BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

BRADLEY J. HENRY, Claimant, vs. VAN OSDEL PLASTERING & DRYWALL, INC., Employer, and SOCIETY INSURANCE, Insurance Carrier, and SECOND INJURY FUND OF IOWA, Defendants.	File No. 5017090 APPEAL DECISION Head Note Nos.: 3200, 3202, 1803

FILED
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WORKERS' COMPENSATION

Claimant, Bradley J. Henry, appeals from an arbitration decision filed May 5, 2014. In that arbitration decision, the presiding deputy commissioner awarded claimant 50 percent permanent partial disability of the right leg, or 110 weeks of permanent partial disability benefits, against the employer and insurance carrier. The presiding deputy commissioner found that claimant failed to carry his burden of proof against the Second Injury Fund of Iowa and denied any claim for benefits from the Second Injury Fund.

On appeal, claimant urges reversal of the presiding deputy commissioner's findings and conclusions pertaining to the award of permanent partial disability benefits against the employer as well as the presiding deputy commissioner's findings and conclusions pertaining to the Second Injury Fund claim. All defendants urge the arbitration decision be affirmed.

On March 19, 2015, the Iowa Workers' Compensation Commissioner, Joseph S. Cortese II, entered an order of delegation of authority granting the undersigned authority to issue the final agency decision in this intra-agency appeal. I have considered the detailed arguments of the parties and reviewed the evidentiary record de novo. This decision is entered as final agency action pursuant to Iowa Code section 86.3, Iowa Code section 86.24(5) and Iowa Code section 17A.15(3).

Those portions of the arbitration decision pertaining to issues not raised on appeal are adopted as part of this appeal decision.

ISSUES ON APPEAL

1. Whether claimant has proven entitlement to additional permanent partial disability benefits from the employer and insurance carrier as a result of his right knee injury.

2. Whether claimant has proven entitlement to Second Injury Fund benefits and specifically, whether claimant's alleged first knee injury is a qualifying injury.

3. Whether claimant timely and appropriately raised and preserved his odd-lot employee claim.

4. If Second Injury Fund benefits are awarded, the extent of claimant's entitlement to benefits, including a claim for odd-lot employee status.

5. Whether the costs of the underlying arbitration proceeding should have been assessed against defendants.

FINDINGS OF FACT

The presiding deputy commissioner made accurate factual findings about claimant's age, educational background, and employment history. Those factual findings are accepted and relied upon in this appeal decision. The presiding deputy commissioner provided an excellent summary of claimant's medical treatment and the opinions of the respective physicians that have evaluated claimant. I concur with the presiding deputy commissioner's findings relative to the treatment received by claimant with respect to the left and right knees.

The presiding deputy commissioner twice noted that the employer and insurance carrier had stipulated or agreed to pay the higher impairment rating for the right knee injury. Any such finding or reference by the presiding deputy commissioner was erroneous and is rejected. The parties did not enter into any stipulations or agreements about the extent of the permanent disability sustained to claimant's right knee. Claimant offered the opinions of Sunil Bansal, M.D., who performed an independent medical evaluation on February 11, 2014. Dr. Bansal opined that claimant had a poor result from his right total knee replacement. Dr. Bansal opined that claimant sustained 75% permanent impairment of the right lower extremity.

The employer and insurance carrier offered the medical opinions of Joshua A. Urban, M.D. Dr. Urban was one of the treating surgeons and performed claimant's latest right knee revision. Dr. Urban declared maximum medical improvement on November 16, 2012, and made specific findings about the claimant's residual capacities and losses, as detailed more specifically on pages 5 and 6 of the arbitration decision. (Exhibit 19, pp. 35-36) Ultimately, Dr. Urban recommended and adopted the findings of a functional capacity evaluation and opined that Mr. Henry sustained a 50% permanent impairment of the lower extremity.

The presiding deputy commissioner ultimately gave more weight to and accepted the medical opinions of Dr. Urban over those of Dr. Bansal. Having reviewed the record, I concur with the presiding deputy commissioner's analysis and assessment of the credibility issues pertaining to these two medical experts. Similar to the presiding deputy commissioner, I find that Dr. Urban's numerous evaluations as the treating surgeon provided him an advantageous vantage point to gauge claimant's recovery from the numerous knee surgeries. By contrast, Dr. Bansal evaluated claimant only once.

