BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

Gurpreet Sandhu,	:	File No. 5046628
Claimant,	:	ARBITRATION
vs.	:	DECISION
Nordstrom, Inc.,	:	
Self-Insured Employer,	:	
Defendants.	:	Head Note Nos.: 1802, 2204

FILED
JUL 11 2017
WORKERS' COMPENSATION

Claimant Gurpreet Sandhu filed a petition in arbitration on May 23, 2016, alleging she sustained an injury to her bilateral shoulders and depression while working for the defendant, Nordstrom, Inc. ("Nordstrom"), and developed a sequela condition to her stomach lining from taking medication for the injury. Nordstrom filed an answer on May 31, 2016, admitting Sandhu sustained an injury to her bilateral shoulders, but denying she sustained any other work-related injuries.

An arbitration hearing was held on February 3, 2017, at the Division of Workers' Compensation in Des Moines, Iowa. Attorney Mark Sullivan represented Sandhu. Sandhu appeared and testified. Her husband, Paramjit Sandhu, also testified on her behalf. Attorney James Peters represented Nordstrom. Exhibits 1 through 27 and A through C were admitted into the record. The record was held open through March 17, 2017, for the receipt of post-hearing briefs. At that time the record was closed.

Before the hearing the parties prepared a hearing report listing stipulations and issues to be decided. Nordstrom waived all affirmative defenses.

STIPULATIONS

1. An employer-employee relationship existed between Nordstrom and Sandhu at the time of the alleged injury.

2. Sandhu sustained an injury on October 3, 2011, which arose out of and in the course of her employment with Nordstrom.

3. The alleged injury is a cause of temporary disability during a period of recovery.

4. The alleged injury is a cause of permanent disability.

5. Sandhu received temporary total disability benefits from November 1, 2011 through November 14, 2011, January 18, 2012 through November 6, 2012, and March 16, 2013 through November 15, 2013, and temporary partial disability benefits from November 16, 2011 through November 30, 2011, December 1, 2011 through December 15, 2011, January 11, 2012 through January 15, 2012, and November 17, 2012 through March 15, 2013.

6. Although entitlement to additional temporary benefits cannot be stipulated to, Nordstrom agrees Sandhu was off work from March 16, 2013 through December 11, 2014.

7. If the injury is found to be the cause of permanent disability, the disability is an industrial disability.

8. At the time of the alleged injury Sandhu earned $363.63 per week, she was married and entitled to four exemptions, and the parties believe her weekly rate is $268.54.

9. Costs have been paid.

ISSUES

1. What is the nature of Sandhu's disability?

2. What is the extent of Sandhu's disability?

3. What is the commencement date for permanent partial disability benefits?

4. Is Sandhu entitled to healing period benefits from March 16, 2013 through December 11, 2014?

5. Should costs be assessed against either party?

FINDINGS OF FACT

Sandhu graduated from high school in India in 1974. (Exhibit 19, page 6) Sandhu attended Guru Nanak Girl College in India and graduated with a Bachelor of Arts degree in 1978. (Ex. 19, p. 6) Sandhu's primary language is Hindi. (Ex. 19, p. 6) In 1985 Sandhu immigrated to the United States and lived in Detroit, Michigan. (Ex. A, p. 8; Transcript, pp. 14-15) At the time of the hearing Sandhu was fifty-nine. (Transcript, p. 14)

After moving to Michigan Sandhu enrolled in English classes. (Tr., p. 15) Sandhu has struggled with English. Sandhu started working in 1991, assembling car parts. (Tr., p. 17) When Sandhu lived in Michigan she worked on assembly lines, as a

press operator, trainer, and in packaging and shipping, and as a store clerk. (Ex. 22, p. 1; Tr., p. 82)

Sandhu and her family moved to Dubuque, Iowa. (Tr., p. 20) In May 2011, Nordstrom hired Sandhu as a processor for its distribution center, and assigned her to unpack and process shipments in the warehouse. (Exs. 18; 22, p. 2) Sandhu opened clothing boxes, opened plastic wrapping, and hung the clothes on hangers hanging from a trolley line. (Tr., pp. 20-21) Sandhu testified the work was fast paced, and she would have to hold onto fourteen pieces of clothing at a time reaching up with her arms to hang the items on the trolley line. (Tr., pp. 20-21) Nordstrom paid Sandhu $11.00 per hour. (Ex. 22, p. 2)

On October 31, 2011, Sandhu reported a work injury to Nordstrom. (Ex. B) Sandhu relayed she injured her right shoulder on October 3, 2011 while unpacking and hanging clothes and reported her condition became worse over time. (Ex. B) Sandhu testified,

> Yeah, I was getting that trolley down, so I just lift my arm, my shoulder got stuck, so I screamed, you know, then I pushed my shoulder to bring it down. Then my co-worker just bring the supervisor, and then they took me to the office. And then they send me to the doctor.

