BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

RICKY YOUNG,

Claimant,

vs.

JIM HAWK TRUCK TRAILERS, INC.,

Employer,

and

TRAVELERS INSURANCE,

Insurance Carrier,
Defendants.

File No. 5056433

ARBITRATION

DECISION

Head Note Nos.: 1402.30, 1803, 1804

STATEMENT OF THE CASE

Claimant, Ricky Young, filed a petition in arbitration seeking workers' compensation benefits from Jim Hawk Truck Trailers, Inc. (Jim Hawk), employer, and Travelers Indemnity Company, insurer, both as defendants. This matter was heard in Des Moines, Iowa on March 22, 2017, with a final submission date of April 11, 2017.

The record in this case consists of Claimant's Exhibits 1-14, Defendants' Exhibits A-H, and the testimony of claimant and claimant's wife, Patricia Young.

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 claimant's back condition arose out of and in the course of the stipulated September 17, 2014 injury.

2. Claimant's entitlement to permanent partial disability benefits.

FINDINGS OF FACT

Claimant was 59 years old at the time of hearing. Claimant went up to the eleventh grade. Claimant does not have a GED. Claimant has worked in shipping and

receiving, and in construction. Claimant spent a good part of his work life as a truck mechanic. (Exhibit 9)

Claimant worked for Jim Hawk initially in approximately 1980 as a mechanic. Claimant returned to Jim Hawk in 1997 as a mechanic. (Ex. 9) Claimant's job with Jim Hawk required him to repair and maintain semi-truck trailers. The job required claimant to weld and to lift up to 80 pounds. Claimant testified that Exhibit 11, job description of claimant's job, accurately describes claimant's duties with Jim Hawk.

Claimant's prior medical history is relevant. In December 2010 claimant slipped on ice and had neck pain radiating to his arms. Claimant testified he went to physical therapy. He said the injury resolved. Claimant testified when he returned to work he had no permanent impairment or permanent restrictions. (Ex. 6, pages 19-22)

Claimant testified he fell from scaffolding while working on a truck. Claimant testified at hearing he fell approximately eight feet from the scaffolding. He said the scaffolding tipped. He said he fell, bounced off the truck, and hit the floor. Claimant said he had pain in his left leg and shoulder.

On October 1, 2014, claimant was evaluated by Terrence Kurtz, M.D., at Concentra. Claimant complained of a sore left shoulder and leg after falling from scaffolding at work. Claimant was assessed as having a shoulder strain. He was returned to work at modified duty and recommended to see an orthopedic surgeon. On October 21, 2014, claimant was evaluated by Kyle Galles, M.D. Claimant had a left shoulder injury after falling five feet off a scaffold. An MRI was recommended. (Ex. 2, pp. 1-2)

Claimant returned to Dr. Galles on November 3, 2014 for follow-up. Claimant had left shoulder and neck pain. The MRI showed signs of an AC joint arthritis. Claimant was given a left shoulder injection. (Ex. 2, pp. 9-10)

On January 16, 2015, claimant underwent shoulder surgery consisting of an acromioplasty and a Mumford procedure. Surgery was performed by Dr. Galles. (Ex. 2, p. 24) Claimant was released to work with no use of the left arm. (Ex. 2, pp. 24-26)

Claimant was evaluated by Todd Harbach, M.D., on June 17, 2015. Claimant had neck pain with radiculopathy into both arms. A C4-C6 fusion was discussed. (Ex. 7, pp. 49-50)

On July 14, 2015, claimant underwent a cervical surgery consisting of a C5-6 discectomy and fusion. The surgery was performed by Dr. Harbach. (Ex. 2, pp. 53.1-53.3)

On August 28, 2015, claimant underwent an EMG and nerve conduction study. Testing revealed a bilateral median neuropathy and a right ulnar neuropathy. (Ex. 2, p. 59)

On October 20, 2015, claimant underwent a left carpal tunnel release. Surgery was performed by Ze-Hui Han, M.D. (Ex. 2, p. 69) Dr. Han returned claimant to regular work regarding his carpal tunnel release on December 5, 2015. (Ex. 2, p. 74)

On January 21, 2016, claimant returned to Dr. Harbach in follow-up. Claimant complained of neck and shoulder pain and difficulty with swallowing. Claimant also complained of low back pain. Claimant was recommended to have a cervical facet block. (Ex. 2, pp. 80.2-82)

On February 9, 2016, claimant underwent a C3-C6 diagnostic medical branch block. (Ex. 2, p. 88)

