

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

GEORGE LYNCH,

Claimant,

vs.

OUTDOOR GROUP, LLC,

Employer,

and

THE CHARTER OAK FIRE INS. CO.,

Insurance Carrier,

SECOND INJURY FUND OF IOWA,

Defendants.

File No. 1662284.01

ARBITRATION DECISION

Head Note No.: 1402.40, 1803.1,
1803, 1804, 3202

Claimant George Lynch filed a petition in arbitration on April 13, 2020, alleging he sustained injuries to the right side of his neck, right shoulder, right arm, right wrist, right hand, and mental health while working for Defendant Outdoor Group LLC ("Outdoor Group") on March 5, 2018. Lynch also stated a claim against Defendant Second Injury Fund of Iowa ("Fund") alleging a first loss to his right knee on July 24, 2012. On April 29, 2020, Outdoor Group and its insurer, Defendant The Charter Oak Fire Insurance Company ("Charter Oak"), filed an answer admitting Lynch sustained a work injury. On May 6, 2020, the Fund filed an answer.

An arbitration hearing was held *via* CourtCall video conference on June 8, 2021. Attorney Randall Schueller represented Lynch. Lynch appeared and testified. Attorney Julie Burger represented Outdoor Group and Charter Oak. Assistant Attorney General Meredith Cooney represented the Fund. Joint Exhibits ("JE") 1 through 13, and Exhibits 1 through 4, A through D, and AA through EE were admitted into the record. The record was held open through June 23, 2021, for the receipt of post-hearing briefs. The briefs were received and the record was closed.

The parties submitted a Hearing Report, listing stipulations and issues to be decided. The Hearing Report was approved and filed at the conclusion of the hearing. Outdoor Group, Charter Oak, and the Fund waived all affirmative defenses.

STIPULATIONS

1. An employer-employee relationship existed between Outdoor Group and Lynch at the time of the alleged injury.
2. Lynch sustained an injury, which arose out of and in the course of his employment with the Outdoor Group on March 5, 2018.
3. The alleged injury is a cause of temporary disability during a period of recovery.
4. Temporary benefits are no longer in dispute.
5. The alleged injury is a cause of permanent disability.
6. The commencement date for permanent partial disability benefits as to the claim against Outdoor Group and Charter Oak is March 25, 2020.
7. At the time of the alleged injury Lynch's gross earnings were \$1,538.46 per week, he was single and entitled to one exemption, and the parties believe the weekly rate is \$936.80.
8. Prior to the hearing Lynch was paid one week of compensation at the rate of \$936.80 per week.
9. Lynch sustained a prior qualifying loss to the right leg on July 24, 2012.
10. The functional loss from the prior qualifying loss is 37 percent of the right lower extremity.
11. In his post-hearing brief, Lynch stipulated that if Lynch is not permanently and totally disabled with respect to his claims against the Outdoor Group and Charter Oak or the Fund, the Fund is entitled to a credit of 103.9 weeks and the commencement date for permanent partial disability benefits against the Fund is August 15, 2020.
12. Outdoor Group and Charter Oak agreed to pay the cost of Dr. Bansal's independent medical examination.

ISSUES

1. What is the nature of the injury?
2. What is the extent of disability?
3. Did Lynch sustain a compensable loss to the right upper extremity on March 5, 2018?
4. If Lynch sustained a compensable loss to the right upper extremity on March 5, 2018, what is the functional loss?

5. Is Lynch entitled to benefits from the Fund?

6. If Lynch is entitled to benefits from the Fund, what is the commencement date for permanent partial disability benefits?

FINDINGS OF FACT

Lynch lives in Melrose, Iowa. (Transcript, page 10) Lynch graduated from high school in Michigan in 1977. (Exhibits. 2, p. 3, 12; Tr., p. 11) Lynch has not attended any schooling since he graduated from high school. (Tr., p. 12) At the time of the hearing he was 61. (Tr., p. 10)

After graduating from high school Lynch worked as a delivery driver for one year. (Exs. 2, p. 4; 3, p. 13) From 1978 through 1986, Lynch worked as a head groundskeeper and in maintenance for a college in Michigan until his position was eliminated. (Exs. 2, p. 4; 3, p. 13; Tr., p. 12) From 1986 through 2002 he worked for Simplex Products in manufacturing and research and development until his division was sold to a competitor. (Exs. 2, p. 4; 3, p. 13) During most of his time at Simplex Products Lynch worked in a supervisory role. (Tr., p. 56) From 2002 until 2003 he worked for Senergy in manufacturing setup and research and development. (Exs. 2, p. 4; 3, p. 14) Lynch left because of the extensive travel requirements. (Exs. 2, p. 4; 3, p. 14) Lynch next worked for Ford Motor Company in manufacturing and supervising employees. (Exs. 2, p. 5; 3, p. 14; Tr., p. 53) From 2004 through 2005 he worked as a sales manager for Masterwall until his position was eliminated due to bankruptcy. (Exs. 2, p. 5; 3, p. 14)

From 2005 through February 2016, Lynch operated Lynch Mob Calls, making and tuning duck and goose calls. (Exs. DD, p. 21; 2, p. 5; 3, p. 14; Tr., p. 13) Duck and goose calls are like musical instruments that contain reeds and have to be tuned. Lynch's now ex-wife was the owner of Lynch Mob Calls and Lynch did not receive a salary from the business. (Ex. DD, p. 21) In 2006 Lynch began receiving Social Security Disability Insurance ("SSDI") benefits for a heart condition. (Tr., p. 21)

On July 12, 2012, Lynch attended an appointment with Glenn Whitted, M.D., complaining of right knee pain. (JE 1, pp. 1-2) Lynch reported having knee surgery about 25 years before and reported he was experiencing worsening pain and problems with ambulation due to his pain. (JE 1, p. 2) Dr. Whitted noted he had an antalgic gait on the right and assessed Lynch with advanced osteoarthritis of the right knee and a significant history of coronary artery disease. (JE 1, p. 2) Dr. Whitted prescribed Zipsor and recommended a total knee replacement. (JE 1, p. 2) Lynch underwent a total right knee replacement on July 24, 2012. (JE 1, p. 4; Tr., p. 16) Lynch testified his recovery after surgery was difficult and he underwent two rounds of physical therapy. (Tr., pp. 16-18)