One difference between the medical findings offered by Dr. Urban and Dr. Bansal is claimant's knee range of motion. Dr. Bansal identified only 105 degrees of flexion upon his examination. (Ex. 24, p. 46) However, multiple times, Dr. Urban documented a right knee flexion range of motion in excess of 105 degrees. (Ex. 19, pp. 19, 21, 24, 26, 27, 28, 29, 30, 32, 33, 36, 39, 50) Given repeated findings of flexion in excess of the measurement recorded by Dr. Bansal, I find Dr. Urban's opinions and recorded measurements to be most reliable. This difference does not necessarily change the permanent impairment rating but is important to note the consistency and credibility of the measurements offered by Dr. Urban.

The physicians concur that the appropriate Tables to be utilized to determine claimant's permanent right leg impairment are Table 17-33 and Table 17-35, on pages 546-547 and 549 of the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, respectively. Review of the physicians' measurements, impairment ratings, and the applicable AMA Guides' Tables discloses three major differences in the impairment ratings offered by Dr. Bansal and Dr. Urban.

One major difference between the ratings offered by Dr. Bansal and Dr. Urban is whether claimant's pain is moderate and occasional or moderate and continual. Dr. Bansal concludes that claimant's pain is moderate and continual while Dr. Urban concludes claimant's pain is moderate and occasional. (Ex. 19, p. 50; Ex. 24, p. 50) Claimant testified that his pain is continuous but some of his activities throughout the years (such as his bike riding activities noted by the presiding deputy commissioner) suggest that claimant's symptoms are not necessarily continual.

A second difference between the measurements and ratings offered by Dr. Bansal and Dr. Urban is whether claimant's mediolateral stability is six degrees or less than six degrees. This difference makes a significant scoring difference for determining whether claimant qualifies for a 50% or a 75% permanent impairment. Dr. Urban opines that claimant has less than six degrees of mediolateral stability. Dr. Bansal measures it at six degrees. Dr. Urban measured and recorded less than six degrees of mediolateral stability multiple times throughout his treatment of claimant. (Ex. 19, pp. 5, 19, 26, 29, 30, 32, 33, 36, 39, 50) I find Dr. Urban's measurements to be consistent and credible in this case.

The third difference between the impairment ratings offered by Dr. Bansal and Dr. Urban is whether claimant has a five degree flexion contracture. Dr. Bansal makes no notation or comment about this factor. By contrast, Dr. Urban opines that claimant

has a five degree flexion contracture, which allows Dr. Urban to deduct two points when scoring the knee for impairment rating purposes. (Ex. 19, p. 50)

Unlike the other measurements, I did not specifically find the flexion contracture noted by Dr. Urban multiple times throughout his medical records. It may or may not be present. However, even if the two additional points are not deducted in Dr. Urban's impairment rating analysis, claimant would still qualify for a 50% permanent impairment rating under Dr. Urban's measurements and analysis. Dr. Urban scored claimant's right knee with 54 points. The flexion contracture actually deducted points and made claimant's score closer to the 75% impairment rating. Therefore, if I were to remove the flexion contracture points from consideration, claimant's scoring under Dr. Urban's analysis would be even higher and well into the "fair result" range. Therefore, I note that Dr. Urban's inclusion of the flexion contracture actually made it more likely that claimant would qualify for the higher impairment rating. This lends even more credibility to Dr. Urban's scoring.

Having considered the relative weight of both Dr. Bansal and Dr. Urban's measurements and impairment ratings, I concur with the presiding deputy commissioner and accept the impairment rating of Dr. Urban over that offered by Dr. Bansal. I concur with the presiding deputy commissioner's findings that claimant has only proven a fair result, or a 50% permanent partial disability, relative to the right knee injury.

Review of the hearing report and hearing transcript does not disclose any reference to or assertion of an odd-lot claim being asserted by claimant. I find that claimant did not alert defendants or the presiding deputy commissioner to his intention to assert a claim for odd-lot employee status.

