BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

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| RUSSELL ENGLISH, | : | |
| Claimant, | : | File No. 20701000.02 |
| vs. | : | |
| | : | ARBITRATION DECISION |
| CITY OF DES MOINES, | : | |
| Employer, | : | Head Note Nos: 1100, 1108 |
| Self-Insured, | : | |
| Defendant. | : | |

STATEMENT OF THE CASE

Claimant, Russell English has filed a petition for arbitration seeking workers' compensation benefits against City of Des Moines, a self-insured employer, as defendant.

In accordance with agency scheduling procedures and pursuant to the Order of the Commissioner, the hearing was held on March 2, 2023, via Zoom. The case was considered fully submitted March 2, 2023, upon the same date. The parties opted not to file hearing briefs.

The record consists of Joint Exhibits 1-8, Claimant's Exhibits 1-2, Defendant's Exhibits A-D, along with the testimony of claimant.

ISSUES

1. Whether claimant is entitled to healing period benefits from August 10, 2022, to October 3, 2022.

2. Whether the disability sustained, if any, is permanent in nature.

3. Whether claimant sustained an industrial disability; and if so, the extent of the disability.

4. Whether claimant is entitled to an IME under Iowa Code section 85.39;

5. Whether claimant is entitled to an assessment of costs.

## STIPULATIONS

The parties filed a hearing report at the commencement of the arbitration hearing. On the hearing report, the parties entered into various stipulations. All of those stipulations were accepted and are hereby incorporated into this arbitration decision and no factual or legal issues relative to the parties' stipulations will be raised or discussed in this decision. The parties are now bound by their stipulations.

The parties stipulate the claimant sustained an injury arising out of and in the course of his employment on January 13, 2020, and that if a permanent disability is found to be related to that injury, it is industrial in nature.

While the parties do not agree claimant is entitled to temporary disability, they do stipulate that if defendant is found liable for the alleged injury, claimant is entitled to temporary benefits from August 10, 2022, to October 3, 2022, and that claimant was off work during this period of time.

At the time of the injury, claimant's gross earnings were $1,370.69 per week. He was married and entitled to four exemptions. Based on the foregoing the weekly benefit rate is $885.25.

Prior to the hearing the claimant was paid 73.4895 weeks of permanent partial disability benefits at the rate of $1,020.82 per week.

## FINDINGS OF FACT

Claimant, Russell English, is a 42-year-old male with a high school diploma. He had a five-year apprenticeship with Local 33 Union Steamfitters and obtained a journeyman designation and finally, a Master Plumber status.

Claimant has been employed by the City of Des Moines as a building equipment operator for approximately 13 years. He has no prior history of work restrictions.

His past medical history is significant for morbid obesity with a current BMI of 50. He suffered a torn meniscus of his left knee previously treated surgically by Dr. Ian Lin which healed uneventfully and did not require work restrictions when claimant returned to work.

On May 7, 2019, prior to the work injury date, claimant was seen at Simms Family Chiropractic by Rob Simms, D.C., for self-described new symptoms. (Joint Exhibit 1:1) The chief complaints were documented as follows:

> 1. Patient presented for care today stating that he had been having some new symptoms. He reported that he was having a return of low back pain bilaterally but that he had noticed an increase in intensity and frequency as well as radiating symptoms down his right buttocks and into the back of his thigh. He stated that the pain was still present with similar types of activities such as prolong [*sic*] sitting or increased heavy activity and his poor posture. He stated that there was more shooting pain than numbness

> or tingling but that he had noticed some tingling sensation as well. He denied any change in pain when coughing, sneezing, or bearing down to go to the restroom. He also stated that the pain would cause him to occasionally feel “stuck” or “locked up.” . . . He denied having any radiating symptoms in the upper body or headaches at this time but did state that the neck pain seemed to be related to his typical stiff achiness in between the shoulder blades.
>
> 2. Frequent right thoracic aching and dull pain. Additional complaints for this region include stiffness. Severity level 3/10. This complaint is aggravated by activity (heavy) and lifting. This complaint is relieved by postural changes, rest and stretching.
>
> 3. Intermittent bilateral cervical aching and dull pain. Additional complaints for this region include stiffness. Severity level 4/10. This complaint is aggravated by activity (heavy) and prolonged sitting. This complaint is relieved by postural changes, rest and stretching.
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> 4. Frequent right lumbar aching, dull, sharp pain that radiates into right buttocks and thigh, a shooting pain with occasional tingling sensation. Additional complaints for this region include stiffness and numbness/tingling. Severity level 5/10. This complaint is aggravated by activity (heavy), bending, lifting and prolonged sitting. This complaint is relieved by cold, postural changes and stretching.

