BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

CHAD L. PERKINS, Claimant, vs. WILKEN & SONS AUTO WRECKING, Employer, and MIDWEST FAMILY MUTUAL INSURANCE COMPANY, Insurance Carrier, Defendants.	FILED JUN 27 2018 WORKERS' COMPENSATION File No. 5055189 APPEAL DECISION Head Note No: 1803.1

Defendants Wilken & Sons Auto Wrecking, employer, and its insurer, Midwest Family Mutual Insurance Company, appeal from an arbitration decision filed on October 19, 2017. Claimant Chad L. Perkins responds to the appeal. The case was heard on November 9, 2016, and it was considered fully submitted at the conclusion of the arbitration hearing.

The deputy commissioner found claimant failed to carry his burden of proof that the disability resulting from the stipulated work injury which arose out of and in the course of claimant's employment on August 11, 2014, extends beyond claimant's right lower extremity into claimant's body as a whole. The deputy commissioner found claimant sustained functional scheduled member permanent disability of 30 percent of the right lower extremity as a result of the work injury, which entitles claimant to 66 weeks of permanent partial disability (PPD) benefits commencing on September 14, 2015. The deputy commissioner found claimant is entitled to reimbursement from defendants for mileage expense incurred in attending the independent medical evaluation (IME) with Michael Scherb, M.D., on October 5, 2016. The deputy commissioner ordered defendants to pay claimant's costs of the arbitration proceeding.

Defendants assert on appeal that the deputy commissioner erred in finding claimant sustained 30 percent functional scheduled member permanent disability as a result of the work injury. Defendants assert the award for permanent disability should be reduced to nine percent of the right lower extremity pursuant to the permanent impairment ratings of Charles Mooney, M.D., and Charles Gilarski, DPM.

Claimant asserts on appeal that the arbitration decision should be affirmed in its entirety.

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

Pursuant to Iowa Code section 86.24 and Iowa Code section 17A.15, I performed a de novo review of the evidentiary record and the detailed arguments of the parties. I affirm the deputy commissioner's finding that claimant failed to carry his burden of proof that the disability resulting from the work injury extends beyond claimant's right lower extremity into the body as a whole. I affirm the deputy commissioner's finding that claimant is entitled to reimbursement from defendants for mileage expense incurred in attending Dr. Scherb's IME. I reach a different result than the deputy commissioner on the issue of the extent of the scheduled member functional disability which claimant has sustained as a result of the work injury. Therefore, I reverse the award of 30 percent impairment of the right lower extremity and I enter the following findings of fact and conclusions of law relative to the extent of claimant's permanent disability:

STATEMENT OF FACTS

On March 18, 2013, claimant was hired by defendant-employer as a "parts puller." (Exhibit J, page 62) Claimant's job consisted of pulling and stripping parts from vehicles in the storage lot. (Id.) Claimant also unloaded scrap parts and metal from customers' vehicles. (Id)

On August 11, 2014, claimant was seriously injured while working for defendant-employer, when the arm and/or bucket of a skid loader fell on Claimant's right foot. (Ex. I, p. 49; Ex. K, p. 68) Claimant was wearing steel-toed boots at the time. (Ex. K, p. 68)

Immediately following the accident, claimant was examined at Mercy Medical Center's Emergency Room by Richard Moberly, M.D. (Ex. G, p. 40) X-rays revealed an acute fracture of the proximal phalanx of the right great toe with some mild displacement, as well as early arthritic changes. (Ex. H, p. 44) Dr. Moberly diagnosed a closed fracture of the great toe, he prescribed pain medication, and he recommended claimant wear an Aircast boot. (Ex. G, pp 41-42) Dr. Moberly referred Claimant for an orthopedic evaluation. (Id.)

