BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

FILED
JAN 18 2019
WORKERS' COMPENSATION

DAVID CRABTREE,

Claimant,

vs.

TRI-CITY ELECTRIC COMPANY,

Employer,

and

OLD REPUBLIC INSURANCE COMPANY,

Insurance Carrier,
Defendants.

File No. 5059572

A R B I T R A T I O N

D E C I S I O N

Head Notes: 1402.40, 1802, 1803, 2501, 2701, 2907

STATEMENT OF THE CASE

David Crabtree, claimant, filed a petition for arbitration against Tri-City Electric Company as the employer and Old Republic Insurance Company as the insurance carrier. An in-person hearing occurred in Cedar Rapids on September 11, 2018.

The parties filed a hearing report at the commencement of the hearing. On the hearing report, the parties entered into numerous stipulations. Those stipulations were accepted and no factual or legal issues relative to the parties' stipulations will be made or discussed. The parties are now bound by their stipulations.

The evidentiary record includes Joint Exhibits 1 through 11, Claimant's Exhibits 12-17, as well as Defendants' Exhibits A through G. All exhibits were received without objection.

Claimant testified on his own behalf and called his wife, Stacy Crabtree, to testify. Defendants elected not to call any witnesses to testify. The evidentiary record closed at the conclusion of the arbitration hearing.

However, counsel for the parties requested the opportunity to file post-hearing briefs. Their request was granted. The parties filed post-hearing briefs on October 29, 2018.

Along with his post-hearing brief, claimant filed a decision from the Social Security Administration pertaining to claimant's pending claim for disability benefits. On November 1, 2018, defendants filed an objection to the claimant's submission of the Social Security Administration decision. A ruling on the objection has not yet been entered and will be addressed below.

ISSUES

The parties submitted the following disputed issues for resolution:

1. Whether the Social Security Administration decision filed by claimant simultaneous with the filing of his post-hearing brief should be received into the evidentiary record and considered as part of the evidentiary record in this case.

2. Whether the December 23, 2015 work injury caused temporary disability and, if so, the extent of claimant's entitlement to temporary disability, or healing period, benefits.

3. Whether the work injury caused permanent disability and, if so, whether the injury should be compensated as a scheduled member injury to claimant's left arm or industrially.

4. If claimant has proven permanent disability, the extent of claimant's entitlement to permanent disability benefits, including a claim for odd-lot employee status.

5. The proper commencement date, if any, for permanent disability benefits.

6. Whether claimant has proven entitlement to payment, reimbursement, or satisfaction of past medical expenses, including medical mileage.

7. Whether claimant is entitled to ongoing or future medical treatment for the alleged mental injury.

8. Whether costs should be assessed against any party and, if so, the extent to which costs should be assessed.

EVIDENTIARY RULING

Prior to commencing an analysis of this case, I must determine what evidence should be considered. As noted above, this case proceeded to a formal evidentiary hearing on September 11, 2018. At the conclusion of the evidentiary hearing, the undersigned clarified and asked whether the parties needed anything else in the formal record before I closed the evidentiary record. All parties indicated that they had nothing else to add to the evidentiary record. The undersigned formally closed the evidentiary record at the conclusion of the arbitration hearing. (Transcript, page 143)

Along with his post-hearing brief, claimant submitted a Social Security Administration decision dated October 4, 2018. Obviously, this document did not exist at the time of the arbitration hearing and was received by counsel after the date of the evidentiary hearing. On the other hand, permission was not sought to introduce this document or to reopen the evidentiary record.

Defendants filed a formal written objection to the new evidence on November 1, 2018. Defendants' objection asserts that the additional evidence should not be received by this agency because it is not relevant. Defendants accurately note that the criteria and factors used in a Social Security disability decision are different than the factors used in a workers' compensation determination in Iowa. See Mason v. HACAP, File No. 1103731 (Appeal September 1999).

Defendants also contend that the Social Security decision was not timely served and would be prejudicial to their rights, if received after the conclusion of the hearing because they would not have an opportunity to conduct reasonable discovery and investigation in response to the decision. Defendants request that the evidentiary record be re-opened for them to provide evidence to rebut the newly produced evidence, if this agency receives the Social Security decision into the evidentiary record.

The hearing assignment order governing this case closed all discovery sixty days before the arbitration hearing. The hearing assignment order required disclosure of any exhibits at least thirty days before hearing. The hearing assignment order also required that any exhibits be marked prior to the hearing. Obviously, none of these requirements were, or could have been, satisfied by claimant because the Social Security decision issued after the arbitration hearing.

This agency's administrative rule 876 IAC 4.31 specifically provides, "No evidence shall be taken after the hearing." The undersigned specifically inquired of the parties whether they had any additional evidence before the record closed at the conclusion of the arbitration hearing. No party sought to suspend the evidentiary record or to continue the hearing to a later date. All parties acknowledged they had no additional evidence to offer, and the evidentiary record closed at the conclusion of the arbitration hearing.

Pursuant to 876 IAC 4.31, no additional evidence shall be taken after the hearing. Quite clearly, the evidentiary record closed in this case on September 11, 2018. Claimant neither sought, nor produced any legal precedent to support the filing of additional evidence after the record closed. This agency has strictly applied 876 IAC 4.31 and not permitted the filing of additional evidence after the evidentiary record has closed. See Dicus v. Windows America, File No. 5042736 (Rehearing January 2018); Williams v. Chunkee, Inc. a/k/a Catch-Up Logistics, File No. 5033820 (Appeal Dec. Jan. 23, 2013); Schultz v. Electrolux Home Products, File No. 5024807 (Appeal November 2011); Riesselman v. Pella Corp., File No. 5013454 (Appeal May 2007); Hoffard v. Wilson Foods, File Nos. 1143737 & 1104269 (Appeal May 2001); Zediker v. Manpower, Inc., File No. 1089768 (Appeal Feb. 1999); Mathis v. Iowa Department of

Transportation, 89-90 IAWC 252 (Appeal 1989); Glass v. John Deere Waterloo Works, File No. 5051091 (Arb. December 2016); French v. Weiler, Inc., File Nos. 5040564, 5040565, 5040566 (Arb. August 2013); Crawford v. Bridgestone/Firestone, File No. 5015281 (Arb. March 2008). The Iowa Supreme Court has affirmed this long-established agency practice. Gilleland v. Armstrong Rubber Co., 524 N.W.2d 404, 408 (Iowa 1994).