(JE 1:1)

Upon palpation, claimant had muscle tenderness and tension on the right with bilateral paraspinal, muscle tenderness, tension, spasm, and trigger points. (JE 1:2) Dr. Simms recorded a 31 percent total loss of lumbar range of motion with 5 degrees less flexion on the right versus the left. (JE 1:2)

Claimant testified that he saw Dr. Simms for maintenance of general aches and pains.

On or about January 13, 2020, claimant was on a stepladder while at work. Upon stepping down from the second rung, he swung his left leg around and turned his body. He felt an acute groin pain in the left hip. He initially believed it to be a minor injury and completed his shift.

He presented himself to Dr. Simms on January 14, 2020. The notes from the visit are as follows

> 1. Intermittent bilateral lumbar aching, dull and sharp pain. Additional complaints for this region include stiffness. Severity level 2/10. This complaint is aggravated by activity (heavy) and prolonged sitting. This complaint is relieved by postural changes, rest, cold and stretching.
>
> 2. Intermittent left thoracic dull and aching pain. Additional complaints for this region include stiffness. Severity level 2/10. This complaint is

> aggravated by prolonged sitting and activity (heavy). This complaint is relieved by postural changes, stretching and rest.
>
> 3. Intermittent left cervical aching and dull pain. Additional complaints for this region include stiffness. Severity level 2/10. This complaint is aggravated by activity (heavy) and prolonged sitting. This complaint is relieved by stretching, rest and postural changes.

(JE 1:5)

Dr. Simms also noted that claimant was having "more of the same" and that his low back seemed tight and sore but "nothing out of the ordinary." (JE 1:5) He exhibited a 15 percent loss of range motion. (JE 1:6) In the assessment section, it stated "current status of patient's condition: Marked Improvement." Id. There was no mention of the ladder misstep or, at least, it was not something that Dr. Simms documented.

By Monday, claimant's symptoms had worsened so he reported his injury and sought medical care from UnityPoint Health. He was seen on January 16, 2020, by Brandon Penix, D.O. (JE 2:16) Under description of initial injury, the medical records document that claimant took an "awkward step when he felt a pull in his left hip and groin." Id. There was no specific reference of the chiropractic visit on January 14, 2020, but instead it is recorded that claimant's past conservative management included at home heat, massage, and over-the-counter medications. Id. Claimant rated his pain 10 out of 10 on a 10 scale when pivoting or moving the leg, but the pain abated to a dull ache during rest. Id. Dr. Penix opined that based on the claimant's report of symptoms and the physical examination performed, the injury was work related with a greater than 50 percent degree of medical certainty. (JE 2:16) Claimant was diagnosed with a left groin strain.

Dr. Penix recommended modified duty for conservative management of symptoms with limited repetitive bending and twisting, allowances for claimant to sit, stand, and walk as tolerated. Claimant was advised to utilize over-the-counter medications for relief of symptoms, as well as hip flexor stretches to perform at home. (JE 2:17)

On January 23, 2020, claimant returned to Dr. Penix for follow up. (JE 2:19) His pain had decreased to 3 on the 10 scale. Id. He had tenderness to palpation over the anterior hip and psoas musculature. Id. His range of motion was limited with pain with hip flexion 3/5 strength, hip extension 4/5, internal and external rotation 4/5. Id. He walked with an antalgic gait. Id. Dr. Penix advised claimant to continue with modified duty and referred claimant to physical therapy. Id.