On August 15, 2014, claimant was examined by Eric Potthoff, D.O., orthopedic surgeon at Mason City Clinic. (Ex. 3b, p. 4) Claimant reported diffuse pain around the right foot and into the ankle. (Id) X-rays of claimant's right foot again showed a slightly displaced fracture through the distal aspect of the proximal phalanx of the great toe. (Ex. 3, p. 20) However, Dr. Potthoff noted there was essentially no angulation, which was an improvement as compared to the prior x-rays. (Ex. 3b, p. 5) Dr. Potthoff diagnosed a crush injury to the right foot with a proximal phalanx fracture of the right

great toe. (Ex. 3b, p. 6) He did not recommend any surgical intervention. (Id) However, he advised that claimant should continue wearing the boot, he prescribed pain medication, and he referred claimant to Michael Scherb, M.D., orthopedic surgeon for a second opinion as to whether interventional treatment was necessary. (Id)

Claimant was evaluated by Dr. Scherb on August 20, 2014. (Ex. C, p. 24) Dr. Scherb diagnosed a right great toe displaced proximal phalanx fracture. (Ex. C, p. 26) He indicated that due to the nature of the crush injury, claimant would likely always have chronic residual foot pain. (Id) Dr. Scherb discussed with claimant the option of either living with the injury or undergoing a closed reduction and pinning surgery. (Id.) Claimant opted to proceed with surgery. (Id.)

On August 22, 2014, Dr. Scherb performed a closed reduction and percutaneous pinning of the right great toe proximal phalanx fracture with 0.062 inch K wires. (Ex. G, p. 37) Again, Dr. Scherb advised that claimant would likely have chronic pain in his foot due to the crush injury and soft tissue damage. (Ex. G, p. 38)

Following the surgery, claimant returned to Dr. Scherb on September 8, 2014. (Ex. 3b, p. 12) Dr. Scherb indicated he was happy with how claimant's alignment appeared on x-rays taken that day. (Ex. 3b, p. 13)

On October 1, 2014, Dr. Scherb removed the pins from claimant's foot. (Ex. 3b, p. 10) Dr. Scherb stated he suspected claimant sustained a traction injury at the superficial peroneal nerve with the original injury, which along with the crush injury could take a long time to resolve. (Id.) Dr. Scherb transitioned claimant to a post-operative shoe and ordered physical therapy. (Id) Claimant had physical therapy from approximately October 16, 2014, to July 19, 2015. (Ex. 3d)

At a return visit with Dr. Scherb on October 29, 2014, claimant continued to complain of diffuse right foot pain and difficulty bearing weight. (Ex. 3b, p. 15) Again, Dr. Scherb indicated it was very common for crush injuries such as claimant's to result in such symptoms. (Ex. 3b, p. 16) Dr. Scherb prescribed additional medication and he ordered an MRI. (Id.)

The MRI was performed on November 4, 2014. (Ex. 3, p. 18) It showed the following: a longitudinal split tear of the peroneus brevis tendon with partial longus invagination; reactive tenosynovitis; oblique fracture of the great toe proximal phalanx, subacute; granulation tissue at the fracture site; no signs for osteochondral normality at the level of the ankle or subtalar joints; intact appearing Lisfranc ligament with normal alignment of the midfoot with the metatarsal bases; longitudinal fracture through the 3rd digit metatarsal base extending into cuneiform joint; and associated bone marrow edema. (Ex. 3, p. 19)

Claimant returned to Dr. Scherb on November 12, 2014. (Ex. 3b, p. 17) Claimant reported his foot and ankle were somewhat better, but he reported pain around the

second and third toes. (Id.) Dr. Scherb noted the MRI showed a tendon tear, but the second and third toes where claimant indicated he was experiencing pain were unremarkable aside from the known toe fracture. (Ex. 3b, p. 18) Dr. Scherb indicated the MRI did, however, reveal another fracture at the 3rd metatarsal base, which would be treated non-operatively. (Id.) Dr. Scherb encouraged claimant to continue with physical therapy and recommended that claimant use over-the-counter shoe inserts. (Id.)

During the following two months, claimant continued to complain of pain and weakness around the second and third toes of his right foot, as well as the plantar lateral aspect of his right heel. (Ex. C, p. 22; Ex. 3b, p. 25) However, claimant reported he felt he was gradually getting better and was making some progress with physical therapy. (Ex. 3b, p. 24) On January 26, 2015, Dr. Scherb assessed that claimant's right great toe proximal phalanx fracture was clinically healed. (Ex. 3b, p. 25) Dr. Scherb was pleased with claimant's progress, although he noted that typically people with this type of injury would be somewhat further along at this point. (Id.) Dr. Scherb referred claimant to a pain management physician. (Id.)

