BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

DEBBIE BOBHOLZ, Claimant, vs. GENUINE PARTS COMPANY d/b/a NAPA, Employer, and SAFETY NATIONAL CASUALTY CORP. Insurance Carrier, Defendants.	File No. 5067997.01 A R B I T R A T I O N D E C I S I O N Head Note Nos.: 1100, 1402, 1801, 1803, 2500, 4000

STATEMENT OF THE CASE

Claimant Debbie Bobholz filed a petition in arbitration seeking workers' compensation benefits from defendants Genuine Parts Company d/b/a NAPA, employer, and Safety National Casualty Corporation, insurer. The hearing occurred before the undersigned on March 29, 2021, via CourtCall video conference.

The parties filed a hearing report at the commencement of the arbitration hearing. In 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.

The evidentiary record consists of: Joint Exhibits 1 through 11, Claimant's Exhibits 1 through 6, and Defendants' Exhibits A through K. Claimant testified on his own behalf. Patrick Wills and Shelby Fries also testified. The evidentiary record was closed at the end of the hearing, and the case was considered fully submitted upon receipt of the parties' briefs on April 16, 2021.

ISSUES

The parties submitted the following disputed issues for resolution:

1. Whether claimant sustained an injury that arose out of and in the course of her employment on February 27, 2019.

2. If claimant sustained a work-related injury, whether that injury was a cause of temporary disability and/or permanent disability.

3. Whether claimant is entitled to penalty benefits.

4. Whether claimant is entitled to reimbursement for payment of medical expenses.

5. Whether claimant is entitled to reimbursement for her independent medical examination (IME).

6. Whether claimant is entitled to a cost assessment.

FINDINGS OF FACT

Claimant testified that on February 27, 2019, she was leaving defendant-employer's building after clocking out when she slipped and fell on the sidewalk. (Hearing Transcript, p. 14) She testified she landed on her left side but was unsure how or if she broke her fall: "My guess is, is that when I did fall, I mean, it's just normal you would try to put your arms out to try to break your fall." (Tr., pp. 14-15)

At the time of her alleged fall, claimant was with her co-worker Samantha Wilson. (Tr., p. 15) Ms. Wilson got the attention of a supervisor, Patrick Wills (referred to as "PJ" by claimant at hearing), who asked both claimant and Ms. Wilson to complete written statements that evening. (Tr., pp. 15-16)

The written statement from claimant indicates she fell on her "left leg" and makes no mention of her left shoulder. (Claimant's Exhibit 3, p. 16) The written statement from Ms. Wilson makes no mention of how claimant landed, but it indicates claimant told Ms. Wilson "her leg hurt." (Cl. Ex 3, p. 18)

Mr. Wills testified he does not believe claimant slipped and fell in any capacity. (Tr., pp. 75) He testified she told him she fell on her left knee but was rubbing her right knee. (Tr., pp. 75-75) He also suggested claimant made up the claim in response to being admonished for poor performance earlier in the day. (Tr., p. 75)

Though Mr. Wills testified he was unable to find the spot on which claimant allegedly slipped, he acknowledged he had been throwing down sand on the area all day "to just make sure nobody slipped and fell" given the conditions of "compacted snow." (Tr., pp. 81, 84)

After completing her written statement, claimant was instructed to go home. (Tr., p. 17)

Claimant testified the next morning her "whole left side hurt," including her shoulder, hip, leg and ribs. (Tr., p. 18) Claimant notified her supervisor, Zach, that she was still hurting, and together they completed an "Incident Investigation Form." (Tr., pp. 18-19) The portion of the form filled out by Zach indicates claimant injured the right side of her body, while the portion of the form completed by claimant indicates her left side was injured. (Cl. Ex. 4, pp. 20-21; Tr., pp. 18-20) A "Point of Injury Report" completed on the same day as the Incident Investigation Form states claimant injured the left side of her body. (Cl. Ex. 4, pp. 23-24) It also specifically indicates claimant was experiencing numbness and pain in her left shoulder. (Cl. Ex 4, p. 24)