I conclude that the late submission of the Social Security decision is not permissible. 876 IAC 4.31. The Social Security decision is excluded from the evidentiary record and will not be considered as part of this decision.

FINDINGS OF FACT

The undersigned, having considered all of the evidence and testimony in the record, finds:

David Crabtree, claimant, was 61 years old on the date of hearing. He has a high school education, as well as six months of community college education. However, claimant does not possess a degree beyond his high school diploma.

Mr. Crabtree has worked for numerous employers throughout his career. He worked for approximately 20 years as a forklift driver. His work history also includes cable installation, handyman or home remodeling services, seed plant assistant manager, and painting. (Defendants' Ex. F, pp. 4-6) However, during the latter part of his career, claimant worked installing and "pulling" cables.

On December 23, 2015, Mr. Crabtree was working for Tri-City Electric Company pulling and installing cables at the University of Iowa Hospitals and Clinics. It is not disputed that claimant sustained an injury on that date. (Hearing Report) The resulting injuries, as well as the seriousness of those injuries, are in dispute.

On December 23, 2015, Mr. Crabtree was on a ladder working above the drop ceiling in Boyd Tower at the University of Iowa Hospitals and Clinics. He leaned on some pipes and moved some wires to create some room so he could pull the cables he was installing. Unfortunately, some of the previously installed wiring was not properly insulated or capped. When he moved the pre-existing cables and wires, claimant was electrocuted. The electrical event was sufficient to cause the power to be lost in the area of the hospital where the remodeling was occurring. (Transcript, pages 22-24)

Claimant does not recall precisely what occurred after his electrical exposure. He does not know whether he lost consciousness, how long he remained on the ladder after the incident, nor how he got down off the ladder. He does recall that his tongue was numb immediately after the electrical exposure. He also recalls having a headache and feeling nauseous after the electrical exposure. (Tr., pp. 24-25)

However, Mr. Crabtree did not seek medical treatment on the day of his injury. He thought he would be able to improve without treatment. He returned to work the

following day and remained at work the entire shift. However, claimant testified that he was not productive on December 24, 2015 and essentially performed only supervisory duties. (Tr., p. 25)

Claimant had the next three days off for the holiday. Mr. Crabtree testified that he essentially rested during these three days to try to recuperate. However, his headache continued and he experienced vomiting and left arm numbness. Mr. Crabtree reported to work on Monday, December 28th, but he was not feeling better. On December 29, 2015, claimant reported his symptoms to his supervisor and his supervisor took him to the emergency room at the University of Iowa Hospitals and Clinics. (Tr., pp. 26-28)

The emergency room note of December 29, 2015 records complaints of a chronic headache, photophobia, some nausea, fatigue, chest discomfort, and neck pain. (Joint Exhibit 2, pp. 1-4) Head and neck CT scans were performed but revealed no acute abnormalities. The emergency room providers diagnosed claimant with post-concussive syndrome and a headache after an electrical shock. (Joint Ex. 2, p. 4) Mr. Crabtree was referred to an occupational medicine physician, Ernest M. Perea, M.D., for follow-up.

Dr. Perea evaluated claimant on January 4, 2016. He concurred that claimant sustained a high-voltage electrical shock on December 23, 2015. Dr. Perea also concurred with the diagnosis of post-concussive syndrome. (Joint Ex. 3, p. 3) Dr. Perea later referred claimant to a neurologist, Tyson Garrett, M.D. (Joint Ex. 4)

Dr. Garrett recorded symptoms similar to the prior reports, but also including some confusion. (Joint Ex. 4, p. 3) He ordered a brain and cervical MRI, which did not demonstrate any acute findings. (Joint Ex. 5) Dr. Garrett recommended physical therapy particularly for claimant's neck symptoms.

Claimant's wife, Stacy Crabtree, became concerned that claimant's symptoms persisted. She took claimant to their family physician, Benjamin H. Daniels, M.D., for evaluation on January 18, 2016. Prior records from the family physician's office demonstrate that claimant has some history ear problems, shortness of breath, and headaches. (Joint Ex. 1, pp. 1-7) However, treatment for those conditions was relatively minor and these did not appear to be ongoing, chronic conditions similar in type of severity of the symptoms reported after the December 23, 2015 work injury.

At the January 18, 2016 evaluation, Dr. Daniels noted claimant was tearful when discussing his mood. Dr. Daniels provided some medication, a muscle relaxer, for claimant's neck pain. Dr. Daniels also initiated some medication, paroxetine, for perceived depressive mood, although claimant did not take this medication. (Joint Ex. 1, pp. 9, 11) Dr. Daniels encouraged claimant to keep his appointment with Dr. Garrett. (Joint Ex. 1, p. 9)

Unfortunately, claimant's symptoms did not resolve. On February 2, 2016, claimant was referred to the emergency room by his physical therapist due to dizziness and a headache. (Joint Ex. 6, p. 4) The emergency room physician communicated with a neurologist and noted that claimant's condition was "associated with electrical conduction as well as traumatic brain injury." (Joint Ex. 7, p. 3)

Dr. Perea released claimant to return to work without restrictions on February 19, 2016. (Joint Ex. 3, p. 13) Mr. Crabtree returned to work for Tri-City Electric and continued working at the University of Iowa Hospitals and Clinics pulling cable from the spring of 2016 through October 2016. On May 23, 2016, Dr. Garrett noted that claimant was back to work full duty and was doing everything as before the injury. Dr. Garrett recorded that claimant "feels 100% now." (Joint Ex. 4, p. 9)