Claimant saw John Rayborn, M.D., on February 18, 2016. Claimant indicated the cervical blocks had reduced pain for a little bit, but claimant still had shoulder and back pain. A cervical epidural was discussed. (Ex. 2, pp. 89.1-89.2)

On March 10, 2016, claimant was terminated from Jim Hawk as his employer could not accommodate his work restrictions. (Ex. 10, p. 6)

In a March 31, 2016 note, Dr. Han found claimant had a two percent permanent impairment to the left upper extremity regarding his left carpal tunnel release. (Ex. 2, p. 105)

On April 19, 2016 and April 26, 2016, claimant underwent a cervical epidural. (Ex. 2, pp. 115-116)

On April 11, 2016, claimant was evaluated by Simon Wright, M.D., for dysphagia, or difficulty with swallowing. Claimant was assessed as having gastric reflux and dysphagia. He was prescribed medication to deal with the reflux problems. (Ex. 5, pp. 1-3)

On June 20, 2016, claimant was seen by Dr. Harbach. Claimant was found to be at maximum medical improvement (MMI) and released from care. (Ex. 2, pp. 147-148.1)

Claimant was evaluated by Dr. Wright on July 14, 2016. Claimant continued to have symptoms of dysphagia. A balloon dilation of the esophagus was recommended. (Ex. 5, pp. 4-7)

In an August 8, 2016 note, Dr. Harbach found claimant had a 25 percent permanent impairment related to his cervical spine based upon a finding that claimant fell into a DRE category IV under the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. (Ex. 2, p. 153)

In an August 9, 2016 letter, Dr. Galles found claimant had a 5.5 percent permanent impairment to the upper extremity for his shoulder injury. (Ex. 2, pp. 156-157)

In a note, written by defendants, dated September 27, 2016, Dr. Harbach indicated that claimant's need for further surgery was not related to his work injury. The note is not clear regarding what medical treatment is at issue in this letter. (Ex. 2, p. 158)

On November 7, 2016, claimant underwent a functional capacity evaluation (FCE). Claimant was found to have given consistent effort in testing. He was found to be able to work in the medium physical demand category. Claimant was found to be able to occasionally lift up to 35 pounds from floor to waist, occasionally carry 35 pounds with both arms, and occasionally push and pull 50 pounds. (Ex. 7)

Claimant testified that on or about December 16, 2016, he was deer hunting. A picture of claimant with deer shot on a hunt is shown in Exhibit F. Claimant said he only used a handgun to hunt. Claimant is shown in Exhibit F with a rifle slung over his shoulder. (Ex. F)

In a January 19, 2017 report, Amanda Ruhland, M.A., C.R.C., gave her opinions of claimant's vocational opportunities. Ms. Ruhland applied restrictions given under the FCE. She opined claimant would be able to return to work. She opined that claimant's work restrictions would preclude him from returning to all past relevant work. She believed claimant could find work and earn wages between $320.00 to $400.00 per week initially. She opined that claimant could expect to initially have a wage loss of 63 to 70 percent. (Ex. 12)

In a February 2, 2017 report, Sunil Bansal, M.D., gave his opinions of claimant's condition following an independent medical evaluation (IME). Claimant complained of constant neck pain and decreased range of motion in the neck. Claimant had pain radiating from the left shoulder into the arm. Claimant also complained of popping in the left shoulder. He complained of lumbar pain. Claimant continued to have problems with swallowing. (Ex. 13, pp. 1-14)

Dr. Bansal indicated there was insufficient medical information to determine work relatedness to the back and any right carpal tunnel condition. Dr. Bansal recommended claimant may require intermittent cortisone injections into the left shoulder in the future. He also recommended claimant have treatment for dysphagia as recommended by Dr. Wright. (Ex. 13, pp. 15-20)

Dr. Bansal opined that claimant had a 26 percent permanent impairment regarding the neck injury, a 9 percent permanent impairment to the body as a whole for the left shoulder, a 7 percent permanent impairment for dysphagia condition, and a 3 percent permanent impairment for the left carpal tunnel issue. (Ex. 13, pp. 21-23)

According to the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, the combined values for Dr. Bansal's IME results in a 40 percent permanent impairment to the body as a whole. (Guides, p. 604)

In a February 13, 2017 letter, written by defendant's counsel, Dr. Harbach opined that claimant's bilateral nerve entrapment, back complaints, and fine motor issues were not related to the work injury. Dr. Harbach did not believe claimant required any future medical treatment. (Ex. A)

In a February 21, 2017 report, Lewis Vierling, M.S., C.R.C., gave his opinions of claimant's vocational opportunities. He opined that claimant lost access to 100 percent of all occupational categories that he was qualified to perform pre-injury. Mr. Vierling opined that claimant had a severely diminished work capacity. (Ex. 14)

Claimant testified that he did not believe that, given his current limitations, that he could return to any of his prior jobs.