Defendants sent claimant to an urgent care clinic and the notes indicate claimant complained of pain in her left shoulder, left hip, and left leg. (Joint Exhibit 3, p. 18) X-rays were taken, all of which were negative, and claimant was given work restrictions and instructed to follow up if she did not improve. (Tr., p. 22; JE 3, pp. 19-22)

Claimant testified all of her symptoms resolved but for her left shoulder complaints. (Tr., p. 22) As a result, she returned to the clinic and was evaluated by William Peterson, M.D., on March 13, 2019. Dr. Peterson ordered an MRI to rule out rotator cuff injury and continued claimant's work restrictions. (JE 3, pp. 25-26)

On March 21, 2019, before an MRI was completed, defendants' third-party administrator sent claimant a letter stating the following: "Our investigation, which has been completed, indicates you did not sustain a compensable injury within the meaning of the Iowa Workers' Compensation Act. Specifically, the occurrence of the alleged incident is disputed." (Defendants' Ex. F, p. 24)

Claimant testified she was never notified of the basis of defendants' dispute, nor was she ever contacted by defendant-insurer to provide a statement. (Tr., pp. 24-25)

The next day claimant was informed by her supervisor and a human resources representative, Shelby Fries, that defendant-employer could no longer accommodate her work restrictions. (Tr., pp. 23-24)

It is defendants' position that claimant is not a credible witness and her testimony about her slip and fall cannot be relied upon. More specifically, defendants assert claimant fabricated a slip and fall because she was upset with defendant-employer for criticizing her work performance. I acknowledge the discrepancies in claimant's testimony as highlighted in defendants' post-hearing brief; however, with respect to the fall itself, claimant's description of the incident has been consistent. Claimant told Mr. Wills she fell on her left side, her written statement indicates she fell on her left side, her portion of the Incident Investigation Form indicates she fell on her left side, the Point of Injury Report states she fell on her left side, and she reported both to the urgent care clinic and Dr. Peterson that she fell on her left side.

I also acknowledge Mr. Wills was unable to identify the specific slick spot on which claimant said she fell, but he admitted putting sand down in the area all day given

the snow-packed conditions. His actions indicate he was concerned that the surface could be slick and may cause a slip and fall. In other words, the snow-packed conditions—even with salt—are much less suspicious than had claimant alleged a slip and fall on a day without inclement weather.

I likewise acknowledge Ms. Fries' testimony that she "notice[d] a pattern in absences in correlation with correction action and/or denied time-off requests." (Tr., p. 90) Again, however, this does not explain claimant's consistent testimony regarding the slip and fall itself.

Thus, while claimant's testimony was not without its discrepancies (as will be discussed below), I find her descriptions and testimony regarding the slip and fall to be consistent and credible. There is simply insufficient evidence to support defendants' position that claimant completely fabricated the incident. I therefore find claimant sustained a work-related slip and fall on February 27, 2019.

I likewise find defendants failed to conduct a reasonable investigation into claimant's claim. Claimant was never contacted by defendant-insurer prior to the denial of the claim, and it is unclear what was done to investigate except to take Mr. Wills' belief that claimant fabricated the incident and Zach's report that she fell on her right side at face value.

In light of defendants' denial of her claim, claimant began seeking medical treatment for her left shoulder on her own. (Tr., p. 25) She returned to Dr. Peterson on March 29, 2019, and he again recommended an MRI after he noted claimant "appear[ed] to be developing some signs of a frozen shoulder." (JE 3, p. 36) He also renewed claimant's restrictions through June 29, 2019. (JE 3, p. 37)

Claimant completed the MRI, which revealed supra and infraspinatus tendinosis with no rotator cuff tear. (JE 4) After reviewing the MRI, Dr. Peterson recommended pain relievers, physical therapy and possible steroid injections for claimant's ongoing pain. (JE 3, p. 41) He informed claimant that "most cases of frozen shoulder do improve eventually." (JE 3, p. 41)