(Tr., p. 26) Sandhu testified she had not experienced any shoulder injuries before she worked for Nordstrom. (Tr., pp. 22-24) Sandhu acknowledged she had complained of pain in her shoulders before she worked for Nordstrom, but reported the pain was due to cholesterol medication she was taking. (Tr., pp. 22-23) Sandhu's physician changed her medication and her pain went away. (Tr., p. 23)

Sandhu acknowledged in 2005 through 2006 she received a prescription for Zoloft to treat mental health issues she was experiencing when she and her husband lost their jobs. (Tr., pp. 24-25) Sandhu testified she did not receive any additional mental health treatment before her work injury. (Tr., p. 25)

On October 31, 2011, Sandhu attended an appointment with Erin Kennedy, M.D., an occupational medicine physician, complaining of right shoulder pain with movement, radiating up into her neck. (Ex. 2, p. 1-2) Sandhu relayed she started experiencing pain in her anterior shoulder when lifting clothes at work on hangers on a trolley. (Ex. 2, p. 2) Sandhu reported she did not have any problems with her shoulder before she started working for Nordstrom. (Ex. 2, p. 2) Sandhu noted the pain started about four weeks before her appointment and had progressed to a larger area from her shoulder, into her neck and down her arm. (Ex. 2, p. 2) Dr. Kennedy assessed Sandhu with right shoulder pain, myofascial, overuse, prescribed Flexeril and naproxen, ordered physical therapy, and imposed a five pound lifting restriction and lifting only between waist and shoulder level with no above shoulder use of the right arm. (Ex. 2, pp. 2-7)

Sandhu returned to Dr. Kennedy on November 7, 2011, complaining of continued anterior shoulder pain that "radiates down to radial forearm," that can be sharp and burning. (Ex. 2, p. 8) Sandhu noted she was having difficulty putting in her hair bands with her right arm and difficulty sleeping because she likes to sleep on her right shoulder. (Ex. 2, p. 8) Dr. Kennedy administered an injection, prescribed Lortab, and continued her restrictions. (Ex. 2, pp. 9-10)

During her appointment on November 14, 2011, Sandhu reported her right shoulder pain improved, but she continued to experience pain in the scapular and anterior area of her shoulder. (Ex. 2, p. 11) Dr. Kennedy imposed a lifting restriction of twenty pounds with no overhead use four hours per day, and regular duty four hours per day. (Ex. 2, p. 14) The next day Sandhu returned to Dr. Kennedy complaining of left upper extremity and neck pain, reporting she could not reach across her body with her left arm, and describing an intermittent pinching sensation in the back of her right arm after she returned to four hours of regular duty. (Ex. 2, p. 15) Dr. Kennedy continued Sandhu's prescriptions, assessed her with shoulder pain and bilateral impingement, and imposed a restriction of no use of either arm above chest level. (Ex. 2, pp. 15-17)

On November 23, 2011, Sandhu returned to Dr. Kennedy reporting her right arm had improved, but complaining of left shoulder pain with overhead motions. (Ex. 2, p. 18) Dr. Kennedy assessed Sandhu with shoulder pain, administered an injection, ordered physical therapy, and imposed restrictions of no use of the arms above chest level six hours per day, and unrestricted duty for two hours. (Ex. 2, pp. 18-21)

Sandhu attended a follow-up appointment with Dr. Kennedy on November 30, 2011, complaining of bilateral arm pain, with pain radiating to the left side of her neck. (Ex. 2, p. 22) Dr. Kennedy imposed restrictions of "lifting, pulling, pushing limited to waist [and] limited forward reaching." (Ex. 2, p. 24)

During her appointment on December 5, 2011, Sandhu continued to complain of left shoulder and upper extremity pain, and noted she had been sent home from work. (Ex. 2, p. 25) Dr. Kennedy noted Sandhu's "[r]ight arm may be used between waist and chest level only and only requiring loading of 10 pounds at maximum," with the left elbow at her side. (Ex. 2, pp. 25-27)