Before meeting with the pain management physician, claimant returned to Dr. Scherb on March 9, 2015. (Ex. C, p. 19) Claimant reported that while physical therapy was helping, he still felt a significant amount of pain on the dorsal aspect of his right foot, which was exacerbated by weight bearing. (Id.) Dr. Scherb assessed diffuse foot pain from the crush injury, but stated that most of claimant's pain was concentrated around the second and third metatarsal necks, which was away from where the occult third metatarsal base fracture was located. (Ex. C, p. 20) Dr. Scherb advised that in one year from that time, claimant "will be as good as he is going to be." (Id.)

On March 19, 2015, claimant presented to pain specialist Arnold Parenteau, M.D. at Mary Greeley Medical Center for examination. (Ex. F, p. 36) Claimant complained that if he put pressure on his right forefoot it caused him pain. (Id.) He also reported pain at the base of the second and third toes, the anterior portion of his ankle joint, and posterior to the lateral malleolus. (Ex. F, p. 36) Dr. Parenteau assessed right foot pain mechanical in nature, but he did not see any evidence of chronic regional pain syndrome. (Id.) He specifically noted that some of claimant's pain appeared to be over the areas that did not show bone bruise on claimant's prior MRI. (Id.) Dr. Parenteau recommended another MRI and he prescribed a trial of new medication. (Id.) The subsequent MRI showed ongoing edema at the base of the second toe as well as the previous great toe surgery. (Ex. A, p. 2)

On April 20, 2015, Dr. Parenteau noted claimant had ongoing right foot mechanical pain. (Id.) He recommended claimant stop the recent trial medication, and he prescribed a trial of a different pain medication, along with Lidoderm patches. (Id.) Dr. Parenteau also recommended claimant have a podiatry or orthopedic consultation. (Id.)

On May 1, 2015, claimant presented to podiatrist Charles Gilarski, DPM, at McFarland Clinic for a second opinion. (Ex. B, p. 15) Dr. Gilarski felt claimant had sustained injuries to the terminal divisions of the intermediate dorsal cutaneous nerves, central tarsometatarsal articulations, central metatarsophalangeal ("MTP") joint, and the first MTP joint. (Ex. B, p. 16) Dr. Gilarski suggested that claimant continue physical therapy. (Id.) Because claimant stated he tried Lidoderm patches in the past without success, Dr. Gilarski recommended other optional medication. (Id.)

Claimant treated conservatively with Dr. Gilarski during the next two months. (Ex. 3c, p. 9; Ex. B, p. 13) During that time, claimant reported having success with the Lidoderm patches. (Ex. B, pp. 13-14)

On August 17, 2015, Claimant told Dr. Gilarski he was going to the Iowa State Fair that day. Claimant also stated he was able to cut his grass with a riding mower, he cared for his chickens, and he walked around his property modestly without problems. (Ex. B, p. 13) Claimant continued to report pain in his right foot, however, and he told Dr. Gilarski he thought he was "walking funny." (Id.) Dr. Gilarski recommended continued physical therapy and continued use of the Lidoderm patches and claimant was casted for orthotics. (Ex. B, p. 14)

On September 14, 2015, claimant reported he continued to be able to work at home on his grass and care for his chickens, as well as walk around his property without problems. (Ex. B, p. 12) Although claimant felt he was still walking in an unusual manner, Dr. Gilarski noted claimant walked in and out of the clinic without much difficulty or limp. (Id) Dr. Gilarski dispensed orthotics and he stated claimant was at maximum medical improvement (MMI). (Id.)

On October 12, 2015, claimant had his final follow-up visit with Dr. Gilarski. (Ex. A, p. 3) Claimant reported 20 percent improvement from the custom orthotics. (Id.) Dr. Gilarski noted claimant walked out of the office with “much cadence and purpose.” (Id.) He also noted Claimant had flip-flop tan lines on his feet. (Id.) Dr. Gilarski expressed surprise that claimant's purported intense pain would allow for wearing of flip-flops. (Id.)