Claimant initiated physical therapy and tried an injection. (JE 3, p. 51; JE 5) Though claimant testified neither were helpful, the notes from Dr. Peterson's records indicate claimant reported improvement in both her pain and range of motion. (Tr., pp. 25-26; JE 3, p. 53) However, because claimant had not returned to baseline, Dr. Peterson recommended continued physical therapy. (JE 3, p. 56) He also extended claimant's restrictions through July 22, 2019. (JE 3, p. 57)

When claimant returned to Dr. Peterson on July 18, 2019, her range of motion had "basically returned to normal," though she continued to experience weakness and pain. (JE 3, p. 61) As a result, Dr. Peterson recommended an orthopedic surgery evaluation and continued physical therapy. (JE 3, p. 61) Importantly, however, Dr.

Peterson did not renew claimant's work restrictions. I therefore find claimant did not have ongoing work restrictions after July 22, 2020.

Claimant then transferred her care to Jason Stanford, D.O., after she relocated to a different city. (Tr., p. 27) She was first evaluated by Dr. Stanford on November 7, 2019, at which time Dr. Stanford performed another steroid injection. (JE 7, pp. 107-108) When claimant reported only brief improvement from the injection, Dr. Stanford recommended another MRI. (JE 7, p. 109)

In the interim, claimant continued physical therapy. At her first appointment, on November 27, 2019, claimant reported "all pain went away" after her injection and that "she can now do pretty much what she wants, motion is good." (JE 9, p. 114) At her next session on December 11, 2019, claimant told the therapist she "loaded and unloaded several loads of wood without incident" but "just feels weak after not using her arm much for several months." (JE 9, p. 119) Unfortunately, claimant reported increasing pain and problems with her range of motion in the sessions that followed. (JE 9, pp. 122, 124) On December 23, 2019, her flexion was measured at 110 degrees and her abduction was measured at 105 degrees. (JE 9, p. 124) Due to her flare in symptoms, the therapist recommended a pause in therapy until claimant could follow up with Dr. Stanford. (JE 9, p. 125)

That follow up occurred on January 22, 2020, after claimant completed her MRI. The MRI revealed mild supraspinatus and moderate infraspinatus tendinosis without a tear; global labral degeneration with a mildly displaced anteroinferior tear; intra-articular long head of the biceps tendinosis with suspected partial thickness longitudinal split tear; and "nonspecific findings which can be seen with adhesive capsulitis in the appropriate clinical setting." (JE 8, pp. 112-113)

Dr. Stanford confirmed with claimant that the MRI showed "no signs of rotator cuff tear" but that claimant did "have some degeneration of her glenoid labrum." (JE 7, p. 111) Dr. Stanford suspected this degeneration was the source of claimant's ongoing symptoms. (JE 7, p. 111) He performed another injection but noted he did "not see any indications for surgical intervention." (JE 7, p. 111) Claimant did not return to Dr. Stanford or any other physician for treatment to the left shoulder after the January 22, 2020 appointment. (Tr., p. 27) At no point during claimant's care with Dr. Stanford did he impose any work restrictions.

Dr. Stanford issued an opinion letter on February 19, 2020 in which he confirmed that "the MRI shows degenerative findings but does not show any evidence of acute traumatic injury." He indicated he did "not anticipate any permanent partial impairment or any permanent work restrictions." (Def. Ex. I)

Claimant was seen by Sunil Bansal, M.D., on June 24, 2020 for purposes of an IME. Dr. Bansal diagnosed claimant with left shoulder rotator cuff tendinopathy, labral tear, and left biceps tendinosis. He offered the following opinion regarding causation: "This mechanism of falling with forceful direct impact to the shoulder, coupled with a

clinical presentation of immediate left shoulder pain, is consistent with her rotator cuff, labral, and biceps pathology." (Cl. Ex. 1, pp. 8-9) He assigned an eight percent upper extremity impairment for range of motion deficits in claimant's left shoulder. (Cl. Ex. 1, pp. 7, 10)

Notably, there is no credible evidence that claimant sustained a "direct impact" to her shoulder. While she testified she fell on her left side, she was unsure how or if she used her arms to break her fall. Furthermore, in her written statement, which was completed within minutes of her fall, claimant specifically indicated that she fell on her left leg—not her left shoulder.