Claimant testified he inquired about work with Eaton Enterprises, as a car detailer. Claimant said he also inquired about jobs at Buffalo Wild Wings and at Allen Lawn Care. Claimant said he had not filled out any applications and only asked about jobs with those three companies. Claimant testified in his deposition, taken February 6, 2017, he had only been looking for work for a few weeks. (Ex. G, Deposition pp. 23-24)

Both claimant and his wife testified claimant told Dr. Harbach he had back pain. Claimant said Dr. Harbach wanted to focus on his neck issue. Claimant testified he still has upper back symptoms and tingling in both hands. He said he used to restore vehicles, but it has been several years since he worked on a car or truck.

Claimant testified he does not believe he received permanent restrictions regarding his carpal tunnel syndrome. At the time of hearing claimant was not taking any prescription medication for his 2014 work injury.

Patricia Young testified that she is claimant's wife. She said that before his injury claimant was in good shape and did all maintenance around their home. Since the injury, claimant has not done any maintenance. Ms. Young said claimant has lost range of motion in the neck. She said that claimant has neck and left arm pain. She said the claimant does not sleep well. Ms. Young testified that claimant appears to be depressed.

CONCLUSIONS OF LAW

The first issue to be determined is did claimant sustain an injury to his back that arose out of and in the course of his employment.

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 Rule of Appellate Procedure 6.14(6).

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 Elec. 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).

Claimant contends that his back condition arose out of and in the course of his September 17, 2014 injury. Defendants accept liability for an injury to claimant's shoulder, neck, and left carpal tunnel, but deny any liability for a back condition.

As noted in the Findings of Fact, claimant sustained a work injury on September 17, 2014. Records indicate claimant complained of back pain to treating physicians. However, records also suggest that claimant did not begin to complain of back issues until approximately January of 2016, or approximately one year and three months after the date of injury. (Ex. 2, pp. 81, 88, 89.1, 100, 102; Ex. 3, p. 64)

No expert has given an opinion causally linking claimant's back condition to the September 2014 injury. Dr. Harbach opined that claimant's back complaints were not related to the September 2014 injury. (Ex. A) Dr. Bansal, claimant's expert, also

indicated there was insufficient information to link claimant's back condition to the work injury. (Ex. 13, p. 15)

The records indicate claimant first began complaining of back issues approximately 15 months after the date of injury. Dr. Harbach opined that claimant's back condition is not related to the September 2014 date of injury. Dr. Bansal found insufficient information to link the back condition to the September 2014 injury. Given this record, claimant has failed to carry his burden of proof his back condition arose out of and in the course of his September 17, 2014 work injury.

The next issue to be determined is the extent of claimant's entitlement to permanent partial disability benefits.

Since claimant has an impairment to the body as a whole, an industrial disability has been sustained. Industrial disability was defined in Diederich v. Tri-City R. Co., 219 Iowa 587, 258 N.W. 899 (1935) as follows: "It is therefore plain that the legislature intended the term 'disability' to mean 'industrial disability' or loss of earning capacity and not a mere 'functional disability' to be computed in the terms of percentages of the total physical and mental ability of a normal man."

Functional impairment is an element to be considered in determining industrial disability which is the reduction of earning capacity, but consideration must also be given to the injured employee's age, education, qualifications, experience, motivation, loss of earnings, severity and situs of the injury, work restrictions, inability to engage in employment for which the employee is fitted and the employer's offer of work or failure to so offer. McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Olson v. Goodyear Service Stores, 255 Iowa 1112, 125 N.W.2d 251 (1963); Barton v. Nevada Poultry Co., 253 Iowa 285, 110 N.W.2d 660 (1961).

Compensation for permanent partial disability shall begin at the termination of the healing period. Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Section 85.34.

In Guyton v. Irving Jensen Co., 373 N.W.2d 101 (Iowa 1985), the Iowa court formally adopted the "odd-lot doctrine." Under that doctrine a worker becomes an odd-lot employee when an injury makes the worker incapable of obtaining employment in any well-known branch of the labor market. An odd-lot worker is thus totally disabled if the only services the worker can perform are "so limited in quality, dependability, or quantity that a reasonably stable market for them does not exist." Id., at 105.