A functional capacity evaluation (FCE) was performed on October 26, 2015, by Ernie Christensen, PT, at Accelerated Rehabilitation. (Ex. E, p. 32) Mr. Christensen determined that claimant put forth an inconsistent performance and unacceptable effort during the evaluation. (Ex. E, p. 33) Mr. Christensen stated the overall results of the FCE therefore did not represent a true and accurate representation of claimant's functional performance, and he stated claimant was capable of greater functional abilities than he demonstrated. (Id.) Mr. Christensen stated claimant was functionally employable, and he stated claimant demonstrated the ability to function on a full-time basis in a higher than medium duty capacity. (Ex. E, p. 33)

On October 12, 2015, Charles Mooney, M.D.., occupational medicine specialist, performed an independent medical evaluation (IME) at defendants' request. (Ex. A). In

his November 30, 2015, report, Dr. Mooney noted that although claimant subjectively reported foot pain and difficulty walking and standing, he observed claimant as having an essentially normal gait. (Ex. A, pp. 3, 6) Notably, claimant told Dr. Mooney he was not participating in home activities, such as lawn mowing, which was contrary to what he previously told Dr. Gilarski. (Ex. A, p. 4)

Dr. Mooney assessed the following: crush type injury to the right foot with displaced fracture of the distal proximal phalanx of the great toe treated with intraoperative fixation, but evidence of residual ankyloses of the IP joint and reduction in motion of the MPT joint of the first toe; tarsometatarsal stress fractures of the second and third digits as documented on MRI; peroneal tendinitis with partial tear of the peroneal brevis tendons; complaints of distal paresthesias and hypersensitivity with significant inconsistencies on provocative exam; complaint of ankle pain with minimal loss of motion; no evidence of distinct arthropathy abased on the prior MRI and complaints of back pain and right knee pain. (Ex. A, pp. 5-6) Dr. Mooney stated claimant was at MMI for all of his conditions with a nine lower extremity impairment rating as a result of the work injury. (Ex. A, p. 6) Dr. Mooney indicated claimant's subjective pain complaints did not correlate well with any of the physical findings, and no specific work restrictions were necessary. (Id.)

On December 30, 2015, in response to correspondence from defense counsel, Dr. Gilarski indicated he agreed with Dr. Mooney's opinions regarding claimant's diagnosis, MMI date, permanent impairment rating, and lack of permanent work restrictions. (Ex. B, pp. 10-11)

On September 26, 2016, claimant's deposition was taken. (Ex. K) At that time, claimant confirmed he had not seen a doctor in a year, although he claimed to still have right ankle and foot pain. (Ex. K, p. 67) He acknowledged that both Dr. Gilarski and Dr. Scherb told him his foot condition was the best it was going to be. (Ex. K, p. 73)

On October 13, 2016, claimant filed a petition for IME pursuant to Iowa Code section 85.39. (Ex. D, p. 27) In that petition, claimant requested to have the examination performed by Dr. Scherb instead of an independent physician. (Id.) Defendants consented to the petition in their answer, which was filed October 20, 2016. (Ex. D, p. 28)

Dr. Scherb performed the IME on October 5, 2016. (Ex. D, p. 29) X-rays were taken, which showed claimant's phalanx fracture had healed and the Lisfranc interval was appropriately maintained. (Ex. D, p. 30) Dr. Scherb diagnosed chronic right foot pain after a crush injury with great toe fracture. (Ex. D, p. 31) He did not recommend surgery for claimant's continued diffuse pain, which was only partially explained by the previous MRIs. (Id.) While Dr. Scherb noted claimant had a peroneus brevis tear, he did not believe claimant was a surgical candidate since his pain was focused on the forefoot and he had a history of tobacco use. (Id.) Claimant was not interested in having a radiofrequency ablation performed, so Dr. Scherb recommended claimant

return to pain management (Id.) Dr. Scherb stated "I explained frequently after these crush injuries people have some residual pain and there is not a perfect solution for that." (Id.) Dr. Scherb prescribed medication, but he did not issue a permanent impairment rating, nor did he issue permanent restrictions. (Id.) On November 3, 2016, defendants authorized a pain management referral with Dr. Parenteau for claimant. The arbitration hearing was held on November 9, 2016.

