021, upon the simultaneous filing of briefs.

The evidence consisted of Joint Exhibits 1-5, Claimant's Exhibits 1-6 and Defendants' Exhibits A-K along with the testimony of the claimant and Nicole Nelson.

ISSUES

1. Whether there has been a change in condition to warrant an increase in award of industrial disability;

2. The extent of claimant's industrial disability;

3. Whether claimant is entitled to reimbursement of an IME under 85.39;

4. Assessment of costs.

STIPULATIONS

The parties filed a hearing report at the commencement of the review-reopening hearing. On the hearing report, the parties entered into various stipulations. All of those stipulations were accepted and are hereby incorporated into this review-reopening 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.

The parties stipulate the claimant sustained an injury arising out of and in the course of his employment on December 21, 2012. They further agree that the injury was a cause of some permanent disability, that the disability is industrial in nature and that the commencement date for permanent partial disability benefits, if any are awarded, is December 9, 2016.

At the time of the injury, the parties agreed that the claimant's average weekly wage was $870.00 per week, that he was married and entitled to four exemptions. Based on the foregoing, the weekly benefit rate is $589.03.

Prior to the hearing, claimant was paid 200 weeks of compensation at the rate of $589.03 per week. Defendants are entitled to a credit of that amount against any award of permanent benefits.

The defendants waive all affirmative defenses.

FINDINGS OF FACT

At the time of the hearing, claimant was a 63-year-old person. His past educational background includes two years of community college. He also served in the army. Prior to working for the defendant employer, he held positions as a CNA and a sales representative for a uniform company. (JE 1:4)

His last place of employment was with the defendant employer which ended in December 2015 when he was terminated for having three work rule violations in a twelve-month period. (JE 2:46) He is currently receiving Social Security disability benefits. His daily regimen includes taking pain medication and a muscle relaxer in the morning. His primary medical provider is Christine Jensen, M.D., who adjusts his medications. Claimant had seen Dr. Jensen approximately three weeks prior to the hearing.

On or about December 21, 2012, claimant suffered an injury to his neck and right shoulder with a sequela of mental injury. The original injury was heard on January 5, 2015 and claimant was awarded a 10% industrial disability. Part of the factual findings included work restrictions of occasionally lifting from floor to waist of 50 pounds and 30 pounds above the shoulder.

Claimant filed a review-reopening claiming material change in physical and economic condition on November 28, 2016. This matter was heard on November 16, 2017, and claimant's award was increased to 75%. On appeal, it was found that while there was an increase in restrictions recommended by Dr. Kuhnlein as well as an increase in pain medications prescribed, the claimant's industrial loss was limited to

40% due to a lack of motivation on the part of claimant to return to work. (JE 2:53) The accepted restrictions at the time of the review-reopening here in 2017 were light to moderate physical demand category with occasional lifting restriction of up to 20 pounds. (JE 2:47)

At the time of the November 2017, hearing, claimant was taking hydrocodone and tizanidine. (JE 1:8) His symptoms included chronic pain in the neck and shoulders that was exacerbated when he returned to work. (JE 1:8) He suffered weakness, muscle cramping, and loss of strength. (JE 1:9) He testified he had trouble performing day-to-day activities such as tying his shoes, reaching down to tie his shoes, brushing his teeth with his left hand, picking up a gallon of milk. (JE 1:10) He testified to problems mowing his lawn, driving, looking over his shoulder. (JE 1:10) He had stopped mopping, mowing the lawn, and driving. (JE 1:10, 12) He stated that he would not be able to return to any of the jobs he had previously performed for defendant employer due to his pain and limitations. (JE 1:12) His pain was a 6 on a 10 scale. (JE 1:10)

Despite the medical restrictions allowing him more latitude, claimant personally believed that he could only lift 10 pounds. (JE 1:12) He also quit driving because he was concerned that when he turned his neck it could pinch his carotid artery and lead to oxygen loss. (JE 1:13) His daughter confirmed that she did most of the driving for him and that he was in pain daily. (JE 1:25)

A WorkWell FCE placed claimant into the light physical demand category which would allow lifting up to 20 pounds on an occasional basis. Claimant was prescribed hydrocodone for pain. Dr. Kuhnlein assigned a 13% whole body impairment rating which was an increase of 3% from the previous impairment rating he had assigned.

On December 5, 2018, he was seen by Christine Jensen, M.D. (JE 4:60) At that visit, claimant's prescriptions were changed to cyclobenzaprine 5 mg every eight hours instead of the per day previous dosage. His hydrocodone 325 mg remained at one every four hours. (JE 4:61) His symptoms included left-sided headache and neck pain. (JE 4:62) He testified at hearing his per day dosage remains the same today even if he takes them in different increments.