Lynch was in the process of going through a divorce and Outdoor Group approached him about selling Lynch Mob Calls. (Tr., p. 21) Outdoor Group sells hunting equipment. (Tr., pp. 18-19) In February 2016, Lynch sold Lynch Mob Calls to

Outdoor Group and he agreed to work for Outdoor Group. (Exs. 2, p. 5; 3, p. 14; Tr., p. 15) Outdoor Group agreed to pay Lynch a salary of \$80,000.00 per year, plus royalties based on sales under a five year contract. (Exs. 2, p. 5; 3, p. 15; Tr., pp. 16, 19) Lynch's contract was scheduled to end in 2021. (Tr., p. 41) Lynch was still receiving SSDI benefits for his heart condition at the time he sold Lynch Mob Calls. (Tr., p. 21) After he commenced employment with Outdoor Group Lynch's SSDI benefits ceased. (Tr., p. 22) Lynch worked with the salesmen and he went on sales calls and attended trade shows. (Tr., p. 18)

Lynch testified on March 5, 2018, he was having constant pain in his right hand and elbow from tuning calls. (Tr., p. 23) Lynch relayed many of the calls were out of specification and he had a difficult time twisting the calls and getting them apart. (Tr., p. 23) Lynch approached Ann Spinney who worked in human resources for Outdoor Group and reported he was having problems with his right upper extremity. (Tr., pp. 23-24)

Lynch testified he has not worked since March 5, 2018. (Tr., p. 27) Lynch relayed he received \$80,000.00 in 2016 and in 2017, and the full amount of his monthly payments for a few months in 2018, until his work injury. (Tr., p. 77) He did not receive any payments under the contract with Outdoor Group in 2019, 2020, or 2021. (Tr., pp. 77-78)

On March 20, 2019, Lynch presented to Gregory Bellisari, M.D., with Orthopedic One in Ohio, complaining of right elbow pain for the past six months that had been getting progressively worse with numbness and tingling radiating from his shoulder into his arm and down his hand and fingertips, with the most tender spot on the medial side. (JE 2, p. 8) Lynch reported he engaged in a lot of gripping and twisting when working with bird calls, which caused him to have significant pain and numbness. (JE 2, p. 8) Dr. Bellisari assessed Lynch with right elbow medial epicondylitis and right cubital tunnel syndrome, noted Lynch's symptoms were likely coming from cubital tunnel and cervical radiculopathy consistent with double crush syndrome, recommended he rest from doing repetitive work with his hands, recommended stretching and strengthening exercises with physical therapy, and prescribed topical Pennsaid. (JE 2, p. 9)

On April 1, 2019, Lynch underwent cervical spine magnetic resonance imaging. (JE 2, p. 13) The reviewing radiologist listed an impression of:

1. Severe facet arthropathy on the right at C5-C6 with a small joint effusion and reactive bone marrow edema in the facets suggesting abnormal mechanical stress in this location. Facet hypertrophy on the right results in moderate foraminal narrowing.
2. Moderate facet arthropathy on the right at C4-C5. Facet hypertrophy results in moderate right foraminal narrowing.

3. Disc bulge and annular tear at C6-C7 without spinal stenosis. Facet hypertrophy and uncovertebral osteophyte on the right results in moderate right foraminal narrowing at this level.

4. No significant spinal canal stenosis at any level.

(JE 2, p. 14)

On May 7, 2019, Lynch attended an appointment with Kellie Butler, NP, complaining of right elbow, wrist, and right hand pain and swelling. (JE 3, p. 25) Lynch reported the pain started after he performed repetitive motions while tuning duck calls. (JE 3, p. 25) Butler examined Lynch and diagnosed him with left elbow medial epicondylitis and imposed restrictions of no lifting over 10 pounds per day, lifting up to 10 pounds up to three hours per day, no pushing or pulling, working with hot substances up to eight hours per day, and working no more than 10 hours per day or 50 hours per week. (JE 3, pp. 25-28)

Lynch underwent right upper extremity nerve conduction studies on May 8, 2019 with William Fitz, M.D., with Orthopedic One. (JE 2, p. 15) Dr. Fitz noted the studies "showed evidence of a moderate severity right median neuropathy at the wrist. No evidence of radiculopathy, plexopathy or ulnar neuropathy right upper extremity," and noted he was tender over the medial and lateral epicondyle on exam. (JE 2, p. 15)

On May 13, 2019, Lynch returned to Butler, complaining of right elbow, wrist, and right hand pain. (JE 3, p. 29) Lynch reported his symptoms were unchanged and were exacerbated by direct pressure, gripping, lifting, motion at the elbow, motion at the wrist, throwing and wrist movement, but not with arm extension, rotation of the forearm or when using the hand or fingers. (JE 3, p. 30) Butler found Lynch was 50 percent of the way toward meeting the physical requirements of his job and continued his restrictions. (JE 3, pp. 31-32)

On May 20, 2019, Lynch attended an appointment with Michael Rerko, M.D., with Orthopedic One, regarding his right upper extremity problems. (JE 2, p. 16) Dr. Rerko assessed Lynch with right wrist carpal tunnel syndrome, right elbow medial epicondylitis, and right lateral epicondylitis, and administered a Kenalog injection into the right carpal tunnel. (JE 2, pp. 16-17)

Lynch returned to Orthopedic One on May 23, 2019, and he was examined by Kelley Clem, M.D., for a diagnostic ultrasound of the right elbow. (JE 2, p. 19) Dr. Clem noted Lynch had persistent pain localized in the medial and lateral aspect of his elbow with gripping and grasping activities. (JE 2, p. 19) Dr. Clem noted the lateral elbow diagnostic ultrasound on the right showed his radiocapitellar joint was normal, his radial collateral ligament was intact, and that he had severe extensor carpi radialis brevis. (JE 2, p. 20) Dr. Clem found the right elbow diagnostic ultrasound showed his ulnar nerve was normal with no subluxation, and that he had moderate to severe tendinopathy of the common flexor tendon. (JE 2, p. 20)

On June 6, 2019, Lynch attended an appointment with Dr. Rerko. (JE 2, p. 21) Dr. Rerko noted it was difficult to tell how much of his hand numbness and tingling was due to carpal tunnel syndrome versus a possible neck impingement and that given he received no improvement from the carpal tunnel injection, the chance of a full recovery from a carpal tunnel release surgery was unpredictable. (JE 2, p. 21) Lynch relayed he wanted to proceed with surgery. (JE 2, p. 21) Dr. Rerko performed a right carpal tunnel release on Lynch on June 25, 2019. (JE 5, p. 47)