Claimant commenced physical therapy on January 28, 2020. (JE 3:25). The date of injury is recorded as October 23, 2019. Id. In the subjective portion, it says "stepped off the ladder to his side, and immediately felt something off, and was hurting worse in the morning." Id.

On February 3, 2020, claimant returned to Dr. Simms with complaints of new onset of symptoms. (JE 1:8)

Dr. Simms documented the claimant's symptoms as follows:

> 1. Frequent bilateral lumbar aching, dull, sharp pain that radiates into bilateral buttocks and upper thighs. Additional complaints for this region include stiffness and numbness/tingling. Severity level 5/10. This complaint is aggravated by activity (heavy), bending, lifting and prolonged sitting. This complaint is relieved by cold, postural changes and stretching.
>
> 2. Intermittent bilateral cervical aching and dull pain. Additional complaints for this region include stiffness. Severity level 4/10. This complaint is aggravated by activity (heavy) and prolonged sitting. This complaint is relieved by postural changes, rest and stretching.
>
> 3. Frequent bilateral thoracic aching and dull pain. Additional complaints for this region include stiffness. Severity level 4/10. This complaint is aggravated by activity (heavy) and lifting. This complaint is relieved by postural changes, rest and stretching.

(JE 1:8) Claimant testified that he felt radiating pain on the left side and the only consistent right pain he had suffered was in the rib region.

Dr. Simms recorded that claimant had begun to have radiating symptoms down both legs over the last "little while" and some mild numbness and tingling along with shooting pain from the beltline on both sides running down the legs. Id. Claimant attributed the onset of symptoms to poor posture in a mix of inactivity and heavy activity. He did not recall any particular onset of symptoms but thought it was most likely the result of gradual wear and tear. Id.

During the examination, he exhibited muscle tenderness, tension on the right with paraspinal muscle tenderness, tension, spasm, and trigger points bilaterally. (JE 1:9) His reduced range of motion was equal bilaterally. Id.

By February 11, 2020, claimant had attended six therapy appointments. (JE 3:27) He had increased strength, gait speed, tolerance to work circuits. The goals for therapy were met including ability to climb stairs with no reports of increased pain, ability to push/pull 100 pounds with pain less than 3 on a 10 scale, ability to climb stairs without pain, and ability to demonstrate a pain-free sit-to-stand. (JE 3:28)

On February 14, 2020, claimant was seen by Dr. Penix. (JE 2:21) Claimant felt that he had plateaued, and while the physical therapy did help to decrease his pain, the added activity also irritated his hip. Id. On examination, his range of motion had improved from the previous January 23, 2020, visit. Id. He continue to have pain with internal rotation and hip flexion. Id. Strength with hip flexion was 4 out of 5, hip extension was 5 out of 5, external and internal rotation was 4 out of 5. Id. He exhibited normal gait. Id. Claimant was continuing to work without formal restrictions as he was able to modify his work activities without affecting his day-to-day tasks. Id.

Because claimant did not wish to continue with physical therapy, Dr. Penix recommended home stretching and exercise. (JE 2:21) Two weeks later, claimant

returned with continued complaints of left hip and groin pain. (JE 2:23) Because claimant was not improving, Dr. Penix ordered an MRI for further evaluation. (JE 2:23)

The MRI of the left hip was conducted on March 6, 2020, which showed grade 2-3 chondromalacia along the anterior aspect of the central weight-bearing surface of the left hip with multiple subchondral cysts along the acetabular side of the joint, most likely degenerative in etiology. (JE 4:29)

Claimant was seen by Dr. Simms on April 17, 2020, with complaints of frequent bilateral lumbar aching, dull, sharp pain radiating into the bilateral buttocks and upper thighs. (JE 1:12) Severity level was 5 out of 10 on a 10 scale. Id. He stated that he was not noticing radiating symptoms as often and that they were typically only in one leg when present. Id. For the lumbar region, he had select muscle tenderness and tension on the right upon palpation. (JE 1:13)

On June 22, 2020, claimant was seen by Ian Lin, M.D., at Des Moines Orthopaedic Surgeons for a second opinion regarding his left hip pain. (Defendant's Exhibit B:3) Claimant walked with a normal heel-to-toe gait with a bit of a waddling-type gait. (DE B:3) He had pain with internal and external rotation of his left hip which was slightly limited. Id. He could do active straight leg raise against resistance, but it caused pain in the left hip. Id.