With respect to claimant's left knee injury and Second Injury Fund claim, the presiding deputy commissioner found:

In 1983, claimant was diagnosed with a lateral meniscal tear of the left knee. (Ex. 1, p. 2) Surgical repair took place on March 3, 1983. (Ex. 1, p. 6) The left knee injury did little to impair the claimant. He joined the Army, passing a physical. He worked numerous jobs which required lifting, bending, and flexing of the knee. Claimant testified that he believed he was given work restrictions at one time and that he discussed his left knee issues with various employers. There are no documents recording this.

In 2004, claimant did undergo an MRI study of the left knee for "severe pain." The study on February 26, 2004, revealed some early degenerative changes as well as changes in his lateral meniscus due to the 1983 surgery. (Ex. 1, p. 10) Claimant did not respond to conservative therapy and was referred to Jay T. Strittholt, M.D. in March 2004, for evaluation. Dr. Strittholt injected claimant twice with steroids and claimant had a positive response both times. (Ex. 3, p. 6) (Arbitration Decision, p. 3)

The deputy also found:

Claimant alleges many problems with his left knee.

> Injury # 1. Left knee-my left knee hurts. It feels like it is being pinched under my knee cap. I cannot twist it. I have trouble putting my full weight on it. I cannot crawl or knee (sic) on it. It throws off my balance as I now have two bad knees. I cannot rely on either of them. I cannot climb stairs very easily. I do not climb ladders. I cannot squat. I have worn a neoprene brace on it at various times to give me better support.
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> (Ex. 27) Yet despite these self-professed limitations, claimant worked heavy manual labor jobs per his own testimony and that of his answers to interrogatories. There are no written restrictions as it relates to his left knee either before his 2005 injury or after. Dr. Bansal provided no left-sided knee restrictions either. Mr. Ostrander testified under cross-examination, that he understood claimant to have no prior work injury or limitations based on the fact that claimant was doing the heaviest work in the labor market.

(Arbitration Decision, pp. 8-9)

I concur with and adopt these findings of fact as accurate. I find that the left knee injury had no permanent adverse impact upon claimant's ability to work and no impact on his future earning capacity. Claimant had no work restrictions relative to the left knee injury. However, Dr. Bansal offered an unrebutted permanent impairment rating equivalent to two percent of the left leg, or one percent of the body as a whole.

Claimant underwent surgical intervention and a partial medial meniscectomy as a result of his 1983 left knee injury. He clearly sustained an altered and permanent physiologic change in his left knee. I find that claimant has proven he sustained a permanent, albeit minor, left knee injury in 1983, which resulted in a two percent functional loss of the left knee.

Although the left knee injury had no independent effect upon or reduction of claimant's earning capacity, I find that the combined effect of the left knee and right knee injuries resulted in a relatively significant loss of future earning capacity. I do not agree with claimant's argument that he is permanently and totally disabled.

I find the work restrictions outlined in the functional capacity evaluation, as adopted by Dr. Urban, are the most objective and accurate restrictions outlined in this evidentiary record. I note that claimant's vocational expert offered alternative opinions. When the restrictions and abilities outlined in the functional capacity evaluation are considered, claimant's vocational expert testified, "I did identify a residual employability and based on the numbers of jobs of 15 percent. And I did identify, in my opinion, a loss of earning capacity in the range of 50 to 60 percent. So there are jobs that you do identify that are consistent with those limitations that are unskilled." Transcript, p. 48.

I accept the opinions of claimant's vocational expert, as they pertain to claimant's employability and estimated loss of future earning capacity using the functional capacity evaluation restrictions, as adopted by Dr. Urban. Therefore, when considering

claimant's age, educational background, employment history, permanent impairment ratings, permanent work restrictions, ability to retrain, the vocational opinion from claimant's expert and all other relevant industrial disability factors outlined by the Iowa Supreme Court, I find that claimant has proven a 50% loss of future earning capacity as a combined result of the left knee and right knee injuries.

Realistically, the loss of future earning capacity is the result of the right knee injury that occurred at work on June 13, 2005. However, for reasons outlined in the conclusions of law section, I also find that the combined loss of future earning capacity caused by the left knee and right knee injuries is 50%.