On May 31, 2016, Dr. Perea opined that claimant was 95 percent toward maximum medical improvement and that he would achieve maximum medical improvement within a month. Dr. Perea opined that claimant had a zero percent permanent impairment. (Joint Ex. 3, p. 17)

Interestingly, however, claimant continued physical therapy through referral from Dr. Garrett and sought treatment with physical therapy on July 5, 2016. Claimant continued to report headaches and some lightheadedness to the physical therapist. (Joint Ex. 6, p. 8) On July 7, 2016, the physical therapist noted neck pain, bad dreams, and noted the possibility of PTSD. (Joint Ex. 6, p. 8)

Similarly, on August 15, 2016, claimant reported to his personal physician that he was short-tempered and was experiencing nightmares. (Joint Ex. 1, p. 14) Physical therapy records during this period also continue to document ongoing symptoms, including headaches, left arm numbness, and onset of "wild dreams" or nightmares. (Joint Ex. 6, p. 10) On September 7, 2016, the physical therapist noted that claimant would likely reach his best result "with psychological care" investigating the possibility of post-traumatic stress. (Joint Ex. 6, p. 12)

Claimant requested psychological treatment through the authorized medical provider, Dr. Perea. On September 23, 2016, claimant called Dr. Perea's office wanting psychological treatment. Claimant reported "wicked" dreams. Without reevaluating claimant or providing a referral for investigation of the psychological issues, Dr. Perea opined that any psychological difficulties claimant was experiencing were not causally related to the work injury on December 23, 2015. (Joint Ex. 3, p. 18)

Defendants denied liability for the mental injuries asserted. Therefore, claimant's personal physician referred claimant to a mental health counselor, Kim Steffensmeier, LISW. (Joint Ex. 9) Again, on October 14, 2016, claimant's personal physician notes that he has depression and mentions post-traumatic stress disorder (PTSD) symptoms. (Joint Ex. 1, p. 18)

Ms. Steffensmeier evaluated claimant on September 30, 2016. She noted significant symptoms, including difficulties with sleep, including nightmares, irritability, lack of interest, lack of motivation, fatigue and low energy, as well as extreme anxiety related to his employment. (Joint Ex. 9, p. 1) Ms. Steffensmeier diagnosed claimant with PTSD. (Joint Ex. 9, p. 3) Ms. Steffensmeier also noted that claimant had no history of mental illness before the December 23, 2015 work injury. (Joint Ex. 9, p. 3) On October 13, 2016, she noted significant increase of symptoms occurred when claimant was at work and recommended he take some time off work. (Joint Ex. 9, p. 6)

After some psychological counseling with Ms. Steffensmeier, claimant's symptoms improved and he attempted a return to work. However, the thought of returning to his employment setting caused him significant anxiety. (Joint Ex. 9, p. 22) Initially, claimant reported "doing very well" after a couple of days back at work. However, he rapidly deteriorated and experienced a dramatic increase in symptoms after returning to work with significant increase in his nightmares and becoming very anxious again. Ms. Steffensmeier opined that claimant could not return to work at the University of Iowa. She eventually added a diagnosis of generalized anxiety disorder. (Joint Ex. 9, pp. 25-30)

At Ms. Steffensmeier's recommendation, claimant was also referred to a mental health nurse practitioner, Jessica R. Thomas. Ms. Thomas evaluated claimant in January 2017 and noted that he was getting progressively worse. She noted depression, sleep difficulties, nightmares, and hyper-arousal and fear that something will happen to him if claimant returns to work. (Joint Ex. 10, p. 1) Ms. Thomas provided medication management for claimant's various mental health difficulties, including sleep aids and medication for anxiety and depression. Her treatments worked to varying degrees but required ongoing medication changes and never completely alleviated claimant's anxiety, depression, or nightmares.

Ms. Thomas also provided some very telling medical observations about claimant's mental health conditions. On August 10, 2017, Ms. Thomas documented claimant's increased symptoms after returning to work for 8 days. (Joint Ex. 10, p. 34) She noted high levels of anxiety, vomiting, and reduction of symptoms after claimant terminated his employment. (Joint Ex. 10, p. 34) Ms. Thomas notes, "[h]e was getting 'goose bumps' as we were discussing it and was visibly distressed. During the conversation he was almost in a fetal position in the chair as he was distraught by the stress of the job." (Joint Ex. 10, p. 35)

Claimant's difficulties continued into 2018. Although counseling sessions with Ms. Steffensmeier were discontinued, claimant required ongoing medication management. Ms. Thomas noted that claimant had increased anxiety almost to the point of paranoia in May 2018. (Joint Ex. 10, p. 55)

Claimant's wife testified that claimant did not have any pre-existing depression or mental health symptoms. She testified that claimant developed symptoms after the December 23, 2015 work injury. She also testified that she told Dr. Garrett about the

ongoing symptoms, including headaches, dreams, and anxiety. Dr. Garrett got another MRI after that discussion, but she does not recall any further discussion about those symptoms.

Ms. Crabtree testified that she also talked with the physical therapist, who recommended that claimant obtain an evaluation with his personal physician. Ms. Crabtree testified that claimant has headaches, nightmares, difficulties making decisions, and confirmed that he has ongoing appointments for psychological counseling as well as appointments with Ms. Thomas for medication management into the future.

Claimant's wife testified that he used to be a happy, easy-going person before the work injury. She testified that he now has high anxiety and is always afraid or worried about the outcome of events. He used to be her best friend but now demonstrates significantly decreased affection toward her. Ms. Crabtree testified that she does not believe claimant is capable of returning to the type of work he performed on the date of injury. She testified that claimant cannot be in a hospital environment after the work injury. Ms. Crabtree's testimony was reasonable and credible.