Dr. Lin wrote in his medical notes that while the pain seems to have started at work, the pain was caused by a pre-existing condition of arthritis. (DE B:3) X-rays taken on June 22 showed bone-on-bone arthritis in both hips. (DE B:3) Further, claimant had a family history of osteoarthritis with his mother undergoing bilateral hip and bilateral knee replacements. (DE B:3) Dr. Lin concluded claimant's bilateral knee problems were from degenerative hip arthritis and not work related. (DE B:4) Further, Dr. Lin did not believe claimant was a candidate for total hip replacement due to his young age and morbid obesity. Id.

Claimant testified that his visit with Dr. Lin was brief.

On October 5, 2020, Dr. Aviles issued an opinion letter stating that the claimant's current left hip problem is due to bone-on-bone arthritis of the left hip. (DE C:5) Dr. Aviles did not "feel that [claimant's] work environment or his alleged left hip injury on January 13, 2020, aggravated, accelerated, worsened, or lit up his left hip condition. This is a problem that took time to develop, and he does not describe any injury that is compatible with causing deterioration of his left hip arthritis." Id. For future treatment, Dr. Aviles recommended observation due to claimant's relative youth. Id.

The lumbar spine MRI was conducted on March 22, 2021, which showed moderate multilevel lumbar spondylosis, multilevel degenerative spinal canal stenosis, and neural foraminal stenosis. (JE 5:30) At the L4-5 level there was a small disc herniation that was transversing the left L5 nerve root. (JE 6:34)

On March 31, 2021, claimant presented to Zachary Ries, M.D. at DMOS for evaluation of his low back and left leg pain complaints. (JE 6:33) The subjective history is documented as follows: "Symptoms started on January 13, 2020, at work after

stepping off a ladder. He felt a dull pain immediately and the next morning woke up with severe pain." (JE 6:33) At the time of the visit, claimant rated his back pain as 5-6 on a 10 scale and leg pain at a 9 on a 10 scale. Id. Thirty percent of the pain was in claimant's back and 70 percent was in his leg. He had a positive straight leg raise test on the left. Based on the examination and the MRI results, Dr. Ries recommended a prednisone burst and taper along with a referral to the pain clinic for an ESI. (JE 6:34) Dr. Ries did not feel that the bilateral hip arthritis was the cause of radiculopathy symptoms. Id.

On April 28, 2022, claimant was seen at Iowa Ortho by Craig Mahoney, M.D., for severe hip pain localized in the left anterior hip, lateral hip, posterior hip and groin. (JE 8:78) The pain radiated to the thigh, inguinal region, lower leg and foot. Id. He suffered from stiffness, decreased range of motion, inability to walk more than two blocks without stopping, and difficulty with sleep. Id. At the visit, claimant weighed 405 pounds. On examination, he had limited active range of motion, relatively normal strength testing, except for weakness with resisted hip flexion, and an antalgic gait. (JE 8:80)

Dr. Mahoney believed the claimant would benefit from hip replacement surgery; however because of his BMI he would have a near 50 percent major complication rate. (JE 8:80) Dr. Mahoney recommended claimant pursue care at a tertiary center such as the Mayo Clinic as he did not believe the current Iowa Ortho set up would serve the patient as well. Dr. Mahoney wrote, "he is really hurting and would like to pursue care as quickly as possible." Id.

Claimant then became a patient at Mayo Clinic. X-rays taken on July 11, 2022, showed advanced degenerative arthritis with finding suggestive of chronic fragmentation of the roof of the acetabulum and chronic osseous remodeling of the femoral head superolaterally. (JE 7:36) On the right, he had moderate to advanced degenerative arthritis with os acetabulum, advanced degenerative arthritis in the lumbar spine and moderate degenerative arthritis in the SI joints. Id.