CONCLUSIONS OF LAW

The initial dispute to be resolved is the extent of claimant's entitlement to permanent partial disability for his right knee injury. 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. 6.14(6). In this instance, claimant carries the burden to establish the extent of is permanent disability resulting from his right knee injury. Under the Iowa Workers' Compensation Act, permanent partial disability is compensated either for a loss or loss of use of a scheduled member under Iowa Code section 85.34(2)(a)-(t) or for loss of earning capacity under section 85.34(2)(u). The extent of scheduled member disability benefits to which an injured worker is entitled is determined by using the functional method. Functional disability is "limited to the loss of the physiological capacity of the body or body part." Mortimer v. Fruehauf Corp., 502 N.W.2d 12, 15 (Iowa 1993); Sherman v. Pella Corp., 576 N.W.2d 312 (Iowa 1998). The fact finder must consider both medical and lay evidence relating to the extent of the functional loss in determining permanent disability resulting from an injury to a scheduled member. Terwilliger v. Snap-On Tools Corp., 529 N.W.2d 267, 272-273 (Iowa 1995); Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417, 420 (Iowa 1994).

Having found the impairment rating offered by Dr. Urban to be most convincing and consistent with the extent of claimant's permanent disability, I find that claimant proved a 50% permanent disability to his right leg as a result of his June 13, 2005, right knee injury at work.

Injuries to the leg are compensated utilizing a 220-week schedule. Iowa Code section 85.34(2)(o). Claimant's 50% right leg disability entitles him to 110 weeks of permanent partial disability benefits. Iowa Code section 85.34(2)(o), (v). The presiding deputy commissioner properly awarded benefits relative to the right knee scheduled member injury and the arbitration decision will be affirmed in this respect.

The second issue for determination is whether claimant established a first qualifying injury to generate a claim for Second Injury Fund Benefits. Iowa Code section 85.64 governs Second Injury Fund liability. Before liability of the Fund is triggered, three requirements must be met. First, the employee must have lost or lost the use of a hand, arm, foot, leg, or eye. Second, the employee must sustain a loss or loss of use of another specified member or organ through a compensable injury. Third, permanent disability must exist as to both the initial injury and the second injury.

The Second Injury Fund Act exists to encourage the hiring of handicapped persons by making a current employer responsible only for the amount of disability related to an injury occurring while that employer employed the handicapped individual as if the individual had had no preexisting disability. See Anderson v. Second Injury Fund, 262 N.W.2d 789 (Iowa 1978);Iowa Practice, Workers' Compensation, Lawyer and Higgs, section 17-1 (2006).

The Fund is responsible for the industrial disability present after the second injury that exceeds the disability attributable to the first and second injuries. Iowa Code section 85.64. Second Injury Fund of Iowa v. Braden, 459 N.W.2d 467 (Iowa 1990); Second Injury Fund v. Neelans, 436 N.W.2d 335 (Iowa 1989); Second Injury Fund v. Mich. Coal Co., 274 N.W.2d 300 (Iowa 1979).

In the arbitration decision, the presiding deputy commissioner concluded that claimant did not prove a qualifying first injury. The presiding deputy's rationale for denying the Second Injury Fund claim was:

> There are many facts which mitigate against Fund applicability. Claimant had no restrictions imposed as a result of the left knee injury. While he states he thought he had unwritten recommendations that he discussed with his various employers, there is no record of these restrictions and the jobs he performed were of the heaviest in the market, according to Mr. Ostrander, and he performed these without restrictions. Dr. Bansal, claimant's own IME doctor, imposed no restrictions as a result of the left leg and assigned only a two percent impairment rating based mostly on claimant's self-serving testimony of having pain and discomfort.
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> Claimant's application to the SSA made no reference to the left knee.
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> Mr. Ostrander's testimony, which relied on the most restrictive expert opinions and on claimant's own self-serving and subjective testimony, was that claimant's earning loss was a result of his 2005 injury and not his left knee injury. While the Fund presented no expert opinion, Dr. Bansal's opinions are not enough to establish a fund claim. Dr. Bansal did not impose any left knee restrictions even after the report. He did not find that claimant sustained any left knee restrictions prior to the injury. Mr. Ostrander testified that claimant was working without restrictions before the injury. All of the foregoing support a finding that claimant's left knee did not represent a qualifying injury. Claimant failed to carry his burden that he sustained a functional impairment as a result of the injury to his left knee that resulted in any loss of use. (Emphasis added.) It is the claimant's burden to prove a loss of use and based on the opinions of Dr. Bansal, the testimony of Mr. Ostrander, and the claimant's activity level prior to the 2005 injury, claimant failed to meet that burden. (Arbitration Decision, p. 11)