CONCLUSIONS OF LAW

Under the Iowa Workers' Compensation Act permanent partial disability is categorized as either to a scheduled member or to the body as a whole. See section 85.34(2). Section 85.34(2)(a)-(t) sets forth specific scheduled injuries and compensation payable for those injuries. 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). Compensation for scheduled injuries is not related to earning capacity. 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).

As stated above, I affirm the deputy commissioner's finding that claimant's injury is a scheduled member injury and ratable pursuant to Iowa Code section 85.34(2)(o).

The AMA Guides, 5th Edition, has been adopted as a guide for determining an injured worker's extent of functional disability. 876 IAC section 2.4. In making an assessment of the loss of use of a scheduled member, however, the evaluation is not limited to the use of the AMA Guides. Lay testimony and demonstrated difficulties from claimant must be considered in determining the actual loss of use so long as loss of earning capacity is not considered. Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417, 420, 421 (Iowa 1994); Soukup v. Shores Co., 222 Iowa 272, 268 N.W. 598 (1936). Notwithstanding suggestions to the contrary in the AMA Guides, this agency has a long history of recognizing that the actual loss of use which is to be compensated is the loss of use of the body member in the activities of daily living, including activities of employment. Pain which limits use, loss of grip strength, fatigability, activity restrictions, and other pertinent factors may all be considered when determining scheduled disability. Bergmann v. Mercy Medical Center, File Nos. 5018613 & 5018614, (App. March 14, 2008); Moss v. United Parcel Service, File No. 881576 (App. September 26, 1994); Greenlee v. Cedar Falls Community Schools, File No. 934910 (App. December 27, 1993); Westcott-Riepma v. K-Products, Inc., File No. 1011173 (Arb. July 19, 1994); Bieghler v. Seneca Corporation, File No. 979887 (Arb. February 8, 1994); Ryland v. Rose's Wood Products, File No. 937842 (Arb. January 13, 1994); Smith v. Winnebago Industries, File No. 824666 (Arb. April 2, 1991).

Dr. Mooney and Dr. Gilarski are the only physicians who offered opinions regarding the extent of claimant's permanent disability resulting from the work injury. They both opined claimant's permanent disability is nine percent of the right lower extremity. (Ex. A, p. 6; Ex. B, p. 10)

Dr. Mooney's IME report very specifically detailed claimant's medical history and treatment. (Ex. A, pp. 1-3) Taking into consideration that information, as well as the type of injury, the objective test results, claimant's normal gait at the evaluation, claimant's prior invalid FCE, and claimant's physical examination, Dr. Mooney arrived at an impairment rating using the AMA Guides, Fifth Edition. (Ex. A, pp. 4-6) While lay witness testimony is relevant and material, this agency has previously ruled that impairment ratings determined under the AMA Guides are the best evidence of the degree of scheduled member disability. Mead v. The Dial Corporation, 1995 IA Wrk. Comp. Lexis 228. Additionally, the Iowa Supreme Court approved an agency ruling that ratings under the AMA Guides are the best evidence of the extent of scheduled member permanent partial disability. See Sherman v. Pella Corp., 576 N.W.2d 312 (Iowa 1998).

The deputy commissioner's assertion that Dr. Mooney's opinions are not "logical" based upon the evidence documented by claimant's treating physicians is incorrect. Dr. Mooney's opinions do not contravene the findings of claimant's treating/IME physician, Dr. Scherb, who repeatedly advised that continued pain could be expected for the type of injury claimant sustained. (Ex. C, p. 26; Ex. G, p. 38; Ex. D, p. 31) Dr. Mooney never disagreed that claimant likely felt some residual pain in his foot. Dr. Mooney simply said the amount of pain claimant expressed was not correlated by objective proof. (Ex. A, p. 6)

Dr. Mooney's opinions are also consistent with the evidence documented by Dr. Gilarski, claimant's other treating physician. As noted by Dr. Mooney, Dr. Gilarski also noted that although claimant complained of a limp, he presented to medical appointments walking without much difficulty and without a limp. (Ex. B, pp. 10-11) Dr. Gilarski also noted claimant's feet had flip-flop tan lines on them which Dr. Gilarski indicated he did not believe claimant could wear flip-flops if he was experiencing the level of pain he alleged. (Ex. A, p. 3) Furthermore, Dr. Mooney's opinions are consistent with the FCE findings, which showed, despite claimant's inconsistency of effort, that he is functionally able to perform at least medium capacity work. (Ex. E, p. 33)