On February 1, 2019, claimant was seen by Steven T. Scurr, D.O., for follow up of the decreased range of motion, tenderness, swelling, pain and spasms in his neck. (JE 5:88) His prescriptions at that time were as follows:

Bupropion XL (Wellbutrin XL) 150 mg, 1 tablet every day

Cyclobenzaprine (Flexeril) 5 mg, 1 tablet every day

Sertraline (Zoloft) 100 mg, 2 tablets every day

Tizanidine (Zanaflex) 4 mg, 1 tablet every day at bedtime

Tramadol (Ultram) 50 mg, 2 tablets every 6 hours as needed for pain

Hydrocodone-acetaminophen (Norco) 5/325 mg, 1 tablet every 6 hours as needed for pain

Ledipasvir-Sofosbuvir (Harvoni) 1 a day

It was noted that claimant's pain control was reasonable and current pain medications were working well. (JE 5:92)

On May 17, 2019, claimant had a televisit wherein he expressed concern about his vacillating moods. (JE 4:70) As part of his stressors, he cited his wife's medical problems and the reduced judgment awarded by the commissioner and poor sleep affected by neck pain. Id. No changes in medication were ordered.

During his January 24, 2020, psychiatric visit, claimant's cyclobenzaprine was reduced to as needed although the official prescription remained at 5 mg every eight hours. (JE 4:79) This remained the prescription as of January 19, 2021. (JE 4:86)

When he returned to Dr. Scurr on September 14, 2020, the reason for the visit was "medication management." (JE 5:96) Dr. Scurr wrote that claimant "has chronic neck pain cervical spine discomfort…same as long as he mines[*sic*] his peas and cues[*sic*] and takes it easy his neck pain is tolerable but he is really not able to do any manual labor at all really not capable of anything sedentary due to his restriction in range of motion in his neck." (JE 5:96) His medication list at this visit was cyclobenzaprine 5mg, Wellbutrin XL 150 mg, and Zoloft 100 mg. (JE 5:99)

Dr. Scurr issued an opinion letter on November 10, 2020, which said that claimant had "diagnoses of ongoing chronic neck pain due to cervical spine degenerative disc disease with a history of cervical spine surgery. He continues to be totally disabled from his cervical spine disease. His diagnoses have not changed during the time I've been caring for [claimant]; however the pain associated with his diagnoses has worsened over the past two years. The decreased range of motion of his neck and his worsening constant pain have limited his ability to function in any work environment. I prescribe medication to assist with pain control, but [claimant] has limited his use of narcotic agents due to concerns for tolerance. It is my medical opinion that [claimant] has reached maximum medical improvement; his condition is not expected to improve. He will not be able to return to work in any form; neither sedentary work or laborious physical activity are possible." (JE 5:100)

On January 4, 2021, claimant underwent an FCE with WorkWell. (CE 2) The FCE was deemed valid based on consistent effort put forth by the claimant. (CE 2:1) The examiner concluded that claimant had slight limitations with sitting and walking, some limitations with forward bent standing and standing working and significant limitations with the following:

1. Elevated work.
2. Kneeling/Half-Kneeling.
3. Reaching.
4. Stairs.
5. Lifting waist to/from floor up to 15 lbs.

6. Lifting waist to/from crown up to 10 lbs. with hands on handles and up to 15 lbs. with preferred grip.

7. Front carry up to 20 lbs. up to 50 ft.

(CE 2:2)

He was unable to crouch. (CE 2:2)

Specific lifting restrictions were itemized as follows:

	Never	**Rarely**	**Occ.**	**Frequently**	
Lifting, Strength lbs.	**Unable**	**Max.**	**Heavy**	**Low**	**Limitations**
Waist to Floor		15 lbs. 84/95	0 lbs.	0 lbs.	Decreased range of motion, strength and endurance of his neck. Noted: shoulder hiking, decreased pace and slow guarded movements.
Waist to Crown (Hands at Handles)		10 lbs. 85/93	0 lbs.	0 lbs.	Decreased range of motion, strength and endurance of his neck. Noted: decreased pace and guarded movements, increased trunk extension, decreased control of weight.
Waist to Crown (Preferred Method)		15 lbs. 84/94	0 lbs.	0 lbs.	Decreased range of motion, strength and endurance of his neck. Noted: decreased pace and guarded movements, increased trunk extension, decreased control of weight.
Front Carry (Long 50 ft.)		20 lbs. 85/92	0 lbs.	0 lbs.	Decreased range of motion, strength and endurance of his neck. Noted: slow guarded pace, hiking shoulder, trunk extension.