Defendants obtained an independent medical evaluation, performed by Theron Q. Jameson, D.O. on June 23, 2018. Dr. Jameson is an orthopaedic surgeon. Dr. Jameson opines that claimant does not have any evidence of ongoing injury related to the December 23, 2015 work injury. Specifically, Dr. Jameson opined, "He has subjective complaints with his left upper extremity. I believe the variance in the forearm on the left in comparison to the right may represent some atrophy but it does not correlate with any focal motor or sensory deficits. It certainly does not correlate with weakness." (Defendants' Ex. A, p. 5)

Dr. Jameson further opines that claimant "has no evidence of ongoing PTSD or generalized anxiety disorder related to the alleged work incident of 12/23/215 [sic]." (Defendants' Ex. A, p. 6) Dr. Jameson assigns a zero percent impairment rating and opines that claimant does not require any permanent work restrictions or future medical care related to the December 23, 2015 work injury. (Defendants' Ex. A, p. 6)

Claimant also obtained an independent medical evaluation, performed by Mark C. Taylor, M.D. on July 17, 2018. Dr. Taylor diagnosed claimant as post electrocution injury with persistent headaches/migraines, persistent cervicalgia, left arm paresthesias, as well as anxiety/PTSD per his mental health professionals. (Claimant's Ex. 14, p. 9) Dr. Taylor deferred to claimant's personal mental health professionals for diagnosis, causation, restrictions, and other issues related to his mental health issues.

With respect to his physical conditions, Dr. Taylor opined that claimant's headaches, neck pain and left arm paresthesias are all causally related to the December 23, 2015 work injury. Dr. Taylor opined, "it is highly unlikely that he coincidentally developed these symptoms due to an unrelated and previously asymptomatic condition." (Claimant's Ex. 14, p. 10) Instead, Dr. Taylor opined, "it is

much more likely that the symptoms developed as a result of his injuries" on December 23, 2015. (Claimant's Ex. 14, p. 10)

Dr. Taylor utilized the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, and opined that claimant qualifies for a 6 percent permanent impairment of the whole person as a result of the ongoing neck symptoms. Dr. Taylor also assigned a 2 percent permanent impairment rating of the whole person because of the ongoing headaches. He also assigned a 2 percent permanent impairment of the whole person as a result of claimant's ongoing left arm symptoms. Combining these ratings pursuant to the AMA Guides, Dr. Taylor opines that claimant qualifies for a 10 percent permanent impairment rating of the whole person. (Joint Ex. 14, pp. 10-11)

Dr. Taylor also opined that claimant requires permanent restrictions because of his ongoing physical symptoms. Specifically, Dr. Taylor opines that claimant requires a permanent 30-pound occasional lifting restriction, that he should not lift more than 20 pounds occasionally overhead, and that claimant should avoid repetitive use of the left arm or repetitive gripping and grasping. Dr. Taylor also recommends against more than rare use of vibratory or power tools with the left arm. As a result of the ongoing headaches, Dr. Taylor opines that "it is unclear what type of work environment he would be able to return to unless there are improvements in some of these conditions." (Claimant's Ex. 14, p. 11)

Nurse Thomas authored a report dated August 21, 2017. She opines that claimant "is exhibiting neuropsychological deficits such as poor attention processing speed, decreased executive functioning, concentration issues, as well as incidents of confusion while completing tasks at his current job." (Claimant's Ex. 12, p. 1) Ms. Thomas also noted that claimant continued to experience panic attacks, almost falling off ladders due to being overwhelmed, loss of his train of thought, and visibly shaking while trying to perform job duties. (Claimant's Ex. 12, p. 1) Nurse Thomas also notes that claimant exhibits high anxiety at work, horrendous nightmares, vomiting, and lack of sleep. She opines that claimant is "unable to maintain gainful employment due to his debilitating and potentially lifelong mental illnesses." (Claimant's Ex. 12, p. 1) Interestingly, however, Ms. Thomas opines that claimant "could potentially work in a different setting as well as a different field." (Claimant's Ex. 12, p. 1)

In a supplemental report authored August 10, 2018, Nurse Thomas provides a thorough recitation of claimant's mental health treatment, symptoms, and conditions. She also reviews the applicable criteria for diagnosis of PTSD and cogently explains why claimant's ongoing symptoms qualify for a PTSD diagnosis. Her analysis is certainly much more thorough that Dr. Perea, Dr. Garrett, or Dr. Jameson on the mental health diagnoses and issues. (Claimant's Ex. 8) She opines that claimant "fully fits the criteria of PTSD." (Claimant's Ex. 13, p. 8)

Nurse Thomas causally connects claimant's mental health struggles, diagnosis and symptoms to the December 23, 2015 work injury, noting that the December 23, 2015 event "triggered his current symptomatology." (Claimant's Ex. 13, p. 1) She

opines that claimant "continues to struggle with this ongoing illness as there is no terminating date." (Claimant's Ex. 13, p. 8) She further opines that it "is likely that patient will continue to struggle with re-emergence of symptoms with stressful events in his day-to-day life." (Claimant's Ex. 13, p. 8)

Considering the competing opinions pertaining to claimant's mental health condition, I find the opinions of Nurse Thomas to be the most credible and convincing in this record. While I typically may find the opinions of a physician to be more credible than a nurse practitioner, in this instance, the credentials of a nurse practitioner in mental health, coupled with the excellent understanding of claimant's history and cogent explanation of the PTSD diagnosis, are sufficient to convince me that Ms. Thomas' opinions are most credible on the mental health issues.

Dr. Perea did not provide any significant treatment for claimant's mental health conditions. He did not re-evaluate claimant before rendering a causation opinion on the mental health issues. Nor did he seek evaluation or referral to a mental health specialist to sort through the issue before rendering a causation opinion. I do not find his opinion on the mental health issues convincing.

Similarly, Dr. Garrett did not provide significant care for the mental health issues or make any referrals for those conditions. His records demonstrate a recovery that is not supported by other credible evidence in the record.