On December 13, 2011, Sandhu attended a follow-up appointment with Dr. Kennedy and reported she was experiencing less pain, but complained of intermittent pain "inside" her shoulder and fatigue. (Ex. 2, p. 28) Dr. Kennedy assessed Sandhu with left and right shoulder pain, left shoulder bursitis, and bilateral impingement, and imposed restrictions of using "both arms between floor and shoulder level and up to 15 pounds." (Ex. 2, pp. 28-30)

Sandhu was off work for two weeks for a vacation. When she returned to Dr. Kennedy Sandhu reported she had bilateral shoulder fatigue and discomfort only when wearing a seatbelt or carrying her purse on her left shoulder. (Ex. 2, p. 31) Dr. Kennedy imposed restrictions of "2 hours per day doing usual job in usual manner;

remainder of shift may use both arms between floor and shoulder level and up to 15 pounds." (Ex. 2, pp. 31-32) Sandhu continued to attend physical therapy. (Ex. 2, p. 32)

On January 12, 2012, Sandhu attended a follow-up appointment with Dr. Kennedy, and reported Nordstrom did not have her performing her normal duties two hours per day, and she was experiencing shoulder pain and tightness when lifting a gallon of milk. (Ex. 2, p. 33) Dr. Kennedy ordered magnetic resonance imaging and imposed restrictions of "[m]ay use arms only between waist and mid-chest level. May lift up to 10 pounds each arm. No repetitious use of arms above mid-chest level." (Ex. 2, pp. 35-36) Dr. Kennedy reviewed imaging, found it was "nonconcerning," referred Sandhu for an orthopedic consultation, and continued her restrictions. (Ex. 2, pp. 37-41)

On February 8, 2012, Sandhu attended an appointment with Judson Ott, M.D., an orthopedic surgeon. (Ex. 4, p. 1) Dr. Ott diagnosed Sandhu with bilateral shoulder pain and impingement, administered bilateral shoulder injections, prescribed Voltaren, Flexeril, and hydrocodone, and restricted Sandhu from working. (Ex. 4, pp. 2-3)

During her appointment on February 24, 2012, Sandhu reported the injection helped her right shoulder and briefly helped her left shoulder. (Ex. 4, p. 4) Dr. Ott documented Sandhu reported her pain was primarily in the anterolateral acromion and deltoid area when lifting overhead, raising her arm out to the side, with occasional radiation medially along the clavicle or up to the side of the neck primarily on the left side. (Ex. 4, p. 4) Dr. Ott assessed Sandhu with rotator cuff syndrome, recommended a left shoulder arthroscopy with probable acromioplasty, and restricted Sandhu from working. (Ex. 4, pp. 5-6)

In April 2012, Robert Broghammer, M.D., an occupational medicine physician, performed an independent medical examination of Sandhu. (Ex. 8) Dr. Broghammer examined Sandhu and reviewed her medical records. (Ex. 8) Dr. Broghammer agreed with Dr. Ott's diagnosis and treatment, and opined Sandhu's job caused an increase in her shoulder symptoms, but opined the surgery recommended by Dr. Ott was for a chronic condition, not her work-related injury, and her job was not a substantial contributing factor to the need for surgery. (Ex. 8, pp. 4-5) Dr. Broghammer opined Sandhu should avoid repetitive reaching away from her body, to try to keep her elbows at her side, and not do any work at or above shoulder level. (Ex. 8, p. 5)

Sandhu underwent a left shoulder arthroscopy with rotator cuff debridement and arthroscopic acromioplasty with conversion to type 1 acromion on May 17, 2012. (Ex. 6, p. 7) Dr. Ott listed a postoperative diagnosis of "[p]artial thickness cuff tear subscapularis with significant impingement findings." (Ex. 6, p. 7) During her follow-up appointment on May 29, 2012, he imposed restrictions of no use of the left arm and desk duty. (Ex. 4, p. 14)

Following her appointment on July 3, 2012, Dr. Ott imposed restrictions of lifting, carrying, pushing, and pulling up to ten pounds with the right arm, and no use of the left arm, with desk duty for the left side, and "right arm may use between waist and chest level; no repetitive use of right arm." (Ex. 4, p. 18)

On August 6, 2012, Sandhu attended an appointment with her internist, Mark Moore, M.D., complaining of abdominal pain aggravated by the use of food, which she thought was related to her narcotic use for her bilateral shoulder pain. (Ex. 4, p. 95) Sandhu declined an ultrasound and Dr. Moore recommended she discontinue her narcotic medication. (Ex. 4, p. 95)