Lynch returned to Dr. Rerko on July 29, 2019, regarding his right wrist and hand, reporting his numbness and tingling had improved somewhat, but he still had difficulty gripping and lifting, and complaining of right thumb basilar pain and finger stiffness and pain over the A1 pulleys of the middle, ring, and small fingers. (JE 2, p. 23) Dr. Rerko assessed Lynch with trigger middle, ring, and little fingers for the right hand, and primary osteoarthritis of the first carpometacarpal joint of the right hand. (JE 2, p. 23) Dr. Rerko discussed splinting and injections with Lynch and Lynch underwent a right thumb CMC joint injection. (JE 2, p. 23)

After moving to Iowa from Ohio, Lynch attended an appointment with Jeffrey Rodgers, M.D., with Des Moines Orthopaedic Surgeons, reporting his numbness improved after right carpal tunnel release surgery. (JE 6, p. 49) Lynch relayed he continued to have soreness in his palm, pain opening jars and reaching for door handles, stiffness in his hand in the morning, pain in his medial elbow, and pain with lifting. (JE 6, p. 49) Lynch reported some improvement since he had been off work. (JE 6, p. 49) Dr. Rodgers examined Lynch, assessed him with scar tenderness post carpal tunnel release and right medial elbow tendinopathy, noted his palm tenderness should improve over time, found it was fine to stop therapy given it was causing pain, and discussed Tenex treatment for his elbow condition. (JE 6, p. 50)

On October 2, 2019, Lynch attended a right medial Tenex tenotomy consultation with Olaf Kaufman, M.D. (JE 4, p. 41) Dr. Kaufman ordered a right upper extremity ultrasound, which he noted demonstrated moderate hypoechoic changes and thickening of the right common flexor tendon and a tiny insertion enthesophyte. (JE 4, p. 44) Dr. Kaufman examined Lynch, listed an impression of moderate right medial epicondylitis, and stated that he would likely benefit from a right medial Tenex tenotomy procedure. (JE 4, pp. 42-44) Dr. Kaufman performed a percutaneous tenotomy of the right common flexor tendon under ultrasound on October 30, 2019. (JE 7, p. 51)

On November 21, 2019, Lynch returned to Dr. Kaufman's office and was examined by Rebecca Miller, P.A. (JE 4, p. 45) Miller documented Lynch had undergone a Tenex tenotomy four weeks ago and he was reporting his pain was worse since the procedure. (JE 4, p. 45) Lynch complained of swelling in his medial epicondyle and burning pain radiating to his fingers, stiffness, swelling, and a funny feeling in his third and fourth digits, and decreased grip strength. (JE 4, p. 45) Miller documented Dr. Kaufman stated it may take a while for the discomfort to resolve. (JE 4, p. 45) Miller ordered physical therapy, prescribed meloxicam, and recommended Lynch avoid activities with rotation and repetition and to continue to minimize use of his right upper extremity. (JE 4, p. 45)

Lynch attended an appointment with John Piper, M.D., with the Iowa Clinic on January 9, 2020, complaining of increased right-sided, sharp neck pain radiating up to his right ear and down to his shoulder blade. (JE 9, p. 54) Lynch also complained his right arm was burning, he was experiencing numbness tingling in his right hand and weakness, and he had bilateral hand swelling. (JE 9, p. 54) Dr. Piper examined Lynch, assessed Lynch with cervico-occipital neuralgia of the right side, noted he had previously referred Lynch for a pain consult, which did not occur, and recommended a pain consult. (JE 9, pp. 55-56)

On January 20, 2020, Lynch attended a pain consult with Kellie Gates, M.D., with the Iowa Clinic, complaining of posterior neck pain radiating into the right trapezius to the right shoulder blade and into his right shoulder. (JE 9, p. 57) Lynch reported he sometimes had shooting pain into his right ear and bilateral hand numbness. (JE 9, p. 57) Dr. Gates examined Lynch, noted cervical spine magnetic resonance imaging from April 2019 showed multiple levels of facet arthrosis, most significantly on the right at C5-6 with fluid at the joint level, noted he had undergone cervical radiofrequency ablation that did not provide much benefit, assessed him with spondylosis of the cervical region without myelopathy or radiculopathy, cervico-occipital neuralgia of the right side, myofascial pain, and occipital neuralgia of the right side, and ordered physical therapy, a myofascial release and dry needling, and trigger point and occipital nerve blocks. (JE 9, pp. 57-60)

Lynch returned to Dr. Gates on January 29, 2020, complaining of pain in the back of his head radiating up and down into his right trapezius and right shoulder blade, right arm pain down to his right hand with numbness in his right hand. (JE 9, p. 62) Dr. Gates assessed Lynch with occipital neuralgia of the right side and myofascial pain, and performed an occipital nerve injection. (JE 9, pp. 62-63)

On February 25, 2020, Lynch attended an appointment with Dr. Gates reporting he felt like someone had stabbed him with a knife that night, and that his occipital nerve injection lasted about one week. (JE 9, p. 65) Dr. Gates examined Lynch, assessed him with occipital neuralgia of the right side and spondylosis of the cervical region without myelopathy or radiculopathy, ordered brain magnetic resonance imaging, and prescribed gabapentin, inversion exercises and physical therapy. (JE 9, pp. 65-69)

Benjamin Paulson, M.D., an orthopedic surgeon, conducted an independent medical examination for Outdoor Group and Charter Oak on March 12, 2020. (JE 10) Dr. Paulson examined Lynch and assessed him with status post carpal tunnel release and right elbow medial epicondylitis. (JE 10) Dr. Paulson found Lynch has ongoing pain in his right medial elbow, which is consistent with right medial epicondylitis and stated he believed his ongoing symptoms are the same disease process that started with his initial injury on March 5, 2018. (JE 10, p. 82) Dr. Paulson documented Lynch continues to have pain in his right medial elbow and noted medial epicondylitis is very challenging to treat and is self-limiting in nature. (JE 10, p. 82) Dr. Paulson recommended Lynch receive corticosteroid injections up to every three months for pain relief or he may try braces to see if they provide relief. (JE 10, p. 82) Using Figures 16-34 and 16-37 of the Guides to the Evaluation of Permanent Impairment (AMA Press, 5th