(CE 2:4)

Hand/Finger Strength (lbs)	Force Generated	Mean for Age/Gender	Limitation
Hand Grip Right	76.7 lbs.	89.7 lbs.	Below average for age and gender
Hand Grip Left	73.7 lbs.	76.8 lbs.	

(CE 2:5)

Grip Strength

Position	Right	Left
1	58, 57, 56 = 57 lbs.	53, 54, 55 = 54 lbs.
2	78, 76, 76 = 76.7 lbs.	76, 74, 71 = 73.7 lbs.
3	65, 67, 63 = 65 lbs.	68, 74, 66 = 69.3 lbs.
4	59, 60, 58 = 59 lbs.	62, 61, 58 = 60.3 lbs.
5	53, 53, 50 = 52 lbs.	52, 52, 53 = 52.3 lbs.

Bell shaped curve

(CE 2:6)

The examiner concluded that claimant could not meet the capabilities of the sedentary work category of physical demand. (CE 2:2)

In 2017, the FCE from WorkWell set forth slight or no limitation for sitting, standing, walking and stairs, with lifting from floor to waist up to 15 pounds and front carry up to 15 pounds for 50 feet. (Review-Reopening p. 7) Significant limitations included lifting from floor to waist up to 25 pounds, lifting from waist to crown up to 15 pounds, front carry up to 25 pounds for 50 feet, and right arm overhead lift up to 6 pounds. (Review-Reopening p. 8)

John Kuhnlein, D.O., examined claimant on February 10, 2021. (CE 1) In the opinion letter issued on March 5, 2021, Dr. Kuhnlein opined claimant's condition had changed from when Dr. Kuhnlein saw him in 2017. (CE 1:5) Things that changed included:

> Using a heating pad more frequently
>
> Taking melatonin to help sleep at night
>
> More functional problems
>
> Physical examination suggests possibility of adhesive capsulitis in the right shoulder
>
> Dr. Scurr's assessment that claimant's pain had worsened along with changes in range of motion and function

(CE 1:5)

Dr. Kuhnlein recommended an increase in material handling restrictions of lifting 15 pounds occasionally from floor to waist, 10 pounds occasionally from waist to shoulder, and no work over the shoulder. (CE 1:6) Non-material handling restrictions

would include sitting, standing, walking on as needed basis with the ability to change positions for comfort. (CE 1:6) Crawling should be kept to rare circumstances and stooping and squatting occasionally. Id. No work on ladders or at heights. (CE 1:6)

Dr. Kuhnlein made no changes in the impairment of 13% previously assigned unless there was a diagnosis of adhesive capsulitis which Dr. Kuhnlein recommended be assessed by another doctor. (CE 1:6-7) Dr. Kuhnlein did not change claimant's MMI date from September 7, 2014. (CE 1:7)

Dr. Kuhnlein's measurements of claimant's cervical and shoulder range of motion differ from those of Mr. Short.

Dr. Kuhnlein's measurements:

Cervical range of motion (right/left in degrees)

Flexion	Extension	Right side Bending	Left side Bending	Right rotation	Left rotation
45	25	15	20	25	35

Shoulder joint range of motion (right/left in degrees)

Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
105/130	55/70	90/130	15/30	50/50	70/80

(CE 1:4)

Mr. Short:

Neck	**Normal**	**Range of Motion**	**Muscle Strength**
Flexion	45	25 with increased pain in his neck	4/5 with increased pain in his neck
Extension	45	25 with increased pain in his neck	4/5 with increased pain in his neck
Right Lateral Flexion	45	20 with increased pain in his neck	4/5 with increased pain in his neck
Left Lateral Flexion	45	20 with increased pain in his neck	4/5 with increased pain in his neck
Right Rotation	90	35 with increased pain in his neck	4/5 with increased pain in his neck
Left Rotation	90	40 with increased pain in his neck	4/5 with increased pain in his neck

Shoulder	Normal	Range of Motion		Muscle Strength	
		Right	Left	Right	Left
Forward Flexion	180	125 with Increased pain in neck and right shoulder	155 with pain in his neck	4/5 with increased pain in neck and right shoulder	4/5 to 4+/5 with pain in neck
Extension	60	WNL with pain in neck and right shoulder	WNL	WNL	WNL
Abduction	180	110 with increased pain in neck and right shoulder	145 with pain in his neck	4-/5 with increased pain in neck and right shoulder	4+/5 with pain in neck
Internal Rotation	70	50 with increased pain in neck and right shoulder	WNL	WNL	WNL
External Rotation	90	70 with increased pain in neck and right shoulder	WNL	WNL	WNL

(CE 2:8-9)

In February 19, 2021 claimant underwent a functional capacity evaluation with Athletico. (Ex D:16) Due to pain while testing, claimant was not able to complete the evaluation and thus no physical demand level could be identified. (Ex D:16) He testified that the pain was intense after this examination and there were lifts that were too difficult for him to perform as well as machines that he did not want to use.