Sandhu returned to Dr. Ott on August 20, 2012, complaining of left shoulder pain radiating into her neck, which was worse with physical therapy. (Ex. 4, p. 22) Dr. Ott imposed restrictions of lifting, carrying, pushing, and pulling up to ten pounds with the right arm, limited use of the left arm, no repetitive use of the left hand, and a "5# left arm with no rep. use or above chest; no driving," and continued her physical therapy. (Ex. 4, p. 23) Sandhu continued to complain of pain and Dr. Ott administered an injection on September 21, 2012, and continued her restrictions. (Ex. 4, pp. 24-25)

During her appointment with Dr. Ott on October 29, 2012, Sandhu reported she had improved fifty percent. (Ex. 4, p. 27) Dr. Ott continued Sandhu's physical therapy, and imposed a ten pound lifting restriction to midchest with the right arm, a five pound restriction with the left arm, no repetitive use of the bilateral arms, and a restriction of chest level work with the bilateral arms. (Ex. 4, pp. 27-28)

On January 2, 2013, Sandhu attended a follow-up appointment with Dr. Ott, reporting soreness with shoulder extension, when lifting, and when flexing her arm forward. (Ex. 4, p. 31) Dr. Ott imposed restrictions of lifting up to ten pounds to midchest with the right arm, carrying, pushing, and pulling up to ten pounds with the right arm, no repetitive use of the left hand, a five pound lifting restriction for the left arm, no repetitive use of the bilateral arms, chest level work with bilateral arms, and noted Sandhu could increase her work per day from four hours to six hours on January 7, 2013, and up to eight hours on January 21, 2013. (Ex. 4, p. 32)

On January 7, 2013, Sandhu contacted Dr. Ott's office complaining of more pain in her bilateral arms and requested Dr. Ott restrict her to working a four hour shift. (Ex. 4, p. 34) Dr. Ott agreed Sandhu should return to a four hour shift, and continued her restrictions. (Ex. 4, pp. 34-35) During a recheck on February 1, 2013, Dr. Ott administered another injection and continued Sandhu's restrictions. (Ex. 4, pp. 36-37)

Sandhu returned to Dr. Ott on March 4, 2013, complaining of left shoulder pain. (Ex. 4, p. 38) Dr. Ott recommended repeat magnetic resonance imaging and continued her restrictions. (Ex. 4, pp. 38-42) Dr. Ott reviewed the imaging and noted he did not see any signs of labral cuff pathology or other abnormalities. (Ex. 4, p. 43) Dr. Ott administered another injection and continued Sandhu's restrictions. (Ex. 4, pp. 43-44)

Following Sandhu's April 12, 2013, appointment, Dr. Ott recommended a left shoulder diagnostic arthroscopy with possible distal clavicle excision, and continued her restrictions. (Ex. 4, pp. 45-46) Dr. Ott performed a left shoulder scope with distal clavicle excision on April 30, 2013. (Ex. 6, p. 16) Dr. Ott listed a postoperative diagnosis of "[l]eft shoulder pain with AC joint pain status post previous shoulder scope with acromioplasty." (Ex. 6, p. 16) Following surgery Dr. Ott ordered physical therapy, and imposed restrictions of using a sling, lifting up to ten pounds to midchest with the right arm, carrying, pushing, and pulling up to ten pounds with the right arm, no use of the left hand and left arm, sit down work only, up to four hours per day. (Ex. 4, pp. 49-52)

Sandhu returned to her personal physician, Dr. Moore on June 3, 2013, complaining of fatigue after her shoulder surgery and anxiety. (Ex. 4, p. 104) Dr. Moore assessed Sandhu with "[d]epression and insomnia. A chronic pain syndrome" and prescribed Celexa. (Ex. 4, p. 105) After taking the medication for one month Dr. Moore documented Sandhu reported she was still having difficulty sleeping, but her mood was good, and continued her Celexa. (Ex. 4, p. 106)