Ed. 2001) (“AMA Guides”), Dr. Paulson assigned a zero percent permanent impairment of the right upper extremity and recommended no change in restrictions. (JE 10, pp. 82, 84)

In response to an inquiry from the representative for Outdoor Group and Charter Oak, Dr. Paulson sent a letter on March 19, 2020, opining Lynch reached maximum medical improvement the date of his examination, March 12, 2020, and finding while Lynch remains symptomatic for right medical epicondylitis, his condition is self-limiting in nature and he “would expect the patient to have no permanent restrictions at this time.” (JE 10, p. 85)

Outdoor Group terminated Lynch’s employment in March 2020. (Exs. 2, p. 11; 4; Tr., p. 15) Outdoor Group informed Lynch he was being terminated because of the Covid-19 crisis. (Ex. 4) After Outdoor Group terminated Lynch, Lynch reapplied for SSDI benefits and his benefits were reinstated based on his heart condition. (Ex. EE, p. 48; Tr., pp. 22-23, 70) Lynch agreed his SSDI benefits were not reinstated based on his knee, right upper extremity, or neck conditions. (Tr., p. 70) Lynch testified he has not worked since his termination. (Tr., pp. 15, 23)

On May 21, 2020, Dr. Kaufman imposed restrictions of no lifting over 15 pounds, and to avoid repetitive and rotated motion. (JE 4, p. 46)

On December 2, 2020, Lynch attended an appointment with Jun Xu, M.D., with the Iowa Clinic, complaining of right sided cervical pain radiating into the right side of the trapezius and medial aspect of the scapula on the right side and distal arm and numbness in his arm. (JE 9, p. 70) Dr. Xu documented Lynch reported having diffuse pain in his joints, including his bilateral hands, shoulder, knees, and the left side plantar aspect of his foot. (JE 9, p. 70) Dr. Xu examined Lynch and noted cervical spine magnetic resonance imaging showed foraminal stenosis more on the right side at C4-C5, C5-C6, and C6-C7, and documented his pain distribution is mostly along the C5 distribution. (JE 9, pp. 72-73) Dr. Xu assessed him with cervical radiculopathy, cervical facet syndrome, and joint pain, and increased his gabapentin. (JE 9, p. 73)

Lynch attended a follow-up appointment with Dr. Xu on January 12, 2021, for an epidural steroid injection. (JE 9, p. 75) During an appointment on February 24, 2021, Lynch reported having minimal symptoms for four weeks after the injection, noting his pain had slowly returned. (JE 9, p. 77). Dr. Xu found Lynch had a good response to the injection, which “relieved all the symptoms including the pain in the occiput to the neck and to the dorsal scapular area as well as the arm,” and recommended bilateral nerve conduction studies and repeated injections at C6-C7. (JE 9, p. 78)

Lynch’s attorney referred Lynch to WorkWell for a functional capacity evaluation with Daryl Short, DPT. (JE 11) Short found Lynch’s capabilities are in the mid-medium category, “up to 40 pounds on an occasional basis at waist level) of physical demand.” (JE 11, p. 87) Short recommended, due to his decreased strength and endurance on the right side of his neck/upper back/shoulder and right hand grip, that Lynch limit elevated work and/or reaching at shoulder height and higher with material and

nonmaterial handling to an occasional basis, and to limit twisting and grasping with just his right hand. (JE 11, pp. 87-88)

Sunil Bansal, M.D., an occupational medicine physician, conducted an independent medical examination for Lynch on March 30, 2021, and issued his report on May 4, 2021. (JE 12) Dr. Bansal examined Lynch and reviewed his medical records. (JE 12)

On exam, Dr. Bansal observed Lynch's right elbow was tender to palpation over the lateral and medial epicondylar areas, he had full range of motion, Tinel's sign at the elbow was negative, Cozen's test was positive, and he had a strength deficit of extension to 20 percent. (JE 12, p. 121) Dr. Bansal also examined his left elbow, which he found had no tenderness to palpation and had full range of motion and strength. (JE 12, p. 121) With respect to his right wrist/hand, Dr. Bansal found Lynch had mild tenderness to palpation of the volar aspect of the wrist, positive Tinel's and Phalen's signs, negative Finkelstein's test, full range of motion of the wrist and digits, and a "loss of two-point sensory discrimination over the index and long fingers (12 mm), as well as the ring and small fingers (10 mm)." (JE 12, p. 122) Dr. Bansal found his left wrist/hand was not tender to palpation, he had full range of motion, and his sensation was intact. (JE 12, p. 122) Using the dynamometer, Dr. Bansal found Lynch had grip strength on the right of 31 kilograms, 32 kilograms, and 32 kilograms, and on the left of 39 kilograms, 41 kilograms, and 38 kilograms. (JE 12, p. 122) Dr. Bansal found Lynch's right knee was tender to palpation over the entire knee, but worse over the medial joint line, he had good mediolateral stability, he had flexion to 130 degrees, and he had no lag in extension. (JE 12, p. 122)

Dr. Bansal diagnosed Lynch with severe degenerative arthritis of the right knee and status post right total knee replacement. (JE 12, p. 123) Using Table 17-33 of the AMA Guides, he assigned a 37 percent lower extremity impairment, and assigned permanent restrictions of no frequent kneeling or squatting and to avoid multiple stairs. (JE 12, p. 123)

Dr. Bansal also diagnosed Lynch with a cervical strain, right shoulder referred pain from the cervical spine, right medial epicondylitis, status post percutaneous tenotomy of the right common flexor tendon using ultrasound guidance, right carpal tunnel syndrome, status post right carpal tunnel release, and anxiety. (JE 12, pp. 123-24) Dr. Bansal opined Lynch developed right medial and lateral epicondylitis from forcefully twisting and turning while making duck calls on a repetitive basis, that his job tasks "would place significant pressure on the wrists based on repetition and the angle in which he would position his wrists while forcefully grabbing, turning, gripping, and twisting the defective duck calls, processing 10 to 20 calls per hour," and opined under the literature his duties qualified as having a strong potential for causing carpal tunnel syndrome. (JE 12, pp. 124-25) Dr. Bansal opined there was insufficient medical information to determine whether Lynch's his neck and mental health conditions were work-related. (JE 12, p. 125)

Using the AMA Guides, Dr. Bansal opined,

Right Elbow:

With reference to the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, specifically Tables 16-11 and 16-35, the following calculation matrix is derived:

	Strength Testing	% UE impairment
Extension:	20% deficit	4

Total elbow related impairment = 4% upper extremity impairment, or a 2% impairment of the body as a whole.