Dr. Jameson is an orthopaedic surgeon. Typically, orthopaedic surgeons are not expected to diagnose or treat mental health conditions. Certainly, Dr. Jameson's reference to a few questions he asked about the PTSD diagnosis is not as thorough or convincing as the analysis and opinions rendered by Nurse Thomas. Dr. Perea, Dr. Garrett, nor Dr. Jameson refer to or attempt to apply the relevant DSM V criteria reference by Nurse Thomas.

I found claimant's testimony, as well as his wife's testimony, about the mental health issues to be credible. Their testimony is consistent with and supports the opinions rendered by Ms. Thomas. Therefore, I find the opinions of Ms. Thomas most convincing. I find that claimant sustained mental health injuries as a result of the December 23, 2015 work injury. Specifically, I find that claimant sustained generalized anxiety disorder, PTSD, and experiences symptoms of depression. These mental health conditions may be the cause of other issues or symptoms claimant describes such as dizziness, vomiting, and/or headaches.

With respect to claimant's physical injuries, I find that the opinions of Dr. Perea and Dr. Garrett are overly optimistic about claimant's physical condition. Both render zero percent permanent impairment ratings. Yet, claimant had ongoing neck pain and left arm symptoms, as well as headaches, after the date that maximum medical improvement was rendered by Dr. Perea. Similarly, I do not find Dr. Jameson's zero percent permanent impairment rating convincing. Even he identified some atrophy in claimant's left forearm, yet offers no permanent impairment for the physical conditions.

Instead, I find that claimant has proven a 10 percent permanent impairment of the whole person as a result of his physical injuries. I specifically rely upon Dr. Taylor's opinions in this respect and find those most convincing. Dr. Taylor's impairment addresses the credible, ongoing symptoms that continued for a couple of years since Dr. Perea opined that claimant had achieved maximum medical improvement.

On the other hand, I do not accept Dr. Taylor's restrictions as accurate. Dr. Taylor opines that claimant requires lifting restrictions, limits on grasping and gripping, or repetitive use of the left arm. (Claimant's Ex. 14, p. 11) Yet, claimant returned to full-duty work and performed that work physically for several months after the injury. Dr. Taylor's physical restrictions do not accurately portray these physical abilities or offer an explanation why claimant is no longer physically capable of such work duties. Claimant has not proven that he requires permanent physical restrictions as a result of the December 23, 2015 work injury.

Claimant has proven permanent limitations as a result of his mental health issues. Determination of these limitations is difficult, however. Nurse Thomas suggested in 2017 that claimant potentially could perform work in a different line of work. Yet, claimant made no real attempt to find alternate employment after quitting his employment with Tri-City Electric Company.

Ms. Thomas' 2018 supplemental report suggests that perhaps claimant is not capable of gainful employment, but does not specifically address the 2017 statement or explain why claimant's condition has worsened since 2017 in spite of additional treatment. When asked directly about his ability to return to work at hearing, claimant indicated that it "depends what it is and what my mood is like." (Transcript, p. 75) Mr. Crabtree indicated that he believed he could perform a mowing job that had come available at a state park. However, he did not ultimately apply for the job. (Tr., pp. 75-76) Claimant concedes that there may be work available to him that he could perform. Yet, he has made almost no effort to find it or apply for jobs since leaving Tri-City Electric.

On the other hand, I find that claimant's anxiety, depression, and PTSD symptoms are real and debilitating. Claimant clearly should not return to work as a low-voltage electrician pulling cables or work in a hospital setting. Considering all of the relevant industrial disability factors established and described by the Iowa Supreme Court, I find claimant's age to be significant. I find his limitations due to his mental health conditions to be quite significant. I find that his lengthy time off work as a significant detriment to his ability to find alternate employment. Considering claimant's educational and employment background, I find it unlikely that claimant will be able to successfully retrain at his age.

Claimant does have a significant history of driving a forklift for approximately 20 years. Having reached my findings regarding claimant's physical limitations, there are no physical limits that would preclude claimant from returning to a forklift driving type

job. Certainly, such a job would not need to be in a hospital and should not involve claimant performing low voltage electrician type work.

I also consider unskilled, manual type positions in my analysis. Among those jobs would be things similar to the mowing job claimant conceded he thought he could perform. Again, having failed to prove permanent physical limitations, claimant likely could perform light manufacturing-type jobs, manual labor positions, and other unskilled-type positions such as the mowing job he identified. Had claimant attempted a legitimate and reasonable job search and failed to obtain alternate employment, I would likely be convinced that he is permanently and totally disabled. However, claimant has not attempted to seek alternate employment. He had over a year to pursue alternate employment after Ms. Thomas indicated such employment might be possible. Claimant failed to make any real attempt to obtain alternate employment.

I cannot rule out the above-type jobs (forklift driver, unskilled manual work, mowing, etc.) as possible employment opportunities. Certainly, claimant has not produced evidence that rules out these alternate employment opportunities by a preponderance of the evidence. Therefore, although I am somewhat skeptical about whether claimant could actually obtain alternate employment at his age and with his skill set, I find that claimant failed to prove by a preponderance of the evidence that he is permanently and totally disabled.

Mr. Crabtree also asserts that he is an odd-lot employee. I find that claimant did not produce a prima facie case that he is not employable in the competitive labor market. He offered no vocational expert opinion to establish this fact. He did not perform a legitimate job search or otherwise demonstrate why he could not return to a job such as forklift driving. He admits he likely could perform an unskilled-type job mowing. Therefore, I find that claimant did not establish a prima facie case of being unemployable in the competitive labor market. I further find that claimant did not carry the burden of persuasion to establish that the only services he could perform are so limited in quality, dependability, or quantity that a reasonably stable market for them does not exist.

Nevertheless, claimant has demonstrated he sustained a substantial loss of future earning capacity as a result of the December 23, 2015 work injury. Claimant clearly cannot return to work in a hospital or in a position similar to that held on the date of injury. Claimant's age, educational level, and work experience limit his future opportunities. Therefore, considering all of the relevant industrial disability factors, I find that claimant has proven he sustained an 80 percent loss of future earning capacity as a result of the December 23, 2015 work injury.