Nicole Nelson from Athletico Physical Therapy testified at hearing. She attempted to conduct the FCE with claimant but a person with the claimant reminded him that he had physician-imposed restrictions, and shortly after claimant said that he was in too much pain to continue and that he had to be at an interview later that day. Claimant denied he had any interaction with his wife during this test. Claimant also acknowledged that while some of the lifts were the same, the machine that was present was different. Ms. Nelson offered to complete the test at a later date, but this was not approved.

On March 9, 2021, Robert D. Rondinelli, M.D., issued an opinion letter based on a review of the medical records and an examination on February 23, 2021. (Ex A:1, A:7-

8) Dr. Rondinelli did not find objective medical evidence supporting a substantial worsening in the physical condition of the claimant since October 10, 2017. (Ex A:2) In measuring claimant's range of motion, he found that forward flexion had increased as well as abduction and external motion whereas internal rotation and extension had decreased. (Ex A:2) These results showed no consistent pattern of functional loss. (Ex A:2) Dr. Rondinelli noted that claimant may suffer waxing and waning of his pain, anxiety, and depression but that there was no significant or substantial worsening. (Ex A:2)

Dr. Rondinelli's measurements for range of motion were as follows: Forward flexion increased to 120 degrees (previously 110 degrees); Extension decreased to 25 degrees (previously 40 degrees); Abduction increased to 110 degrees (previously 70 degrees); External rotation 85 degrees (was 80 degrees); internal rotation decreased to 25 degrees (was 60 degrees).

These were more consistent with the measurements of Dr. Kuhnlein.

Claimant has been receiving Social Security disability benefits prior to 2017 and has not worked since 2015. Since June 2019, claimant has applied for over 100 jobs including those suggested by defendant. (CE 4) He testified that he received four job interviews but no offers. He admitted that he shared his work restrictions when asked. He has not followed up with some job suggestions made by the defendants. Between December 2020 and March 2021, claimant applied to no jobs. (Ex G:26) In the more recent past, claimant has applied for a few jobs. He attributes this to the pandemic.

Vocational expert Phil Davis opined claimant was 100% disabled. (CE 3:8) While the sedentary work category requires only 10 pounds maximum lifting and the light duty work category is capped at 20 pounds maximum lifting, the decreased range of motion in the neck and the decreased grip strength for grasping and twisting with the dominant hand would place claimant in the sedentary work category according to Mr. Davis. (CE 3:3) This would place claimant outside of the work that he did in the past and restrict him from 90% of the labor market. (CE 3:4)

Vocational expert Lana Sellner believes that claimant is employable within the restrictions set forth by Dr. Segal and within the Social Security disability earning guidelines. (Ex G:25) The restrictions set forth by Dr. Segal placed claimant in the sedentary to light work category. (Ex G:25) Claimant had an interview with Dollar Store, but due to lifting and standing, the work was deemed not feasible. (Ex G:25) He also applied to several other positions, but Ms. Sellner was not certain the outcome. On one application, claimant indicated that he was an illegal drug user. (Ex G:26) Claimant testified that he misunderstood the question and answered positively since he was taking narcotic medications.

Claimant testified that he had trouble with personal hygiene, could not mow or rake, had difficulty putting on heavy coats or sweatshirts. These were similar to complaints he made in 2017. In the 2017 hearing he testified he had problems tying his shoes, taking care of personal hygiene, lifting a gallon of milk. (JE 1:10) He testified he had trouble driving, turning his head to look over his shoulder and that he could not look back over his shoulder. (JE 1:10).

He does run short errands to pick up prescriptions, mail items for his wife, attend appointments at the VA Clinic, and stops for fast food. He has done some Ebay selling.

CONCLUSIONS OF LAW

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. 6.904(3).