RIGHT WRIST/HAND:

Right median nerve component (carpal tunnel syndrome).

With reference to the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, specifically Tables 16-10, and 16-15, he qualifies for the following impairment values based on his digital sensory deficits.

Severity of sensory deficit is 20% for the first and second digits.

Severity of motor deficit is 0%.

Maximum upper extremity impairment due to sensory deficit of the median nerve below the mid forearm involving the radial and ulnar palmar digital nerves of the index and long fingers is 9%, and the thumb is 18%

Multiplied together: $(20\% \times 18\%) + (20\% \times 9\%) = 5\%$ upper extremity impairment, which equals a 3% impairment of the body as a whole.

(JE 12, p. 126) Dr. Bansal agreed with the restrictions assigned by the valid functional capacity evaluation, finding Lynch's recommended capabilities are in the mid-medium category, "up to 40 pounds on an occasional basis at waist level) of physical demand," and recommended he limit elevated work and/or reaching at shoulder height and above to an occasional basis for material and nonmaterial handling, and to limit twisting and grasping just with his right hand to an occasional basis. (JE 12, p. 126) Dr. Bansal found future treatment may include epicondylar steroid injections for maintenance of his right elbow. (JE 12, p. 127)

On May 6, 2021, Phil Davis, M.S., provided a vocational opinion for Lynch. (JE 13) Davis interviewed Lynch and reviewed his medical records. (JE 13) Davis opined Lynch's "ability to 'tune' animal calls at the rate and pace previously performed has been effected as a result of his injuries." (JE 13, p. 133) Davis noted Dr. Bansal had placed Lynch in the medium physical demand level for lifting activities. (JE 13, p. 133) Davis further found for nonmaterial handling Lynch is limited with gripping, pinching, and

over the shoulder height activities, and opined his limitations from his right knee of “no kneeling or squatting,” place him within the sedentary to light physical demand level. (JE 13, p. 13). He then opined 89 percent of all occupations require full use and range of motion with the upper extremities, and that Lynch is 90 percent precluded in his ability to perform work involving the production of animal calls, and that he has lost 65 percent of his preinjury access to the labor market. (JE 13, p. 133) Davis’s opinion is flawed. Dr. Bansal did not recommend restrictions of no kneeling or squatting.

Rene Haigh, MS, CRC, provided a vocational opinion to the Fund on May 14, 2021. (Ex. DD) Haigh reviewed Lynch’s medical records, but she did not speak with Lynch. (Ex. DD; Tr., p. 31) Haigh opined Lynch remains employable, and disagreed with Davis’s opinion that he had lost access to greater than 65 percent of his preinjury labor market. (Ex. DD, p. 26) While Haigh acknowledged “Lynch may have sustained some loss of access to preinjury employment opportunities,” he did not sustain the level the high percentage of vocational loss found by Davis. (Ex. DD, p. 26)

Lynch testified his right knee causes him problems when he tries to lift things, goes up steps, walks, and bends down. (Tr., p. 32) Lynch reported he cannot climb ladders. (Tr., p. 32) Lynch relayed he has pain in his right hand, difficulty gripping and lifting a gallon of milk, problems with coordination and dexterity in his right hand fingers, and difficulty wiping his bottom. (Tr., pp. 32-33) Lynch struggles with writing since his work injury and reported he is computer illiterate. (Tr., p. 39)

Lynch also believes he has sustained a neck injury caused by having his head down while working on the calls and twisting. (Tr., p. 36) Lynch relayed he has problems when driving and keeping his head down. (Tr., p. 37) Lynch testified if he does not keep his head up he will have pain from his neck that goes up into his ear and to the right side of the head, and the pain causes migraines. (Tr., p. 37) Lynch denied having neck pain before March 5, 2018. (Tr., p. 37)

Lynch testified before his work injury, Lynch could hand tune 100 high end, custom calls. (Tr., p. 20) Lynch could tune between 200 and 300 injected, lower end calls per day. (Tr., p. 20) After his work injury he could tune about 25 high end, custom calls per day and 100 lower end calls per day because of his dexterity and gripping problems. (Tr., p. 34)

Lynch has remarried and his wife has started a business called Legendary Gear in January 2021. (Tr., p. 35) The business has two employees, Lynch and his wife. (Tr., p. 68) Legendary Gear has volunteers who make duck and goose calls and Lynch assembles the calls. (Tr., pp. 36, 68) Lynch reported he is the face of the business and he works with his wife on designing the products, but she runs the business. (Tr., p. 36) As of the date of the hearing the business had not made a profit. (Tr., p. 36) Lynch’s wife plans to hire employees in the future. (Tr., p. 68) Lynch agreed on direct examination he can tune 20 high-end calls per day. (Tr., p. 35) Since Lynch’s wife started the business in January 2021, she has sold about 50 calls. (Tr., p. 80) The weekend of the hearing Lynch was scheduled to talk to a group of people in St. Louis at the Dive Bomb Squadfest about the calls his wife is selling. (Tr., p. 44) When Lynch

worked for Outdoor Group he attended similar events to sell product. (Tr., p. 45) Lynch was also going to judge a calling contest that weekend. (Tr., pp. 45-46) This is the first show Lynch was attending since the pandemic, which prevented similar shows from occurring. (Tr., p. 47)

Lynch enjoys hunting. (Tr., p. 71) Lynch relayed he does not climb trees anymore and stays on the ground while hunting. (Tr., p. 71) Lynch has a crossbow for hunting deer. (Tr., pp. 71, 73) He reported he used to shoot a stickbow, but he cannot do that anymore. (Tr., p. 71) The crossbow weighs six to eight pounds and he cranks it with his left hand. (Tr., pp. 72-73) Lynch enjoys hunting waterfowl. (Tr., p. 73) When he hunts waterfowl Lynch uses a shotgun weighing between six and seven pounds. (Tr., pp. 73-74) Lynch reported he uses his left hand to hold and point the gun and pulls the trigger with his right hand. (Tr., pp. 73-74) Lynch relayed he cannot set up for hunting and he lets the younger people he hunts with do that. (Tr., p. 71) Lynch harvests one turkey, five ducks, and a dozen geese on average per year. (Tr., pp. 74-75) In the last year Lynch went deer hunting a dozen times. (Tr., p. 75) Lynch reported he goes deer hunting by himself and within the last year he harvested one big buck. (Tr., p. 76) Lynch guts deer in the field, uses a four wheeler while hunting, and pulls up to the deer and onto a trailer to drive it to a locker to be processed. (Tr., p. 76)