Claimant asserts a claim for healing period benefits from October 13, 2016 through July 23, 2017 and again from August 3, 2017 through the date of the hearing. Claimant's healing period claim finds support from Ms. Steffensmeier, who recommended claimant take time off work due to his mental injuries on October 13, 2016. (Joint Ex. 9, p. 6) Defendants stipulated claimant was off work from October 13,

2016 through July 23, 2017. (Hearing Report) I ultimately accept the recommendations of claimant's treating mental health providers, including Ms. Steffensmeier, and find that claimant was off work from October 13, 2016 through July 23, 2017 as a result of a medical recommendation due to his mental health conditions.

Claimant returned to work on July 24, 2017 and worked for a short period of time before he terminated his employment. Mr. Crabtree conceded at trial that no doctor release was provided to the employer when he terminated his employment. He conceded that none of his medical providers specifically took him off work before he terminated his employment.

However, on August 4, 2017, Ms. Steffensmeier noted in her counseling record, "it is clear that his symptom presentation indicates his inability to return to work at the Univ [sic] of Iowa, discouraged him from returning to his job at this point." (Joint Ex. 9, p. 26) I find that it was medically recommended, as of August 4, 2017, that claimant not return to his prior employment. That recommendation was never lifted by Ms. Steffensmeier and was confirmed by Ms. Thomas in her August 21, 2017 report.

In a report dated August 10, 2018, Ms. Thomas indicated that there is no known cure for claimant's PTSD and that he is likely to continue to struggle with this into the indefinite future. (Claimant's Ex. 13, p. 8) In other words, by August 10, 2018, it was not medically anticipated that claimant would experience significant improvement and certainly not be "cured." I find this is the date that claimant achieved maximum medical improvement from his mental health injuries.

From a physical standpoint, I accept Dr. Taylor's opinion that claimant achieved maximum medical improvement on April 23, 2018. (Claimant's Ex. 14, p. 10) Although Dr. Perea assigned maximum medical improvement long before this date, claimant clearly reported ongoing symptoms, and continued to obtain physical therapy after Dr. Perea assigned maximum medical improvement. Dr. Taylor's maximum medical improvement date is more realistic and accepted as accurate for the physical injuries. Claimant did not return to work between August 4, 2017 and August 10, 2018, nor was he medically capable of returning to work during this period.

Mr. Crabtree submitted certain past medical expenses at Claimant's Exhibit 15 and unreimbursed medical mileage at Claimant's Exhibit 16. Defendants challenge all mental health treatment with St. Luke's Counseling and St. Luke's Psych Services, as well as the medication charges at Carepro Pharmacy as being not causally related to the December 23, 2015 work injury. However, they stipulated on the hearing report that the charges and treatment were reasonable and necessary.

Having found that the mental health conditions are causally related to the work injury, I find that the treatment rendered by St. Luke's Counseling and St. Luke's Psych Services are related to the work injury. Similarly, I find that the medication charges at Carepro Pharmacy are also causally related to the work injury. Having reached these findings, I also find that all medical mileage to and from any appointments at these

facilities or mileage to obtain prescriptions are causally related to the work injury. I also find the treatments at PCI, Radiology Consultants, East Central Iowa Acute Care, UP EKG, Mt. Vernon Pharmacy, Ability Physical Therapy, and St. Luke's Emergency Room to be causally related to the work injury.

Defendants challenge a charge from Elite Fitness at Exhibit 15, page 4. Defendants assert this charge is for a gym membership. Realistically, there is nothing in this evidentiary record that recommends a gym membership for claimant, causally relating it to the work injury, or even that specifies that the charges from Elite Fitness are for a gym membership. I find that claimant failed to establish the charges from Elite Fitness are causally related to the work injury or that they are reasonable or necessary charges.

Finally, defendants challenge medical charges from UP Mt. Vernon and UP Health Labs as being unauthorized. These charges, including any medical mileage for these appointments, are for care from claimant's personal physician. At the time claimant sought care from his personal physician in August 2016 through December 2016, defendants had already selected and authorized Dr. Perea and Dr. Garrett as treating physicians.

The medical evidence in this case demonstrates that Dr. Garrett evaluated claimant in July 2016. At that time, Dr. Garrett continued to direct care, ordering a cervical spine MRI. (Joint Ex. 4, p. 14) Physical therapy records demonstrate that claimant continued to treat with the physical therapist pursuant to a referral from Dr. Garrett in at least August 2016. (Joint Ex. 6, p. 13) There is no evidence in this record to establish that defendants denied further liability or treatment for physical injuries between August 2016 and December 2016. As such, defendants continued to control care during that period of time. Claimant did not challenge defendants' choice of care via an alternate medical care petition and submitted no evidence to establish that he gave defendants notice of dissatisfaction with the care they authorized.

On the other hand, the treatments rendered at UnityPoint by Dr. Smith on August 30, 2016, involved a referral for mental health, a condition that has been denied by defendants. On October 14, 2016, Dr. Smith offered medication management for anxiety, depression, and sleep disorder, all of which are denied conditions. Claimant returned to Dr. Smith for follow-up of depression, anxiety, PTSD, and sleep disorder on December 2, 2016. (Joint Ex. 1)

It is apparent that Dr. Smith's office was treating claimant's physical conditions to some extent, which would be considered unauthorized treatment. However, it is equally apparent that Dr. Smith's office was primarily focused on treating claimant's mental health conditions. Therefore, I find that the treatment rendered by Dr. Smith's office was causally related and that, although the treatment of claimant's physical conditions would be unauthorized, claimant was also obtaining treatment on the same dates for mental health issues that were disputed by defendants. Therefore, I find all of the

treatment rendered by Dr. Smith's office to be causally related, as well as the medical mileage for those appointments.

CONCLUSIONS OF LAW

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).