On June 17, 2013, Dr. Ott modified Sandhu's left arm lifting restriction to one pound with chest level work only, and no repetitive use of the left arm. (Ex. 4, pp. 53-55) During Sandhu's appointment on July 24, 2013, Dr. Ott discontinued Sandhu's physical therapy, continued her restrictions, and ordered cervical magnetic resonance imaging. (Ex. 4, pp. 56-57) Dr. Ott reviewed the imaging and found the imaging "showed no disc bulging or neural foraminal narrowing. No abnormal signal in the spinal cord. There is a Chiari 1 malformation," he recommended she be evaluated by a neurologist, and continued her restrictions. (Ex. 5, pp. 62-63) Nicholas Stanek, M.D., a neurologist, examined Sandhu and reviewed her imaging, opined Sandhu does have a Chiari I type malformation but he did not recommend treatment. (Ex. 4, pp. 80-82)

On September 9, 2013, Dr. Ott informed Sandhu he had nothing else to offer her, continued her restrictions, and recommended she obtain a second opinion at the University of Iowa Hospitals and Clinics ("UIHC"). (Ex. 4, pp. 64-68)

On September 17, 2013, Sandhu attended a consultation with James Nepola, M.D., an orthopedic surgeon. (Ex. 10) Before Dr. Nepola issued his opinion Sandhu attended a functional capacity evaluation. (Ex. 13) Dr. Nepola found Sandhu reached maximum medical improvement on September 17, 2013, and opined:

> To the nearest degree of medical certainty she has a permanent partial impairment rating of 19% of the left upper extremity which is equivalent to 11% of the whole person according to the Guides to the Evaluation of Permanent Partial Impairment of the AMA, 5th Edition. This rating is derived from the loss of active forward flexion of the left shoulder (3% upper extremity) per figure 16-40 on page 476, loss of active abduction (4% upper extremity) per figure 16-43 on page 477, and loss of active internal rotation (2% upper extremity) per figure 16-44 on page 479, and

> distal clavicle resection arthroplasty (10% upper extremity) per table 16-27 on page 506 of the Guides.
>
> To the nearest degree of medical certainty she has a permanent partial impairment rating of 8% of the right upper extremity which is equivalent to 5% of the whole person according to the Guides to the Evaluation of Permanent Partial Impairment of the AMA, 5th Edition. This rating is derived from the loss of active forward flexion of the right shoulder (4% upper extremity) per figure 16-40 on page 476, loss of active abduction (4% upper extremity) per figure 16-43 on page 477 of the Guides.
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> The 11% whole person due to impairment of the left shoulder combines with 5% whole person impairment due to the right shoulder to a total of 15% whole person impairment for both shoulders per the combined values chart on pages 604-605 of the Guides.

(Ex. 10, pp. 11-12) Dr. Nepola noted Sandhu's functional capacity evaluation was invalid and opined "[i]t is reasonable to assign no repetitive bi-lateral overhead reaching restrictions based on previous surgery and pain complaints." (Ex. 10, p. 12)

Nordstrom notified Sandhu that her employment was being terminated on November 15, 2013. (Tr., p. 51)

Sandhu continued to complain of right shoulder pain and Nordstrom scheduled a consultation with Dr. Nepola on July 29, 2014. (Ex. 10, p. 14) Dr. Nepola recommended subacrominal corticosteroid injections, and opined further evaluation would not change his recommendations or opinion regarding her level of function or disability. (Ex. 10, p. 18)

In October 2014, Sandhu was referred to Timothy Miller, M.D., a pain specialist. (Ex. 11) Dr. Miller administered an injection. (Ex. 11, pp. 3-4) Dr. Miller issued an opinion on December 11, 2014, agreeing with Dr. Nepola that Sandhu was at maximum medical improvement, and noted:

> my general impression is she has far more ability than what is reported for restriction. I have a hard time believing that she is not lifting more than 10 pounds on a regular activity given the range of motion I see in the shoulder, which appears quite free. At this point, I question secondary gain issues. However, I do not think I was really asked to get too involved in this case from that perspective. My thought process would be that she could continue home exercise and use of home non-steroidals. I would not recommend any further active treatment as I do not feel there is any reasonable possibility that there would be any benefit to doing anything further either from medication perspective or rehab perspective, or

> surgically, as Dr. Nepola stated. Further injection appears to have no benefit.

(Ex. 11, p. 9)

Robin Sassman, M.D., an occupational medicine physician, conducted an independent medical examination for Sandhu in December 2014, and issued her report on January 12, 2015. (Ex. 15, p. 1) Dr. Sassman examined Sandhu and reviewed her medical records. (Ex. 15) Dr. Sassman diagnosed Sandhu with:

1. Left shoulder impingement syndrome
    - Status post left shoulder arthroplasty, rotator cuff debridement, arthroscopic acromioplasty with conversion to type I acromion on May 17, 2012, by Judson Ott, M.D.
    - Status post left shoulder arthroplasty with distal clavicle excision on April 30, 2013, by Judson Ott, M.D.
2. Right shoulder impingement syndrome.