CONCLUSIONS OF LAW

I. Applicable Law

This case involves the issues of nature and extent of disability and entitlement to benefits from the Fund under Iowa Code sections 85.34 and 86.40. In 2017, the Iowa Legislature enacted changes to Iowa Code chapters 85, 86, and 535 effecting workers' compensation cases. 2017 Iowa Acts chapter 23 (amending Iowa Code sections 85.16, 85.18, 85.23, 85.26, 85.33, 85.34, 85.39, 85.45, 85.70, 85.71, 86.26, 86.39, 86.42, and 535.3). Under 2017 Iowa Acts chapter 23 section 24, the changes to Iowa Code sections 85.16, 85.18, 85.23, 85.26, 85.33, 85.34, 85.39, 85.71, 86.26, 86.39, and 86.42 apply to injuries occurring on or after the effective date of the Act. This case involves an injury occurring after July 1, 2017, therefore, the provisions of the new statute involving extent of disability under Iowa Code section 85.34 apply to this case.

The calculation of interest is governed by Deciga-Sanchez v. Tyson Foods, File No. 5052008 (Ruling on Defendant's Motion to Enlarge, Reconsider, or Amend Appeal Decision Re: Interest Rate Issue), which holds interest for all weekly benefits payable and not paid when due which accrued before July 1, 2017, is payable at the rate of ten percent; all interest on past due weekly compensation benefits accruing on or after July 1, 2017, is payable 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. Again, given this case concerns an injury occurring after July 1, 2017, the new provision on interest applies to this case.

II. Nature of the Injury – Cervical Spine and Mental Health Conditions

The parties stipulated Lynch sustained an injury to his right upper extremity on March 5, 2018, which arose out of and in the course of his employment with Outdoor Group. Lynch contends he also sustained injuries to his cervical spine and mental health caused by the work injury. Outdoor Group and Charter Oak deny Lynch sustained an injury to his cervical spine, mental health, and body as a whole caused by the work injury and dispute extent of disability with respect to the right upper extremity. The Fund also disputes extent of disability.

To receive workers' compensation benefits, an injured employee must prove, by a preponderance of the evidence, the employee's injuries arose out of and in the course of the employee's employment with the employer. 2800 Corp. v. Fernandez, 528 N.W.2d 124, 128 (Iowa 1995). An injury arises out of employment when a causal relationship exists between the employment and the injury. Quaker Oats Co. v. Ciha, 552 N.W.2d 143, 151 (Iowa 1996). 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, 3 (Iowa 2000). The Iowa Supreme Court has held, an injury occurs "in the course of employment" when:

. . . it is within the period of employment at a place where the employee reasonably may be in performing his duties, and while he is fulfilling those duties or engaged in doing something incidental thereto. An injury in the course of employment embraces all injuries received while employed in furthering the employer's business and injuries received on the employer's premises, provided that the employee's presence must ordinarily be required at the place of the injury, or, if not so required, employee's departure from the usual place of employment must not amount to an abandonment of employment or be an act wholly foreign to his usual work. An employee does not cease to be in the course of his employment merely because he is not actually engaged in doing some specifically prescribed task, if, in the course of his employment, he does some act which he deems necessary for the benefit or interest of his employer.

Farmers Elevator Co., Kingsley v. Manning, 286 N.W.2d 174, 177 (Iowa 1979).

The question of medical causation is "essentially within the domain of expert testimony." Cedar Rapids Cmty. Sch. Dist. v. Pease, 807 N.W.2d 839, 844-45 (Iowa 2011). The commissioner, as the trier of fact, must "weigh the evidence and measure the credibility of witnesses." Id. The trier of fact may accept or reject expert testimony, even if uncontroverted, in whole or in part. Frye v. Smith-Doyle Contractors, 569 N.W.2d 154, 156 (Iowa Ct. App. 1997). When considering the weight of an expert opinion, the fact-finder may consider whether the examination occurred shortly after the claimant was injured, the compensation arrangement, the nature and extent of the examination, the expert's education, experience, training, and practice, and "all other factors which bear upon the weight and value" of the opinion. Rockwell Graphic Sys., Inc. v. Prince, 366 N.W.2d 187, 192 (Iowa 1985).

It is well-established in workers' compensation that "if a claimant had a preexisting condition or disability, aggravated, accelerated, worsened, or 'lighted up' by an injury which arose out of and in the course of employment resulting in a disability is found to exist," the claimant is entitled to compensation. Iowa Dep't of Transp. v. Van Cannon, 459 N.W.2d 900, 904 (Iowa 1990). The Iowa Supreme Court has held,

[a] disease which under any rational work is likely to progress so as to finally disable an employee does not become a "personal injury" under our Workmen's Compensation Act merely because it reaches a point of disablement while work for an employer is being pursued. It is only when there is a direct causal connection between exertion of the employment and the injury that a compensation award can be made. The question is whether the diseased condition was the cause, or whether the employment was a proximate contributing cause.

Musselman v. Cent. Tel. Co., 261 Iowa 352, 359-60, 154 N.W.2d 128, 132 (1967).

Lynch retained Dr. Bansal to conduct an independent medical examination. Dr. Bansal opined there was insufficient medical information to determine his neck and mental health conditions were work-related. (JE 12, p. 125) No other physician in this case has causally related Lynch's alleged cervical spine and mental health conditions to his work injury at Outdoor Group. I find Lynch has failed to meet his burden of proof as to his cervical spine and mental health conditions.

III. Extent of Disability – Right Upper Extremity

Iowa Code section 85.34(2) governs compensation for permanent partial disabilities. The law distinguishes between scheduled and unscheduled disabilities. The Division of Workers Compensation evaluates disability using two methods, functional and industrial. Simbro v. Delong's Sportswear, 332 N.W.2d 886, 887 (Iowa 1983).