Under the odd-lot doctrine, the burden of persuasion on the issue of industrial disability always remains with the worker. Nevertheless, when a worker makes a prima facie case of total disability by producing substantial evidence that the worker is not employable in the competitive labor market, the burden to produce evidence showing availability of suitable employment shifts to the employer. If the employer fails to produce such evidence and the trier of facts finds the worker does fall in the odd-lot category, the worker is entitled to a finding of total disability. Guyton, 373 N.W.2d at

106. Factors to be considered in determining whether a worker is an odd-lot employee include the worker's reasonable but unsuccessful effort to find steady employment, vocational or other expert evidence demonstrating suitable work is not available for the worker, the extent of the worker's physical impairment, intelligence, education, age, training, and potential for retraining. No factor is necessarily dispositive on the issue. Second Injury Fund of Iowa v. Nelson, 544 N.W.2d 258 (Iowa 1995). Even under the odd-lot doctrine, the trier of fact is free to determine the weight and credibility of evidence in determining whether the worker's burden of persuasion has been carried, and only in an exceptional case would evidence be sufficiently strong as to compel a finding of total disability as a matter of law. Guyton, 373 N.W.2d at 106.

The refusal of defendant-employer to return claimant to work in any capacity is, by itself, significant evidence of a lack of employability. Pierson v. O'Bryan Brothers, File No. 951206 (App. January 20, 1995). Meeks v. Firestone Tire & Rubber Co., File No. 876894, (App. January 22, 1993); See also, 10-84 Larson's Workers' Compensation Law, section 84.01; Sunbeam Corp. v. Bates, 271 Ark. 609 S.W.2d 102 (1980); Army & Air Force Exchange Service v. Neuman, 278 F. Supp. 865 (W.D. La. 1967); Leonardo v. Uncas Manufacturing Co., 77 R.I. 245, 75 A.2d 188 (1950). An employer who chooses to preclude an injured worker's re-entry into its workforce likely demonstrates by its own action that the worker has incurred a substantial loss of earning capacity. As has previously been explained in numerous decisions of this agency, if the employer in whose employ the disability occurred is unwilling to accommodate the disability, there is no reason to expect some other employer to have more incentive to do so. Estes v. Exide Technologies, File No. 5013809 (App. December 12, 2006).

Claimant was 59 years old at the time of the hearing. Claimant does not have a GED. He only went up to the 11th grade. Claimant has worked in shipping and receiving and in construction. Claimant has spent most of his work life as a truck mechanic.

A number of experts opined regarding claimant's functional impairment. Dr. Bansal found that claimant had a 26 percent permanent impairment to the body as a whole from the neck injury. (Ex. 13, pp. 22-23) Dr. Harbach found that claimant had a 25 permanent impairment to the neck. (Ex. 2, p. 153) As the ratings are nearly identical, I find no reason to make a finding of fact or conclusion of law as to which rating is more convincing. For the purposes of the specificity in determining claimant's combined permanent impairment, I will use Dr. Bansal's finding that claimant had a 26 percent permanent impairment to the body as a whole regarding the neck injury.

Dr. Bansal found that claimant had a seven percent permanent impairment for the dysphagia condition. (Ex. 13, pp. 22-23) The records indicate the claimant was still treating for dysphagia. The record indicates defendants had, recently before hearing, approved the balloon dilation procedure to help with claimant's dysphagia. Dr. Wright is the specialist who is treating claimant for dysphagia. Dr. Wright has given no indication that claimant's dysphagia has resulted in a permanent impairment. Based on this record, it is found that Dr. Bansal's opinion, that claimant has a seven percent

permanent impairment for the dysphagia condition, at this time, is not convincing. This finding does not preclude claimant from raising the issue that the dysphagia condition is a permanent condition in subsequent hearings.

Dr. Bansal opined that claimant had a three percent permanent impairment to the body as a whole for the carpal tunnel release. (Ex. 13, p. 23) Dr. Han opined that claimant had a two percent permanent impairment to the upper extremity for the carpal tunnel release. (Ex. 2, p. 105) Dr. Han treated claimant for an extended period of time and performed surgery on claimant. As a factual matter, Dr. Han has far more familiarity with claimant's condition and medical presentation than does Dr. Bansal. Based on this, it is found that Dr. Han's rating of a two percent permanent impairment to the upper extremity for the carpal tunnel release is more convincing than Dr. Bansal's rating. A two percent rating to the upper extremity converts to a one percent permanent impairment to the body as a whole under the Guides. Based on this it is found that claimant has a one percent permanent impairment to the body as a whole concerning the carpal tunnel release.