On August 10, 2022, claimant underwent a left hip arthroplasty. (JE 7:67) On September 19, 2022, Dr. Kevin Perry of the Department of Orthopedic Surgery at the Mayo Clinic released claimant to return to work with no restrictions on October 3, 2022. (JE 7:77) Claimant testified that he is pain free in the hip as a result of the surgery.

On January 24, 2022, Robert Rondinelli, M.D., P.h.D, issued an opinion letter of his independent examination of claimant. (Claimant Exhibit 2) Dr. Rondinelli recorded that claimant had a significant past medical history of morbid obesity with a current BMI of 50 along with primary osteoarthritis affecting both hips and other body parts. (CE 2:3) Dr. Rondinelli administered a lower extremity function scale (LEFS) which is a 20-item self-reported inventory of perceived levels of difficulty when performing tasks primarily associated with lower limb mobility as it impacts on activities of daily living (ADLs) and instrumental activities of daily living (IADLs) including work. (CE 2:4) Claimant's baseline raw score was 76, which converted to an index of 95 percent of his maximum functioning baseline prior to his misstep. Id. Stated alternatively, claimant was 5 percent disabled with respect to his lower limbs. Id.

During the physical examination, claimant exhibited a positive Trendelenburg sign on the left side in stationary and dynamic testing which was compensated with a lateral list. Id. He heel-walked and toe-walked without difficulty. (CE 2:5) His limb lengths were symmetric. Id. For range of motion of the hip, claimant's maximum hip flexion was 80 degrees on the left versus 90+ on the right. Id. Hip adduction on the left side maximum 40 degrees equal to the right. Hip external rotation was 60 degrees with the left equal to the right. Id.

Dr. Rondinelli's diagnosis included:

1. Primary osteoarthritis of left hip

2. Status post left total hip arthroplasty uncemented since August 10, 2022

3. Morbid obesity with a BMI of 50.

Id.

Claimant's condition at the time of the January 13, 2020, incident was end-stage osteoarthritis with bone-on-bone changes in both hips. Id. His morbid obesity aggravated his osteoarthritis and complicated his post-operative recovery. Id. Following surgery, however, claimant became pain free in both hips. Id. He functioned independently in mobility and self-care and has no symptoms to his contralateral right hip of any functional consequence. Id. According to the LEFS, he sustained a significant functional impairment with loss of 61 percent of his maximum functional baseline. Most of this was pain related. Id.

Dr. Rondinelli agreed with Dr. Mahoney that claimant's work-related incident was a substantial accelerating factor in the left hip condition, leading to the surgery. (CE 2:6) Prior to the incident, claimant was essentially asymptomatic without restrictions performing his job duties with 95 percent functional ability, and then following the ladder incident, deteriorated to a residual 39 percent of his maximum functional ability up to the point of his surgery. Id.

Dr. Rondinelli concluded that based on the AMA Guides to the Evaluation of Permanent impairment, Fifth Edition, claimant sustained a 37 percent lower extremity impairment or 15 percent of the whole person. (CE 2:6:7)

On December 22, 2022, Craig Mahoney, M.D., signed a letter authored by claimant's counsel. (CE 1) In the letter, Dr. Mahoney agreed that it is more likely than not that the work-related incident on January 13, 2020, was a substantial accelerating factor in the left hip condition that led to a total-hip replacement surgery. (CE 1:1)

On February 15, 2023, Dr. Aviles issued a second opinion letter opining claimant sustained a temporary left hip injury on January 13, 2020, which neither aggravated, accelerated, worsened, or lit up his left hip condition. (DE D:7) Dr. Aviles believed that the claimant's condition was the result of his morbid obesity and severe bone-on-bone osteoarthritis. Id. He referred to an article that conducted a systematic review and medical analysis from the WHO and ILO joint estimates of the work-related burden of

disease and injury. Id. In the article, the author reviewed every single article for the past three years as it pertains to ergonomic risk factors associated with occupation and the risk associated with osteoarthritis. In this analysis, the author identified several risk factors as clearly causing or permanently aggravating osteoarthritis. However, the author did not find that any small slip would either cause or permanently aggravate left hip osteoarthritis. (DE D:7)

Claimant incurred $103.00 in a filing fee, $300.00 for a conference with Dr. Mahoney, $200.00 for a report from Dr. Mahoney, and $1,250.00 for the impairment rating from Dr. Rondinelli. (CE 3:8) The $1,250.00 fee is broken into .5 hours for a chart review, 1 hour for an examination, and 1 hour for the report at $500 per hour. (CE 3:14)

## CONCLUSIONS OF LAW

Claimant alleges he has sustained a compensable workers' compensation injury to his left hip resulting in the need for a total hip arthroplasty. Defendant denies responsibility for this injury arguing that the cause was claimant's weight as well as degenerative osteoarthritis.