The Division applies the functional method for a scheduled injury to each part of the body listed in the statute, including: (1) a thumb; (2) a first finger; (3) a second finger; (4) a third finger; (5) a fourth finger; (6) a first or distal phalange of the thumb or any finger; (7) loss of more than one phalange of the thumb or a finger; (8) a great toe; (9) one of the toes other than the great toe; (10) a first phalange of any toe; (11) loss of more than one phalange of any toe; (12) a hand; (13) an arm; (14) a shoulder (added in 2017); (15) a foot; (16) a leg; (17) an eye; (18) "loss of an eye, the other eye having been lost prior to the injury;" (19) hearing, other than occupational loss; (20) occupational hearing loss; (21) "loss of both arms, or both hands, or both feet, or both legs, or both eyes, or any two thereof, caused by a single accident;" and (22) disfigurement of the face or head. Iowa Code § 85.34(2)(a)-(u); Westling v. Hormel Foods Corp., 810 N.W.2d 247, 252 (Iowa 2012). Each of these subsections provides a maximum number of weeks of compensation for the complete loss of a scheduled member or body part.

Since 2017, compensation or functional loss for scheduled injuries is determined by taking the number of weeks allowed for a complete loss of the body part or scheduled member, multiplied by a percentage of impairment determined using the AMA Guides. Iowa Code § 85.34(2)(x). The statute also requires compensation be awarded for functional loss if an employee returns to work or is offered work “for which the employee receives or would receive the same or greater salary, wages, or earnings than the employee received at the time of the injury.” Id. § 85.34(2). That provision does not apply in this case. The Division uses the industrial method for “all cases of permanent partial disability other than those” set forth in Iowa Code section 85.34(2)(a) through (u). All other cases are classified as “unscheduled injuries.” Westling, 810 N.W.2d at 252-53. Compensation for unscheduled injuries is determined examining the reduction of earning capacity. Id. at 253.

As analyzed above, I found Lynch failed to establish he sustained injuries to his cervical spine and mental health caused by the work injury. Lynch has sustained an injury to his right upper extremity only, a scheduled member. Therefore, it is necessary to determine extent of disability.

When determining compensation for functional loss for a scheduled member disability, the extent of loss is to be determined “solely” by using the AMA Guides. Iowa Code § 85.34(2)(x). The statute provides “[l]ay testimony or agency expertise shall not be utilized in determining loss or percentage of permanent impairment pursuant to paragraphs “a” through “u”, or paragraph “v” when determining functional disability and not loss of earning capacity. Id.

Two physicians have provided impairment ratings in this case, Dr. Paulson, an orthopedic surgeon who performed an independent medical examination for Outlook Group and Charter Oak, and Dr. Bansal, an occupational medicine physician who performed an independent medical examination for Lynch. Dr. Paulson assigned Lynch a zero percent permanent impairment rating and no permanent work restrictions. For the right elbow, Dr. Bansal assigned Lynch a 4 percent upper extremity impairment, and for his right wrist and hand, he assigned Lynch a 5 percent upper extremity impairment. I find Dr. Bansal’s opinion more persuasive than Dr. Paulson’s opinion.

Dr. Bansal provided objective measurements from his examination in his report supporting his conclusions. Dr. Paulson did not provide any objective findings supporting his opinions. Lynch credibly testified at hearing regarding his ongoing symptoms and limitations, consistent with Dr. Bansal’s findings. I find Lynch has sustained a 9 percent upper extremity impairment for his right upper extremity. Under the schedule, compensation for loss of an arm is limited to 250 weeks. Iowa Code § 85.34(2)(m). Lynch is entitled to 22.5 weeks of permanent partial disability benefits from the Outlook Group and Charter Oak, at the stipulated weekly rate of \$936.80, commencing on the stipulated commencement date of March 25, 2020. I also find Dr. Bansal’s work restrictions to be Lynch’s permanent work restrictions.

IV. Fund Benefits

Lynch seeks benefits through the Fund and alleges he is permanently and totally disabled. The Fund contends it has no liability in this case. Under Iowa Code section 85.64,

[i]f an employee who has previously lost, or lost the use of, one hand, one arm, one foot, one leg, or one eye, becomes permanently disabled by a compensable injury which has resulted in the loss of or loss of use of another such member or organ, the employer shall be liable only for the degree of disability which would have resulted from the latter injury if there had been no preexisting disability. In addition to such compensation, and after the expiration of the full period provided by law for the payments thereof by the employer, the employee shall be paid out of the "Second Injury Fund" created by this subchapter the remainder of such compensation as would be payable for the degree of permanent disability involved after first deducting from such remainder the compensable value of the previously lost member or organ.

Thus, an employee is entitled to Fund benefits if the employee establishes: (1) the employee sustained a permanent disability to a hand, arm, foot, leg, or eye, a first qualifying injury; (2) the employee subsequently sustained a permanent disability to another hand, arm, foot, leg, or eye, through a work-related injury, a second qualifying injury; and (3) the employee has sustained a permanent disability resulting from the first and second qualifying injuries exceeding the compensable value of the "previously lost member." Gregory v. Second Injury Fund of Iowa, 777 N.W.2d 395, 398-99 (Iowa 2010).

Lynch and the Fund stipulated Lynch sustained a first qualifying loss to his right leg on July 24, 2012, and that the functional loss from the first qualifying loss is 37 percent of the right lower extremity. Under the schedule, the functional loss for a leg is 220 weeks. Iowa Code § 85.34(2)(p). 37 percent of 220 weeks is 81.4 weeks. The Fund alleges Lynch has not sustained a second qualifying loss to his right upper extremity as a result of the March 2018 injury. As analyzed above, I found Lynch sustained a functional loss of 9 percent of the right upper extremity and that Lynch is entitled to 22.5 weeks of permanent partial disability benefits from Outdoor Group and Charter Oak. The permanent injury to his right upper extremity is a second qualifying loss. The total of the first and second losses, as stipulated by the parties is 103.9 weeks. Given Lynch has sustained a first and a second loss, it is necessary to determine the extent of industrial disability.