Mr. Henry challenges the deputy's findings and conclusions on appeal. Claimant contends that the presiding deputy commissioner misapplied binding legal precedent. Specifically, claimant cites Second Injury Fund of Iowa v. Braden, 459 N.W.2d 467 (Iowa 1900) as being dispositive in this case.

In Braden, the Second Injury Fund argued that to qualify for benefits, claimant must prove that the first injury was a total loss of use or a "substantial loss that acts as a handicap to one's employability." Braden, 459 N.W.2d at 469. However, the Iowa Supreme Court reaffirmed its prior decision in Irish v. McCreary Saw Mill, 175 N.W.2d 364 (Iowa 1970), holding that the first injury does not have to be "substantial" or a total loss to be a qualifying injury for Second Injury Fund benefits.

The Iowa Supreme Court revisited this topic in Second Injury Fund of Iowa v. George, 737 N.W.2d 141 (Iowa 2007). The facts in George are strikingly similar to those presented in this case. The first alleged qualifying injury in George was torn meniscus in the knee that required arthroscopic surgical intervention that included a partial medical meniscectomy and medial femoral chondral shaving. 737 N.W.2d at 144.

The claimant was awarded a four percent permanent impairment of the leg for the torn knee cartilage by one physician and a seven percent impairment of the leg by another physician. Ms. George was able to return to full-duty employment after the torn knee cartilage was removed and there was no obvious loss of earning capacity from the alleged first qualifying knee injury. Id.

In George, the Second Injury Fund argued that the knee injury should not be considered a qualifying first injury, presumably because it did not cause a substantial loss of use for the claimant before the second injury occurred. Once again, the Iowa Supreme Court stated, "We see no reason to retreat from our long-standing law that a scheduled injury under section 85.34(2) affecting a hand, arm, foot, leg, or eye is a qualifying loss." Second Injury Fund of Iowa v. George, 737 N.W.2d 141, 146 (Iowa 2007). The Iowa Supreme Court clearly concluded that a scheduled member injury involving a partial tear and meniscectomy of the knee is sufficient to qualify as a first injury for purposes of the Second Injury Fund.

In this case. claimant has clearly established that he sustained torn meniscus and that he required a partial medial meniscectomy. Although claimant's permanent impairment rating is slightly less in this case than it was in George, there is no conceptual reason why a smaller impairment rating should make a difference. Claimant has proven via unrebutted medical evidence that he sustained a two percent permanent partial impairment, or loss of use, as a result of the 1986 left knee injury. That injury was clearly a scheduled member loss. Therefore, claimant has established that the 1986 left knee injury is a qualifying first injury. Second Injury Fund of Iowa v. George, 737 N.W.2d 141, 146 (Iowa 2007).

The right knee injury is clearly a qualifying second injury. Therefore, claimant has established entitlement to Second Injury Fund benefits. The extent of such entitlement is in dispute, however.

In his appeal brief, claimant asserts a claim as an odd-lot employee. Having found no assertion of the odd-lot claim before the presiding deputy commissioner, I conclude that claimant should be precluded from raising the odd-lot doctrine while on appeal to the Commissioner. Michael Eberhart Const. v. Curtin, 674 N.W.2d 123, 128 (Iowa 2004); Weishaar v. Snap-On Tools Corp., 506 N.W.2d 786 (Iowa App. 1993). The odd-lot doctrine will not be considered or analyzed in this appeal decision. However, claimant did assert a claim for industrial disability, including a claim for permanent total disability benefits under the traditional industrial disability analysis. 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).

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. 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).