Dr. Bansal's opinion also fails to take into consideration the degenerative nature of claimant's conditions. As noted both in the MRI findings and Dr. Stanford's opinion letter, the MRI revealed degenerative findings but no evidence of acute traumatic injury. Dr. Bansal did not discuss whether claimant's slip and fall could have aggravated or accelerated these degenerative conditions; his opinion provides that the sip and fall caused them outright. Again, this is inconsistent with both the MRI report itself and Dr. Stanford's reading and interpretation of the report.

Also notable is the change in claimant's range of motion in the months before and after her IME. At her last physical therapy appointment on December 23, 2019, claimant's range of motion was significantly more limited than during her IME roughly six months later. (JE 9, p. 124 (flexion measured at 110 degrees and abduction at 105 degrees); Cl. Ex. 1, p. 7 (flexion measured at 170, 168 and 171 degrees and abduction measured at 158, 158 and 160 degrees)). Then, during her well-woman appointment in November of 2020, roughly five months after her IME, she had "normal" range of motion and strength during her musculoskeletal exam. (JE 10, p. 132) While the physical therapist and Dr. Bansal undoubtedly took more accurate and definitive measurements than the provider at the well-woman exam, this improvement is contrary to claimant's testimony that she has "very poor range of motion" in her shoulder. (Tr., pp. 27-28, 57) Thus, considering the notations in the well-woman exam and claimant's unreliable testimony, there is some question as to whether claimant had permanent range of motion deficits or whether any such deficits had resolved.

Given the flaws of Dr. Bansal's report and the unreliability of the evidence regarding the permanency of claimant's range of motion deficits, I am not persuaded by Dr. Bansal's opinion that claimant sustained any permanent impairment as a result of her work-related injury to her left shoulder. I therefore find insufficient evidence that claimant's work-related injury caused any permanent disability.

Instead, I find claimant sustained a work-related injury on February 27, 2019 that resulted in a period of temporary disability. I find claimant's work-related injury necessitated medical treatment through January 22, 2020, at which time Dr. Stanford indicated that claimant's ongoing condition was related to her degenerative condition.

CONCLUSIONS OF LAW

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" referred 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.

In this case, I found claimant's testimony and descriptions of her alleged slip and fall on February 27, 2019 to be consistent and credible. Though there are other inconsistences and discrepancies in claimant's testimony, she consistently reported slipping on a slick spot and falling on her left side. As a result, I found sufficient evidence that claimant's slip and fall occurred. I therefore conclude claimant satisfied her burden to prove she sustained an injury that arose out of and in the course of her employment.

Claimant is seeking both permanency and temporary benefits as a result of her work-related injury to her left shoulder.

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).

I turn first to claimant's claim for permanent partial disability (PPD) benefits. Due to the flaws of Dr. Bansal's report, coupled with the lack of credible testimony regarding claimant's ongoing range of motion deficits (on which Dr. Bansal's impairment ratings were based), I found insufficient evidence that claimant sustained any permanent impairment to her left shoulder. I therefore conclude claimant failed to satisfy her burden to prove she sustained any permanent disability as a result of her February 27, 2019 work injury.

Claimant is seeking temporary benefits from March 22, 2019, the day she was told defendant-employer could no longer accommodate her restrictions, through January 22, 2020, which was her last appointment with Dr. Stanford. As correctly noted by defendants, however, claimant's most recent restrictions extended only through July 22, 2019. Dr. Peterson did not renew these restrictions when he last saw claimant on July 18, 2019. While Dr. Peterson at that appointment recommended an orthopedic surgery evaluation, he made no mention of the need for ongoing restrictions. Dr. Stanford likewise never assigned any work restrictions during his treatment of claimant. As a result, I found there was no evidence that claimant had work restrictions after July 22, 2019.