The claimant has the burden of proving by a preponderance of the evidence that the alleged injury actually occurred and that it both arose out of and in the course of the employment. Quaker Oats Co. v. Ciha, 552 N.W.2d 143 (Iowa 1996); Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa 1996). The words "arising out of" refer to the cause or source of the injury. The words "in the course of" refer to the time, place, and circumstances of the injury. 2800 Corp. v. Fernandez, 528 N.W.2d 124 (Iowa 1995). An injury arises out of the employment when a causal relationship exists between the injury and the employment. Miedema, 551 N.W.2d 309. The injury must be a rational consequence of a hazard connected with the employment and not merely incidental to the employment. Koehler Electric v. Wills, 608 N.W.2d 1 (Iowa 2000); Miedema, 551 N.W.2d 309. An injury occurs "in the course of" employment when it happens within a period of employment at a place where the employee reasonably may be when performing employment duties and while the employee is fulfilling those duties or doing an activity incidental to them. Ciha, 552 N.W.2d 143.

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).

Upon review-reopening, claimant has the burden to show a change in condition related to the original injury since the original award or settlement was made. The

change may be either economic or physical. Blacksmith v. All-American, Inc., 290 N.W.2d 348 (Iowa 1980); Henderson v. Iles, 250 Iowa 787, 96 N.W.2d 321 (1959). A mere difference of opinion of experts as to the percentage of disability arising from an original injury is not sufficient to justify a different determination on a petition for review-reopening. Rather, claimant's condition must have worsened or deteriorated in a manner not contemplated at the time of the initial award or settlement before an award on review-reopening is appropriate. Bousfield v. Sisters of Mercy, 249 Iowa 64, 86 N.W.2d 109 (1957). A failure of a condition to improve to the extent anticipated originally may also constitute a change of condition. Meyers v. Holiday Inn of Cedar Falls, Iowa, 272 N.W.2d 24 (Iowa App. 1978).

There is no change in the percentage of disability arising from the 2014 injury. Dr. Kuhnlein has kept the impairment rating at 13% of the whole person and Dr. Rondinelli has issued no change. Instead, Dr. Kuhnlein and Dr. Scurr opine that claimant's function has decreased. Dr. Kuhnlein bases his opinion on claimant's personal testimony that he uses a heating pad more frequently, takes melatonin to sleep at night, and has increased functional problems. Dr. Scurr, who has seen claimant twice since 2017, believes that claimant's function has decreased and pain has increased. Dr. Scurr sees claimant approximately once a year and has made no changes to claimant's prescription regimen. Similarly, Dr. Jensen made no changes to claimant's prescriptions.

The WorkWell FCE moved claimant from light to sedentary work to sedentary work only. Claimant did not complete the Athletico FCE. Much of Dr. Kuhnlein's opinion and the FCE results rely on claimant's subjective complaints of pain and loss of function. However, when comparing claimant's testimony in the 2017 review-reopening hearing and the 2021 review-reopening hearing, his functional limitations remain largely the same. He could not mow or do most household chores in 2017. He had trouble engaging in personal hygiene in 2017. He could not tie his shoes and had to buy more slip-ons in 2017. He could not drive because he could not look over his shoulder in 2017. These are the same complaints that he issued in 2017 and likely the reason he was found disabled by the Social Security Administration.

The functional measurements of claimant's range of motion varied from provider to provider and supports Dr. Rondinelli's findings that claimant experiences a waxing and waning of symptoms. This does not represent a change in condition related to the original injury nor does it represent a worsening or deterioration in a manner not contemplated at the time of the initial award.

Claimant also argues his economic condition has changed however, he was unemployed at the time of the 2017 hearing, and he remains unemployed today.

It is found claimant has not carried his burden that there was a change in condition related to the original injury.

Claimant seeks reimbursement for an IME. Iowa Code section 85.39 allows for reimbursement upon meeting triggering events including a prior impairment rating that was too low. Iowa Code section 85.39. In this case, the examination of Dr. Kuhnlein was conducted prior to the examination of Dr. Rondinelli. In the brief, claimant acknowledges

that Dr. Rondinelli's examination was within the timetable set forth by the rules, but that obtaining it only 36 days prior to the hearing effectively limits the claimant's ability to timely obtain a responsive IME. While this might be unfortunately true, Iowa Code section 85.39 does not allow for any discretionary application of the triggering events and therefore, claimant is not entitled to an 85.39 examination.

In the event that Dr. Kuhnlein's fee is not recoverable under 85.39, claimant requests it be assessed as a cost. Given that claimant did not prevail in this case, no award of costs is granted.

ORDER

THEREFORE, it is ordered:

Claimant shall take nothing.

Signed and filed this 26th day of October, 2021.

JENNIFER S. GERRISH-LAMPE
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Nick Platt (via WCES)

Robert Gainer (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.