"Industrial disability is determined by an evaluation of the employee's earning capacity." Cedar Rapids Cmty. Sch. Dist. v. Pease, 807 N.W.2d 839, 852 (Iowa 2011). In considering the employee's earning capacity, the deputy commissioner evaluates several factors, including "consideration of not only the claimant's functional disability, but also [his] age, education, qualifications, experience, and ability to engage in similar employment." Swiss Colony, Inc. v. Deutmeyer, 789 N.W.2d 129, 137-38 (Iowa 2010).

The inquiry focuses on the injured employee's "ability to be gainfully employed." Id. at 138.

The determination of the extent of disability is a mixed issue of law and fact. Neal v. Annett Holdings, Inc., 814 N.W.2d 512, 525 (Iowa 2012). Compensation for permanent partial disability shall begin at the termination of the healing period. Iowa Code § 85.34(2). Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Id. § 85.34(2)(v). When considering the extent of disability, the deputy commissioner considers all evidence, both medical and nonmedical. Evenson v. Winnebago Indus., Inc., 881 N.W.2d 360, 370 (Iowa 2016).

In Iowa, a claimant may establish permanent total disability under the statute, or through the common law odd-lot doctrine. Michael Eberhart Constr. v. Curtin, 674 N.W.2d 123, 126 (Iowa 2004) (discussing both theories of permanent total disability under Idaho law and concluding the deputy's ruling was not based on both theories, rather, it was only based on the odd-lot doctrine). Under the statute, the claimant may establish the claimant is totally and permanently disabled if the claimant's medical impairment together with nonmedical factors totals 100 percent. Id. The odd-lot doctrine applies when the claimant has established the claimant has sustained something less than 100 percent disability, but is so injured that the claimant is "unable to perform services other than 'those which are so limited in quality, dependability or quantity that a reasonably stable market for them does not exist.'" Id. (quoting Boley v. Indus. Special Indem. Fund, 130 Idaho 278, 281, 939 P.2d 854, 857 (1997)).

"Total disability does not mean a state of absolute helplessness." Wal-Mart Stores, Inc. v. Caselman, 657 N.W.2d 493, 501 (Iowa 2003) (quoting IBP, Inc. v. Al-Gharib, 604 N.W.2d 621, 633 (Iowa 2000)). Total disability "occurs when the injury wholly disables the employee from performing work that the employee's experience, training, intelligence, and physical capacity would otherwise permit the employee to perform." IBP, Inc., 604 N.W.2d at 633.

At the time of the hearing Lynch was 61. (Tr., p. 10) Lynch graduated from high school in 1977. (Ex. 2, p. 3; Tr., p. 11) Lynch has not attended any schooling since he graduated from high school. (Tr., p. 12) I found Lynch to be articulate at hearing and I believe he is capable of retraining.

In 2006 Lynch began receiving SSDI benefits for a heart condition. (Tr., p. 21) Despite this serious health condition, Lynch was able to secure full-time employment with Outdoor Group, earning \$80,000.00 per year. After he commenced employment with Outdoor Group Lynch's SSDI benefits ceased. (Tr., p. 22) After Outdoor Group terminated Lynch's contract, Lynch reapplied for SSDI benefits, which the Social Security Administration approved based on his heart condition only.

Dr. Bansal agreed with the restrictions assigned by the valid functional capacity evaluation, finding Lynch's recommended capabilities are in the mid-medium category, "up to 40 pounds on an occasional basis at waist level) of physical demand," and recommended he limit elevated work and/or reaching at shoulder height and above to

an occasional basis for material and nonmaterial handling, to limit twisting and grasping just with his right hand to an occasional basis. (JE 12, p. 126) I found Dr. Bansal's restrictions to be Lynch's permanent restrictions.

Davis did not correctly identify Dr. Bansal's permanent restrictions, or fully consider his transferable skills when rendering his vocational opinion. I did not find Davis's opinion at all credible or useful. I found Haigh's report marginally helpful.

Lynch enjoys working in the animal call business. Lynch has been the face of the call businesses his wives have operated. When he worked for Outdoor Group Lynch worked with the salesmen and went on sales calls and attended trade shows. (Tr., p. 18) He engages in similar activities now and did before he worked for Outdoor Group. While the business had not generated a profit by the time of hearing, Lynch's wife started the business in January 2021.

Lynch also has extensive experience as a supervisor and in sales outside the call business. I believe he remains employable in work consistent with his restrictions. At the time of the hearing Lynch had not applied for any work following his work injury. I do not find he is motivated to work. Considering all of the factors of industrial disability, I find Lynch has sustained a 40 percent industrial disability, entitling him to 200 weeks of permanent partial disability benefits. I do not find he is permanently and totally disabled under the statute or the odd-lot doctrine.

The Fund is responsible only for the amount of the industrial disability from which the employee suffers, reduced by the compensable value of the first and second injuries. Second Injury Fund of Iowa v. Nelson, 544 N.W.2d 258, 269 (Iowa 1995). In the event the credits due to the Fund exceed the industrial disability resulting from the qualifying injuries, the fund has no liability. Crudo v. Second Injury Fund of Iowa, Case No. 98-828 (Iowa App. July 23, 1999). The parties stipulated the Fund is entitled to a credit of 103.9 weeks. 200 weeks minus 103.9 weeks is 96.1 weeks. Lynch is awarded 96.1 weeks of permanent partial disability benefits from the Fund, at the stipulated weekly rate of \$936.80, commencing on the stipulated commencement date of August 15, 2020.

ORDER

IT IS THEREFORE ORDERED, THAT:

Outdoor Group and Charter Oak shall pay Lynch twenty-two and one-half (22.5) weeks of permanent partial disability benefits, at the stipulated rate of nine hundred thirty-six and 80/100 dollars (\$936.80), commencing on the stipulated commencement date of March 25, 2020.

Outdoor Group and Charter Oak are entitled to a credit for all benefits paid to date.

Outdoor Group and Charter Oak 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.

The Fund shall pay Lynch ninety-six and .1 (96.1) weeks of permanent partial disability benefits, at the stipulated rate of nine hundred thirty-six and 80/100 dollars (\$936.80), commencing on the stipulated commencement date of August 15, 2020.

Outdoor Group and Charter Oak shall file subsequent reports of injury as required by this agency pursuant to rules 876 IAC 3.1(2) and 876 IAC 11.7.

Signed and filed this 3rd day of December, 2021.



HEATHER L. PALMER
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Randall Schueller (via WCES)

Julie Burger (via WCES)

Meredith Cooney (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.