Dr. Gilarski concurred with Dr. Mooney's nine percent right lower extremity impairment rating. (Ex. B, pp. 10-11) Dr. Gilarski also agreed with Dr. Mooney's opinion that claimant does not have any permanent work restrictions as a result of the work injury. (Ex. B, p. 11) I find Dr. Gilarski's opinions to be convincing because he spoke with, examined, and provided treatment to, claimant for the work injury on four occasions over the course of more than five months from May 1, 2015, through October 12, 2015. (Ex. B, pp. 12-16; Ex. A, p. 3))

The deputy commissioner's award of 30 percent disability of the right lower extremity is based on claimant's testimony and his subjective complaints of pain. However, the evidence in this matter supports the conclusion that claimant was not credible. First, Dr. Gilarski and Dr. Mooney felt claimant's subjective pain complaints were out of proportion to the objective findings. (Ex. A, pp. 3, 5) Second, Dr. Mooney's report indicates claimant specifically stated he could not perform activities he previously told Dr. Gilarski he could perform. (Ex. B, pp. 12-13; Ex. A, p. 4) Third, although claimant alleged difficulty walking, he had no observable limp on several occasions at medical appointments, and Dr. Gilarski observed flip-flop tan lines on claimant's feet. Dr. Gilarski indicated if claimant's pain complaints were valid, claimant would not be able to wear flip-flops. (Ex. B, pp. 12-13; Ex. A, pp. 3-4) Finally, claimant's FCE was invalid because he put forth an inconsistent effort and he displayed a functional capacity below his true ability level. (Ex. E, p. 33) In light of the foregoing, I find claimant was not credible and I find his testimony does not provide a basis to award permanent disability greater than the impairment rating provided by Dr. Mooney and Dr. Gilarski.

Furthermore, aside from his testimony, claimant did not provide any evidence which might prove he has permanent impairment beyond the nine percent right lower extremity rating given by Dr. Mooney and Dr. Gilarski. Dr. Scherb did not provide an impairment rating nor did he issue any permanent restrictions when he performed his IME of claimant on October 5, 2016. (Ex. D) Claimant did not offer any explanation as to why he did not solicit an impairment rating or permanent restrictions from Dr. Scherb. Claimant also did not obtain an impairment rating from any other expert.

Based on the foregoing, I find the nine percent impairment rating provided by Dr. Mooney and Dr. Gilarski is most convincing as the correct measure of claimant's permanent disability resulting from the work injury and I reverse the deputy commissioner's award of 30 percent impairment of the right lower extremity.

ORDER

IT IS THEREFORE ORDERED that the arbitration decision filed on October 19, 2017, is MODIFIED as follows:

Defendants shall pay claimant nineteen and eight-tenths (19.8) weeks of permanent partial disability benefits at the weekly rate of three hundred thirty-eight and 26/100 dollars ($338.26) commencing on September 14, 2015.

Defendants shall be given credit for all benefits previously paid.

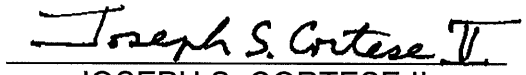
Defendants shall pay accrued weekly benefits in a lump sum together with interest pursuant to Iowa Code section 85.30.

Defendants shall reimburse claimant for his mileage expense incurred in attending Dr. Scherb's IME.

Pursuant to rule 876 IAC 4.33, defendants shall pay claimant's costs of the arbitration proceeding, and claimant shall pay the costs of the appeal, including the cost of the hearing transcript.

Pursuant to rule 876 IAC 3.1(2), defendants shall file subsequent reports of injury as required by this agency.

Signed and filed this 27th day of June, 2018.



JOSEPH S. CORTESE II
WORKERS' COMPENSATION
COMMISSIONER

Copies To:

Roger L. Sutton
Attorney at Law
119 North Jackson St.
Charles City, IA 50616
rlsuttonlaw@gmail.com

Maggie R. Boesen
Attorney at Law
100 E. Kimberly Rd., Ste. 400
Davenport, IA 52806
mboesen@hhlawpc.com