(Ex. 15, p. 9) Dr. Sassman opined Sandhu's work for Nordstrom "was a substantial aggravating factor of the arthritic changes in her shoulder and was a substantial causative factor in the development of the bilateral impingement syndrome," noting she did not have bilateral shoulder symptoms prior to the work injury. (Ex. 15, p. 9) Dr. Sassman opined the medical treatment expenses incurred by Sandhu are fair and reasonable and necessary for the proper diagnosis and treatment of Sandhu, and causally connected to the medical condition upon which her claim of injury is based. (Ex. 15, p. 10)

Using the Guides to the Evaluation of Permanent Impairment (AMA Press, 5th Ed. 2001) ("AMA Guides"), Dr. Sassman opined:

> The impairment due to range of motion of the left shoulder was calculated based on Figures 16-40, 16-43 and 16-46 on page 476-479. These are as follows: She can be assigned 5% upper extremity impairment for loss of flexion of the left shoulder, 1% upper extremity impairment for loss of extension, 3% upper extremity impairment for loss of abduction of the left shoulder and 4% upper extremity impairment for loss of internal rotation of the left shoulder. I am instructed to add these values together for a total of 13% upper extremity impairment. For the distal clavicle excision, based on Table 16-27 on page 506 and Example 16-69 on page 506, she can be assigned 10% upper extremity impairment. Using the Combined Values chart on page 604, 13% upper extremity impairment is combined with 10% upper extremity impairment for a total of 22% upper extremity impairment.
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> The impairment due to range of motion of the right shoulder was calculated based on Figures 16-40, 16-43 and 16-46 on page 476-479. These are as follows: She can be assigned 5% upper extremity

> impairment for loss of flexion, 1% upper extremity impairment for loss of extension, 3% upper extremity impairment for loss of abduction, 4% upper extremity impairment for loss of internal rotation and 1% upper extremity impairment for loss of external rotation. I am instructed to add these values together for a total of 14% upper extremity impairment.
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> Using the Combined Values Chart on page 604, 22% upper extremity impairment (for the left shoulder) is combined with 14% upper extremity impairment (for the right shoulder) for a total of 33% upper extremity impairment. Using Table 16-3 on page 439, this is converted to 20% whole person impairment.

(Ex. 15, pp. 10-11) Dr. Sassman recommended restrictions of lifting, pushing, pulling, and carrying up to ten pounds rarely from floor to waist and waist to shoulder height, keeping her elbows at her sides, no lifting above shoulder height, and no use of vibratory or power tools. (Ex. 15, p. 11)

On March 28, 2015, Dr. Kennedy examined Sandhu, reviewed her medical records, and provided an impairment rating. (Ex. 2, pp. 48-58) Dr. Kennedy found Sandhu developed bilateral impingement as a result of her overhead activities at Nordstrom and while the right shoulder initially resolved, her left shoulder required surgical intervention with debridement of the cuff and distal clavicle resection as two separate surgeries by Dr. Ott. (Ex. 2, pp. 60-61) Using AMA Guides, Dr. Kennedy opined,

> Please refer to figures 16-40, 16-43 and 16-46 for impairment reduction of motion from the shoulder in the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. I will first calculate impairment based on right shoulder motion, which is as follows: Forward flexion 3% upper extremity impairment, extension 2%, abduction 3%, adduction 0%, external rotation 0%, internal rotation 4%. In calculating impairment for the left shoulder, it is as follows. Forward flexion 3% upper extremity impairment, extension 2%, abduction 3%, adduction 0%, external rotation 0%, internal rotation 3%. Upper extremity impairment is summed for each shoulder and is equal to 12% upper extremity impairment from reduced motion of the right shoulder and 11% upper extremity impairment from reduced motion of the left shoulder. Upper extremity impairment of the left shoulder from reduced motion is combined with distal clavicle resection according to table 16-27, because this is a resection arthroplasty. Therefore, 11% upper extremity impairment is combined with 10% upper extremity impairment and is equal to 19% upper extremity impairment for the left shoulder. 12% upper extremity impairment of the right shoulder is converted to 7% whole person impairment. 19% upper extremity impairment of the left shoulder is converted to 11% whole person impairment. 11% and 7%, which are the whole-person impairments of each shoulder, are combined and equal to 17% whole-person impairment.