Dr. Bansal found that claimant had a 9 percent permanent impairment for the shoulder injury. (Ex. 13, p. 22) Dr. Galles found that claimant had a 5.5 percent permanent impairment to the upper extremity for the shoulder injury. (Ex. 2, p. 156) Both Dr. Galles and Dr. Bansal found that, under the Guides at Table 16-27, a clavicle resection is assigned a 10 percent permanent impairment rating. However, Dr. Galles reduced that rating by using Table 16-18 of the Guides. I do not understand why Dr. Galles used that multiplier to reduce the value of the clavicle resection under Table 16-27. I am able to follow Dr. Bansal's rationale for his rating of 9 percent. Based on this record, it is found that claimant has a 9 percent permanent impairment to the body as a whole for the shoulder injury.

Using the combined values tables in the Guides. A 26 percent permanent impairment, a 9 percent permanent impairment for the shoulder, and a 1 percent permanent impairment for the carpal tunnel release results in a combined 34 percent permanent impairment to the body as a whole. (Guides, p. 604) It is found that claimant has a 34 percent permanent impairment to the body as a whole. The FCE found that claimant could work in the medium physical demand category and is limited to lifting and carrying 35 pounds occasionally and occasionally pushing and pulling 50 pounds. (Ex. 7)

No doctor has restricted claimant from returning to work.

Two experts have opined regarding claimant's vocational opportunities. Ms. Ruhland opined that claimant could return to work and that he would initially have a wage decrease between 63 to 70 percent. (Ex. 12) Mr. Vierling opined that claimant had lost 100 percent of access to all occupations that he had pre-injury. (Ex. 14) A review of agency decisions from 2016 alone shows that in approximately 10 published decisions, where Mr. Vierling acted as an expert, he opined claimants were routinely not employable. See Emmerth v. Linweld, File No. 5034410 (App. Dec. August 22, 2016) (claimant not employable in the competitive labor market); Boles v. Enxco, et. al, File

No. 5036958 (Review-Reopening November 8, 2016) (claimant not employable); Lindemoen v. Second Injury Fund, File No. 5055222 (Arb. Dec. January 31, 2017) (claimant lost 100 percent of access to jobs in the labor market). Given Mr. Vierling's history of finding claimants are unemployable, it is found that Ms. Ruhland's opinions regarding claimant's vocational opportunities are considered more convincing.

Claimant was terminated from Jim Hawk in March of 2016. From the time of his termination until the time of hearing or approximately one year, claimant has inquired about only three jobs. He has filled out no job applications. The record suggests that claimant has only made inquiries about work since late January of 2017. (Ex. G, Depo. p. 23)

A loss of earning capacity due to voluntary choice or lack of motivation to return to work is not compensable. Rus v. Bradley Puhrmann, File No. 5037928 (Appeal Decision December 16, 2014); Gaffney v Nordstrom, File No. 5026533 (App. September 8, 2011); Snow v. Chevron Phillips Chemical Co., File No. 5016619 (App. October 25, 2007). Copeland v. Boone Book and Bible Store, File No. 1059319 (App. November 6, 1997). See also Brown v. Nissen Corp., 89-90 IAWC 56, 62 (App. 1989) (no prima facie showing that claimant is unemployable when claimant did not make an attempt for vocational rehabilitation).

Under the odd-lot doctrine, claimant has the burden of proof to show that he is not employable in the competitive labor market. Claimant has a functional impairment of 34 percent. An FCE found that claimant can work at the medium physical demand level. No doctor has opined that claimant cannot work. Ms. Ruhland opined that claimant has between a 63 to 70 percent loss of earning capacity but is still employable. Claimant has only inquired about 3 jobs. He has not applied for any jobs. He has not completed any job applications. Given this record, claimant has failed to carry his burden of proof he is not employable in the competitive labor market. Given this record, claimant has failed to carry his burden of proof that he is an odd-lot employee.

Given the same factors as detailed above, it is also found that claimant is not permanently and totally disabled.

Based upon the factors detailed in the Findings of Fact, and the Conclusions of Law, it is found that claimant has a 70 percent loss of earning capacity or industrial disability.

ORDER

THEREFORE, IT IS ORDERED:

That defendants shall pay claimant three hundred fifty (350) weeks of permanent partial disability benefits at the rate of six hundred and 66/100 dollars ($600.66) per week commencing on June 21, 2016.

That defendants shall pay accrued weekly benefits in 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 receive a credit for benefits previously paid.

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 26th day of May, 2017.

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.