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P. 6.904(3).

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

The claimant has the burden of proving by a preponderance of the evidence that the injury is a proximate cause of the disability on which the claim is based. A cause is proximate if it is a substantial factor in bringing about the result; it need not be the only cause. A preponderance of the evidence exists when the causal connection is probable rather than merely possible. George A. Hormel & Co. v. Jordan, 569 N.W.2d 148 (Iowa 1997); Frye v. Smith-Doyle Contractors, 569 N.W.2d 154 (Iowa App. 1997); Sanchez v. Blue Bird Midwest, 554 N.W.2d 283 (Iowa App. 1996).

The question of causal connection is essentially within the domain of expert testimony. The expert medical evidence must be considered with all other evidence

introduced bearing on the causal connection between the injury and the disability. Supportive lay testimony may be used to buttress the expert testimony and, therefore, is also relevant and material to the causation question. The weight to be given to an expert opinion is determined by the finder of fact and may be affected by the accuracy of the facts the expert relied upon as well as other surrounding circumstances. The expert opinion may be accepted or rejected, in whole or in part. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); IBP, Inc. v. Harpole, 621 N.W.2d 410 (Iowa 2001); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995). Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417 (Iowa 1994). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994).

There are competing expert opinions in this case but the past medical records, particularly the records from claimant's chiropractor, Dr. Simms, support the opinion of Dr. Lin who found that the condition was degenerative, and Dr. Aviles who stated claimant sustained a temporary left hip injury on January 13, 2020, which neither aggravated, accelerated, worsened, or lit up his left hip condition.

Claimant's tests revealed bone-on-bone osteoarthritis, a condition that was not caused by a misstep. While Dr. Rondinelli and Dr. Mahoney opined that claimant was working without restrictions prior to the misstep, and that following the misstep claimant's pain increased to the point that he needed total hip replacement, the greater weight of the evidence supports a finding that claimant's condition was the result of a degenerative condition as well as his weight rather than a work injury.

Dr. Rondinelli did not mention the chiropractic visits and thus it is unclear whether those medical records were reviewed by him. Dr. Mahoney also only reviewed the clinical records from the Mayo Clinic. Because the chiropractic records revealed claimant was suffering from ongoing bilateral lumbar, thoracic and cervical pain that was nothing new and not attributable to any particular event, the lack of mention in the opinions of Dr. Rondinelli and Dr. Mahoney is notable.

Claimant went to Dr. Simms' office for a maintenance treatment the day after the work injury of January 13, 2020. At that visit, claimant did not mention the ladder misstep. His symptoms included bilateral lumbar pain, left thoracic pain, intermittent left cervical aches. He said his pain was more of the same and nothing out of the ordinary, and the onset of pain was noted as November 20, 2019. At the February 3, 2020, visit, claimant felt bilateral lumbar pain, bilateral cervical pain, bilateral thoracic pain. He said that he felt it was due to poor posture and a mixture of inactivity and heavy activity and that "he did not recall any particular onset of symptoms and thought that it was most likely a result of a gradual wear and tear."

The opinions of Dr. Aviles and Dr. Lin are adopted herein. The claimant sustained a temporary left hip injury on June 13, 2020, which resolved. The ongoing symptoms in the bilateral knees were not related to claimant's work activities or work injury.

ORDER

THEREFORE, IT IS ORDERED:

Claimant shall take nothing.

Each party shall bear their own costs.

Signed and filed this __22nd___ day of August, 2023.

JENNIFER S. GERRISH-LAMPE
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Christopher Spaulding (via WCES)

Molly Tracy (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.