> This is the level of impairment demonstrated by the 2 shoulders at this point in time. It is very similar to what was reported by Dr. Nepola in November 2013, though I note he did not rate impairment for extension or adduction, both of which can become impaired with problems of the rotator cuff. It is not clear why he failed to include these in his calculation. However, this would falsely reduce the impairment rating.

(Ex. 2, p. 61)

In late May 2015, Sandhu attended a second functional capacity examination the therapist noted was valid. (Ex. 16) The therapist found that Sandhu falls within the "upper end of the sedentary to the lower end of the light work category." (Ex. 16, p. 5) The therapist recommended Sandhu "avoid performing floor-to-waist lifting, pushing/pulling, single UE carry and front carry on a constant basis, waist-to-shoulder lifting to no more than an occasional basis," avoid work activities that require bilateral upper extremity prolonged use and repetitive reaching at shoulder level and above, limit performing work requiring prolonged use and repetitive reaching at chest height and below to an occasional basis, six to thirty-three percent of an eight-hour work day, and limit activities that require step ladder climbing and crawling to no more than occasional basis. (Ex. 16, p. 5) Dr. Sassman received a copy of the second functional capacity evaluation, noted the evaluation did not change her opinion that Sandhu falls in the sedentary category of work, did not modify her restrictions. (Ex. 15A, p. 1)

In January 2016, Sandhu's attorney requested an opinion letter from Dr. Moore, Sandhu's internist. (Ex. 4, pp. 114-15) Dr. Moore responded and noted that he evaluated Sandhu on February 20, 2012 for epigastric distress "[t]hat was thought to be secondary to GI distress from her Diclofenac therapy". She was evaluated for what appeared to be an aphthous ulcer "probably from a viral illness," and he recommended she stop Diclofenac, she was reluctant to do so, so he recommended she use Zantac and take the Diclofenac with food. (Ex. 4, p. 116) Dr. Moore noted Sandhu had also taken hydrocodone, which could have also caused her abdominal distress in addition to the possible viral illness. (Ex. 5, p. 116) Sandhu returned to Dr. Moore on January 20, 2016, and requested a referral to psychiatry for depression and chronic pain. (Ex. 4, p. 117)

Sandhu applied for Social Security Disability Insurance ("SSDI") benefits. Sandhu attended a psychological evaluation on January 15, 2016, with Carroll Roland, PhD, a licensed psychologist, at the request of Disability Determination Services. (Ex. 17) Dr. Roland administered the Beck Depression Inventory-II, and found the responses indicated moderate to severe depression. (Ex. 17, p. 4) Dr. Beck diagnosed Sandhu with major depressive disorder, single episode with moderate to severe intensity and noted her "primary deterrent to competitive employment at this time appears to be physical limitations secondary to a work injury while employed in Dubuque." (Ex. 17, p. 5)

On February 26, 2016, Sandhu attended an appointment with Umesh Chakunta, M.D., a psychiatrist. (Ex. 12, pp. 7-18) Dr. Chakunta diagnosed Sandhu with major depressive disorder and insomnia. (Ex. 12, p. 13) Dr. Chakunta noted Sandhu was taking alprazolam at bedtime, and recommended increasing Sandhu's citalopram dosage and prescribing trazodone at bedtime. (Ex. 12, p. 13) During a follow-up visit on April 25, 2016, Dr. Chakunta discontinued Sandhu's alprazolam and prescribed temazepam and a Cymbalta titatration. (Ex. 12, p. 42)

On April 7, 2016, Dr. Sassman sent a letter clarifying her opinion, noting:

> On page 11 of my report I assigned the following restrictions: "She should limit lifting, pushing, pulling and carrying to 10 pounds rarely from floor to waist and waist to shoulder height, keeping her elbows at her sides." As a point of clarification, this also means that Ms. Sandhu should limit lifting, pushing, pulling and carrying to 10 pounds rarely while extending her arms away from her body. Doing these activities with the arms extended away from the body puts significant stress on the shoulder joint and musculature. Due to her injury and symptoms, she should limit this type of activity to a rare basis. This would include reaching in front of her body, also limited to a rare to occasional basis. The rest of the restrictions remain the same. These include limiting lifting to below shoulder height. Upper extremity activities as well as gripping and grasping should be limited to below shoulder height as well. She should not use vibratory tools or power tools.