While a claimant is not entitled to compensation for the results of a preexisting injury or disease, its mere existence at the time of a subsequent injury is not a defense. Rose v. John Deere Ottumwa Works, 247 Iowa 900, 76 N.W.2d 756 (1956). If the claimant had a preexisting condition or disability that is materially aggravated, accelerated, worsened or lighted up so that it results in disability, claimant is entitled to recover. Nicks v. Davenport Produce Co., 254 Iowa 130, 115 N.W.2d 812 (1962); Yeager v. Firestone Tire & Rubber Co., 253 Iowa 369, 112 N.W.2d 299 (1961).

In this case, I found that claimant sustained both physical and mental injuries as a result of the December 23, 2015 work incident. I conclude that claimant has established that his claims for physical injuries, including a neck injury, a left arm injury, and headaches are compensable. Similarly, I conclude that claimant established his claims for mental injuries, including PTSD, generalized anxiety disorder, and depression symptoms, as well as sleep disturbances, are all causally related to the December 23, 2015 work incident. I conclude claimant is entitled to benefits in some amount.

Mr. Crabtree contends that the December 23, 2015 work injury caused permanent and total disability. Total disability does not mean a state of absolute helplessness. Permanent total disability occurs where the injury wholly disables the

employee from performing work that the employee's experience, training, education, intelligence, and physical capacities would otherwise permit the employee to perform. See McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Diederich v. Tri-City R. Co., 219 Iowa 587, 258 N.W. 899 (1935).

A finding that claimant could perform some work despite claimant's physical and educational limitations does not foreclose a finding of permanent total disability, however. See Chamberlin v. Ralston Purina, File No. 661698 (App. October 1987); Eastman v. Westway Trading Corp., II Iowa Industrial Commissioner Report 134 (App. May 1982).

I found that claimant failed to prove he is permanently and totally disabled. I specifically found that claimant failed to demonstrate a realistic job search and that his past employment experience offers a potential to work as a forklift driver or in unskilled manual labor. As such, I conclude that claimant has not proven by a preponderance of the evidence that he is permanently and totally disabled.

Mr. Crabtree also assets that he is an odd-lot employee. 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.

In this case, I found that Mr. Crabtree failed to prove a prima facia case that he is incapable of obtaining employment in any well-known branch of the labor market. As such, I conclude that the burden of production never shifted from claimant to the

defendants to refute the odd-lot claim. Regardless, I ultimately found that claimant failed to prove by a preponderance of the evidence that the only services he can perform are so limited in quality, dependability, or quantity that a reasonable stable market for them does not exist.

Instead, I found that Mr. Crabtree offered no vocational expert evidence to establish his claim for odd-lot status. I found that claimant failed to perform a reasonable but unsuccessful job search. I specifically found that his prior employment history includes twenty years of experience as a forklift driver. I found that position is consistent with claimant's physical abilities and is not precluded by the mental health limitations. Claimant acknowledged he may be able to perform unskilled positions and identified a job mowing that he thought he could perform, though he did not apply for the position. Having acknowledged other potential jobs he could perform, I conclude claimant did not establish his prima facie claim for odd-lot status. Regardless, I conclude that claimant failed to carry his burden of persuasion to establish a claim as an odd-lot employee.

Having rejected the permanent total disability and odd-lot claims, I must consider Mr. Crabtree's claim for permanent disability. I found that Mr. Crabtree proved a 10 percent permanent impairment as a result of physical injuries, including injuries to his neck, left arm, and persistent headaches. I did not accept his independent medical evaluator's physical restrictions because claimant worked beyond those when he returned to work for Tri-City Electric Company for several months. I also found that claimant proved he sustained permanent mental injuries and that he is not capable of returning to work in a hospital setting or as a low voltage electrician. Therefore, I conclude claimant has proven permanent disability in some amount.

In addition to the left arm injuries, claimant has established permanent injuries to his head, neck, and mental injuries. None of these latter injuries is contained within the scheduled member benefits identified in Iowa Code section 85.34(2). Instead, claimant has established that he sustained unscheduled permanent disability pursuant to Iowa Code section 85.34(2)(u).

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.

Having considered and weighed all of the relevant industrial disability factors outlined by the Iowa Supreme Court, I found that claimant proved an 80 percent loss of future earning capacity. This is equivalent to an 80 percent industrial disability and entitles claimant to an award of 400 weeks of permanent partial disability benefits. Iowa Code section 85.34(2)(u).

Permanent disability benefits commence upon the first of three factors: (1) the employee returns to work; (2) the employee is medically capable of performing substantially similar employment; or (3) significant improvement is not medically anticipated (maximum medical improvement). Iowa Code section 85.34(1), (2); Evenson v. Winnebago Industries, Inc., 881 N.W.2d 360 (Iowa 2016). In this instance, claimant returned to work the day after his injury. This represents the first of the three factors in Iowa Code section 85.34(1). I conclude that permanent disability benefits commence on December 24, 2015. Evenson v. Winnebago Industries, Inc., 881 N.W.2d 360 (Iowa 2016).

Mr. Crabtree also asserts a claim for healing period benefits. Mr. Crabtree asserts a claim for healing period benefits commencing on October 13, 2016 through July 23, 2017 and again from August 3, 2017 through the date of the hearing. Having found that claimant was off work from October 13, 2016 through July 23, 2017, under the recommendation of his mental health counselor, Ms. Steffensmeier, I conclude that claimant proved entitlement to healing period benefits during this period of time.

Mr. Crabtree conceded at the time of trial that he resigned his job before he had a medical recommendation precluding him from continuing to work. However, Ms. Steffensmeier made such a medical recommendation on August 4, 2017. That recommendation was confirmed by Ms. Thomas and was never released before the date of hearing. Claimant clearly could not return to work at his prior job after August 4, 2017 as a result of his mental health injuries.