In this case, I find that the restrictions outlined by the functional capacity evaluation recommended and adopted by Dr. Urban were most appropriate and credible. Based upon that finding, I accepted the vocational opinions offered by claimant's vocational expert utilizing those permanent restrictions. Having considered all of the relevant industrial disability factors, I find that claimant proved a 50% loss of future earning capacity as a combined result of the 1986 left knee injury and the June 13, 2005 work injury to claimant's right knee.

I find that the 1986 left knee injury caused no loss of earning capacity prior to the 2005 work injury to the right knee. However, the industrial loss in a Second Injury Fund case is not measured separately for each qualifying injury. Rather, "It is the cumulative effect of scheduled injuries resulting in industrial disability to the body as a whole—rather than the injuries considered in isolation—that triggers the Fund's proportional

liability." Second Injury Fund of Iowa v. Braden, 459 N.W.2d 467, 470 (Iowa 1990) (emphasis in original).

I conclude that claimant has established qualifying left knee and right knee injuries. Having considered their combined effect, I find the combined effect of both knee injuries to cause a 50% loss of future earning capacity. Therefore, I conclude that claimant is entitled to an award totaling 50% industrial disability.

Industrial disability benefits are awarded on a 500-week schedule. Iowa Code section 85.34(2)(u). A fifty percent industrial disability award results in claimant's total entitlement being 250 weeks of benefits. However, the Second Injury Fund of Iowa is entitled to a credit for the permanent impairment attributable to both the first and second qualifying injuries. Iowa Code section 85.64.

In this instance, the Second Injury Fund is entitled to a credit equivalent to two percent of the leg, or 4.4 weeks, for claimant's left knee injury in 1986. The Second Injury Fund is also entitled to a credit for the 110 weeks of benefits payable by the employer. Subtracting the combined 114.4 weeks of credit from the 250 weeks of claimant's entitlement, leaves a total of 135.6 weeks of benefits owed by the Second Injury Fund.

The record in this case was not entirely clear as to the total credit owed the employer or when the employer's benefits would terminate. It appears from the record that the parties stipulated the employer commenced payment of permanent partial disability benefits on November 17, 2012. Presumably, the employer continued payment of the 110 weeks of permanent partial disability benefits continuously thereafter. The Second Injury Fund's liability would commence immediately upon termination of the employer's payment of weekly benefits and continue until such time as the Second Injury Fund had paid 135.6 weeks of benefits.

The final disputed issue is whether the defendants should have been ordered to pay costs as part of the arbitration proceeding. Assessment of costs is a discretionary function of the agency. Iowa Code section 86.40. Claimant has not prevailed entirely on any of her claims. I perceive no error in the presiding deputy commissioner's exercise of her discretion in the assessment of costs. Therefore, the arbitration decision is affirmed in this respect.

ORDER

IT IS THEREFORE ORDERED the arbitration decision of May 5, 2014, is affirmed with respect to the award made against the employer and insurance carrier and modified to enter an award against the Second Injury Fund of Iowa.

The employer and insurance carrier shall comply with the orders contained within the May 5, 2014 arbitration decision.

The Second Injury Fund of Iowa shall pay claimant one hundred thirty-five point six (135.6) weeks of benefits commencing immediately upon termination of the

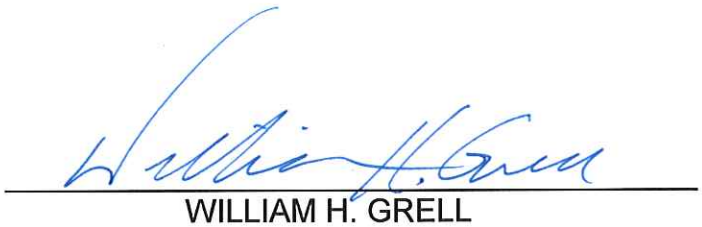
employer's payment of its weekly benefits as ordered in the arbitration decision and herein.

The Second Injury Fund shall pay all weekly benefits at the stipulated weekly rate of two hundred fifty-seven and 78/100 dollars ($257.78).

All findings of fact, conclusions of law, and orders contained in the arbitration decision and not otherwise modified in this decision are affirmed.

All parties shall bear their own costs relating to this appeal.

Signed and filed this 1st day of May, 2015.



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