When an injured worker has been unable to work during a period of recuperation from an injury that did not produce permanent disability, the worker is entitled to temporary total disability benefits during the time the worker is disabled by the injury. Those benefits are payable until the employee has returned to work, or is medically capable of returning to work substantially similar to the work performed at the time of injury. Iowa Code § 85.33(1).

In this case, I found claimant had no active work restrictions after July 22, 2019, meaning claimant was medically capable of returning to substantially similar work after that date. I therefore conclude claimant satisfied her burden to prove she is entitled to temporary total disability (TTD) benefits from March 22, 2019 through July 22, 2019.

Claimant is seeking penalty benefits for defendants' failure to pay any permanent or temporary disability benefits in this case.

In Christensen v. Snap-on Tools Corp., 554 N.W.2d 254 (Iowa 1996), and Robbennolt v. Snap-on Tools Corp., 555 N.W.2d 229 (Iowa 1996), the supreme court explained Iowa Code section 86.13 as follows:

> Based on the plain language of section 86.13, we hold an employee is entitled to penalty benefits if there has been a delay in payment unless the employer proves a reasonable cause or excuse. A reasonable cause or excuse exists if either (1) the delay was necessary

> for the insurer to investigate the claim or (2) the employer had a reasonable basis to contest the employee's entitlement to benefits. A "reasonable basis" for denial of the claim exists if the claim is "fairly debatable."
>
> Christensen, 554 N.W.2d at 260.

The court explained further in Meyers v. Holiday Express Corp., 557 N.W.2d 502 (Iowa 1996):

> (1) If the employer has a reason for the delay and conveys that reason to the employee contemporaneously with the beginning of the delay, no penalty will be imposed if the reason is of such character that a reasonable fact-finder could conclude that it is a "reasonable or probable cause or excuse" under Iowa Code section 86.13. In that case, we will defer to the decision of the commissioner. See Christensen, 554 N.W.2d at 260 (substantial evidence found to support commissioner's finding of legitimate reason for delay pending receipt of medical report); Robbennolt, 555 N.W.2d at 236.
>
> (2) If no reason is given for the delay or if the "reason" is not one that a reasonable fact-finder could accept, we will hold that no such cause or excuse exists and remand to the commissioner for the sole purpose of assessing penalties under section 86.13. See Christensen, 554 N.W.2d at 261.
>
> (3) Reasonable causes or excuses include (a) a delay for the employer to investigate the claim, Christensen, 554 N.W.2d at 260; Kiesecker v. Webster City Meats, Inc., 528 N.W.2d at 109, 111 (Iowa 1995); or (b) the employer had a reasonable basis to contest the claim—the "fairly debatable" basis for delay. See Christensen, 554 N.W.2d at 260 (holding two-month delay to obtain employer's own medical report reasonable under the circumstances).
>
> (4) For the purpose of applying section 86.13, the benefits that are underpaid as well as late-paid benefits are subject to penalties, unless the employer establishes reasonable and probable cause or excuse. Robbennolt, 555 N.W.2d at 237 (underpayment resulting from application of wrong wage base; in absence of excuse, commissioner required to apply penalty).
>
> > If we were to construe [section 86.13] to permit the avoidance of penalty if any amount of compensation benefits are paid, the purpose of the penalty statute would be frustrated. For these reasons, we conclude section 86.13 is

> applicable when payment of compensation is not timely . . . or when the full amount of compensation is not paid.
>
> Id.
>
> (5) For purposes of determining whether there has been a delay, payments are "made" when (a) the check addressed to a claimant is mailed (Robbennolt, 555 N.W.2d at 236; Kiesecker, 528 N.W.2d at 112), or (b) the check is delivered personally to the claimant by the employer or its workers' compensation insurer. Robbennolt, 555 N.W.2d at 235.
>
> (6) In determining the amount of penalty, the commissioner is to consider factors such as the length of the delay, the number of delays, the information available to the employer regarding the employee's injury and wages, and the employer's past record of penalties. Robbennolt, 555 N.W.2d at 238.
>
> (7) An employer's bare assertion that a claim is "fairly debatable" does not make it so. A fair reading of Christensen and Robbennolt, makes it clear that the employer must assert facts upon which the commissioner could reasonably find that the claim was "fairly debatable." See Christensen, 554 N.W.2d at 260.
>
> Meyers, 557 N.W.2d at 504-505.