I found that claimant achieved maximum medical improvement for his physical injuries in April 2018 and achieved maximum medical improvement from his mental health injuries on August 10, 2018. Having found that claimant did not return to work, was not medically capable of returning to work between August 4, 2017 and August 10, 2018, I find that the maximum medical improvement date of August 10, 2018 represents the first factor in Iowa Code section 85.34(1). I conclude claimant is entitled to healing period benefits from August 4, 2017 through August 10, 2018.

Mr. Crabtree also asserts a claim for past medical expenses. The employer shall furnish reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance, and hospital services and supplies for all conditions compensable under the workers' compensation law. The employer shall also allow reasonable and necessary transportation expenses incurred for those services. The employer has the right to choose the provider of care, except where the employer has denied liability for the injury. Section 85.27. Holbert v. Townsend Engineering Co., Thirty-second Biennial Report of the Industrial Commissioner 78 (Review-Reopening October 1975).

With the exception of a charge from Elite Fitness, I found that the charges identified in Claimant's Exhibit 15 are causally related to the December 23, 2015 work injury. Defendants challenged certain of the medical charges as the result of unauthorized treatment. See R. R. Donnelly & Sons v. Barnett, 670 N.W.2d 190 (Iowa 2003). Indeed, when the defendants authorize and provide reasonable medical care, claimant must utilize the alternate medical care process or meet a difficult evidentiary burden to obtain reimbursement or payment for unauthorized medical expenses. Bell Bros. Heating v. Gwinn, 779 N.W.2d 193 (Iowa 2010).

However, in this case, I found that claimant's personal physician provided the challenged medical care and that the medical care provided included treatment for mental health issues. Defendants denied liability for the mental health claims and provided no authorized medical care for the mental health issues.

> Once an employer takes the position ... that the care sought is for a noncompensatory injury, the employer cannot assert an authorization defense in response to a subsequent claim by the employee for the expenses of the alternate medical care.

R. R. Donnelly & Sons v. Barnett, 670 N.W.2d 190, 197-198 (Iowa 2003). Given defendants' denial of liability for the mental health claims and treatment, I conclude that they do not have a viable authorization defense to the charges from claimant's personal physician. Therefore, with the exception of the charges from Elite Fitness, I conclude claimant is entitled to reimbursement for charges he paid, reimbursement of any third-party payor, direct payment to providers for outstanding charges, or an order to hold claimant harmless for all other medical charges contained in Claimant's Exhibit 15 as well as all medical mileage contained in Claimant's Exhibit 16.

With respect to the charges from Elite Fitness, I identified no evidence that those charges were medically indicated or ordered. I identified no evidence that the Elite Fitness charges are causally related to the December 23, 2015 work injury. I found no evidence that those charges were medically reasonable or necessary. I conclude that claimant failed to prove entitlement to the charges from Elite Fitness.

Mr. Crabtree asserts a claim for future medical care. The employer is clearly obligated to provide future medical care for all causally related medical conditions,

including headaches, the left arm condition, the neck, as well as the mental injuries, including PTSD, anxiety, and depression. Iowa Code section 85.27. Claimant did not make a specific request for care through an identified provider. Therefore, assuming defendants acknowledge liability for the mental conditions pursuant to this decision, defendants may select the treating providers for these conditions moving forward. Brewer-Strong v. HNI Corporation, 913 N.W.2d 235 (Iowa 2018).

Finally, claimant seeks an award of costs. Costs are awarded at the discretion of this agency. Iowa Code section 86.40. In this case, claimant has prevailed. I conclude that it is appropriate to assess costs in some amount against the employer and insurance carrier.

Claimant seeks assessment of his filing fee as well as fees associated with service of the original notice and petition. (Claimant's Ex. 17) I find both requested costs are reasonable and appropriately assessed in this case. Claimant's filing fee ($100.00) is assessed pursuant to 876 IAC 4.33(7). Claimant's service fees ($13.54) are assessed pursuant to 876 IAC 4.33(3).

ORDER

THEREFORE, IT IS ORDERED:

Defendants shall pay healing period benefits from October 13, 2016 through July 23, 2017 and from August 4, 2017 through August 10, 2018.

Defendants shall pay claimant four hundred (400) weeks of permanent partial disability benefits commencing on December 24, 2015.

All weekly benefits shall be paid at the stipulated rate of five hundred ninety-one and 46/100 dollars ($591.46).

Defendants employer and insurance carrier shall pay accrued weekly benefits in a lump sum together with interest at the rate of ten percent for all weekly benefits payable and not paid when due which accrued before July 1, 2017, and all interest on past due weekly compensation benefits accruing on or after July 1, 2017, shall be 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. See Gamble v. AG Leader Technology File No. 5054686 (App. Apr. 24, 2018).

Defendants shall pay medical providers directly for any outstanding medical expenses, reimburse claimant for any out-of-pocket expenses paid, reimburse any third-party payors for past medical expenses and otherwise hold claimant harmless for all medical expenses listed in Claimant's Exhibit 15 with the exception of the Elite Fitness charges.

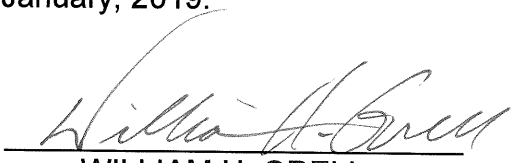
Defendants shall reimburse claimant for all medical mileage as itemized in Claimant's Exhibit 16.

Defendants shall provide reasonable and prompt future medical care for all conditions found to be related to claimant's December 23, 2015 work injury, including claimant's headaches, neck, left arm, PTSD, anxiety, sleep disorder (nightmares), and depression.

Defendants shall reimburse claimant's costs in the amount of one hundred thirteen and 54/100 dollars ($113.54).

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 18th day of January, 2019.



WILLIAM H. GRELL
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

Copies to:

Sara Riley
Attorney at Law
4040 First Ave. N.E.
PO Box 998
Cedar Rapids, IA 52406-0998
sarar@trlf.com

Timothy W. Wegman
Attorney at Law
6800 Lake Dr., Ste. 125
West Des Moines, IA 50266
tim@peddicord.law

WHG/sam

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.