When an employee's claim for benefits is fairly debatable based on a good faith dispute over the employee's factual or legal entitlement to benefits, an award of penalty benefits is not appropriate under the statute. Whether the issue was fairly debatable turns on whether there was a disputed factual dispute that, if resolved in favor of the employer, would have supported the employer's denial of compensability. Gilbert v. USF Holland, Inc., 637 N.W.2d 194 (Iowa 2001).

For the reasons explained above, I found defendants failed to conduct a reasonable investigation into claimant's claim prior to their denial. There was no reasonable basis for their denial at the time they issued their denial letter to claimant, nor did defendants ever provide additional communication about the basis for their dispute. I therefore conclude penalty benefits are appropriate.

Defendants owe roughly 17 weeks of TTD benefits. I conclude a penalty in the amount of $4,000.00 is appropriate. This represents roughly 50 percent of the benefits owed but denied.

With respect to medical expenses, it was not until January 22, 2020 that Dr. Stanford indicated claimant's ongoing complaints were due to her degenerative condition. As a result, I found claimant's required medical treatment for her work-related injury through January 22, 2020, at which time her complaints were no longer causally related to her slip and fall. I therefore conclude claimant established her entitlement to

reimbursement for medical expenses related to her left shoulder through January 22, 2020, as set forth in Claimant's Exhibit 5. See Iowa Code § 85.27.

Claimant also seeks reimbursement for her IME and various costs.

Iowa Code section 85.39 provides that defendants' obligation to reimburse claimant for an IME occurs "[i]f an evaluation of permanent disability has been made by a physician retained by the employer and the employee believes this evaluation to be too low." In this case, Dr. Stanford opined in a letter dated February 19, 2020 that he did not anticipate any permanent partial impairment. This evaluation triggered claimant's right to pursue an IME at defendants' expense, which claimant did in June of 2020. Because I determined claimant sustained a compensable injury, I therefore conclude claimant established her entitlement to reimbursement for Dr. Bansal's IME. See Iowa Code § 85.39(2).

Claimant also seeks reimbursement for her filing fee and service of her petition. (Cl. Ex. 6) Assessment of costs is a discretionary function of this agency. Iowa Code § 86.40. Costs are to be assessed at the discretion of the deputy commissioner or workers' compensation commissioner hearing the case. 876 IAC 4.33. Claimant was successful in portions of her claim. As such, I find a taxation of costs is appropriate in this case. I tax defendants the costs of claimant's filing fee and service fee in the amount of $113.80. 876 IAC 4.33(3), (7).

ORDER

THEREFORE, IT IS ORDERED:

Defendants shall pay claimant temporary total disability (TTD) benefits from March 22, 2019 through July 22, 2019 at the stipulated rate of four hundred eighty-seven and 42/100 dollars ($487.42).

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 are entitled to a credit as set forth in the stipulation in the hearing report.

Defendants shall pay penalty benefits in the amount of four thousand and 00/100 dollars ($4,000.00).

Defendants shall pay directly, reimburse claimant for any out-of-pocket expenses, or otherwise satisfy and hold claimant harmless for the past medical expenses detailed in Claimant's Exhibit 5 through January 22, 2020.

Defendants shall reimburse claimant the costs of Dr. Bansal's IME.

Pursuant to rule 876 IAC 4.33, defendants shall reimburse claimant's costs in the amount of one hundred thirteen and 80/100 dollars ($113.80).

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 16th day of June, 2021.

STEPHANIE J. COPLEY
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

David Drake (via WCES)

Aaron Oliver (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.