(Ex. 15A, p. 2)

In March 2016, Sandhu was approved for SSDI benefits beginning in August 2014. (Ex. 25; Tr., p. 57) The Social Security Administration found she became disabled on September 1, 2011, and awarded her back benefits totaling $17,040 in March 2016, and ongoing monthly payments of $900 starting in April 2016. (Ex. 25, p. 1)

On May 23, 2016, James Gallagher, M.D., a psychiatrist, performed an independent medical examination of Sandhu for Nordstrom, and issued his report on June 1, 2016. (Ex. 21, p. 5) Dr. Gallagher reviewed Sandhu's medical records, and examined her. (Ex. 21) Dr. Gallagher noted Sandhu had received treatment for anxiety and depression from 2005 and 2006 reporting she was "stressed out" with family issues and she was prescribed Zoloft, which was discontinued. (Ex. 21, p. 8) Dr. Gallagher diagnosed Sandhu with major depression and opined "I think that the reported work injuries at Nordstrom, assuming such are credible, function as a contributory or aggravating factor in her mental health condition. Although there is a history of past symptoms of depression and anxiety, such seemed to resolve at [*sic*] not interfere with her life. By comparison, this episode is 'new.'" (Ex. 21, p. 13) Dr. Gallagher opined he "would expect that her mental health condition would be temporary and she could very

well return to her baseline functioning. The same does not seem to be true of her shoulder problems." (Ex. 21, p. 14)

At the request of Nordstrom's counsel, Dr. Broghammer provided an updated opinion on May 27, 2016, after reviewing Dr. Ott's surgical records. (Ex. A) Dr. Broghammer did not examine Sandhu. (Ex. A) Dr. Broghammer opined:

> After reviewing Dr. Ott's operative reports and re-reviewing my prior Independent Medical Examination, dated April 6, 2012, it remains my medical opinion to a reasonable degree of medical certainty that the need for Ms. Sandhu's surgery was not related to any alleged injury due to work activities at Nordstrom, but was instead due to her preexisting condition of impingement and her underlying anatomy. In re-reviewing my Independent Medical Examination report, I note that Ms. Sandhu does not have any particular injury, but only the insidious onset of symptoms. This is supportive of the diagnosis of impingement syndrome which is chronic in nature and was due to Ms. Sandhu's personal anatomy of the shoulder.
>
> I would continue to opine that the need for the surgeries completed by Dr. Ott were due to Ms. Sandhu's preexisting condition rather than any industrial injury at Nordstrom.

(Ex. A, p. 3)

After receiving an inquiry from Sandhu's attorney Dr. Chakunta prepared an opinion letter noting he had diagnosed Sandhu with major depressive disorder and insomnia. (Ex. 12, pp. 52-54) Dr. Chakunta opined "[i]t is likely that her mental health symptoms worsened after she started developing problems with daily functioning due to the injuries she sustained in 2011" and prior to her work injury she was not receiving psychological care. (Ex. 12, p. 54) Dr. Chakunta relayed he expected Sandhu to return to a reasonable level of emotional functioning if she remained on psychiatric medication management, with psychotherapy, which could require one to three years to achieve remission of symptoms. (Ex. 12, p. 54) Dr. Chakunta further opined, "I do believe that her current mental health condition adversely affects her ability to be gainfully employed." (Ex. 12, p. 54)

Pursuant to a request from Sandhu's attorney Dr. Ott provided an opinion letter on October 14, 2016, diagnosing Sandhu with bilateral impingement syndrome, left greater than right, and noted

> There was no evidence of any significant rotator cuff pathology by MRI. She did have minor arthritic changes and abnormal edema in the distal clavicles by MRI on both the right and left sides; however, this is a common finding in her age group. I think it was not likely the source of her pain, as evidenced by the fact that she did not have much discomfort in

> this area and did not improve with resection of the distal clavicle on the left side.

(Ex. 4, pp. 70-73) Dr. Ott opined Sandhu's work at Nordstrom was a substantial factor in causing or aggravating the conditions in her bilateral shoulders. (Ex. 4, p. 72) Dr. Ott did not provide an impairment rating, but noted the rating from Dr. Nepola appears accurate and "[t]he rating as given by Robin Sassman, M.D. is higher than anticipated, in my opinion, particularly in regards to a 33% impairment for the right shoulder where she never had any surgical treatment." (Ex. 4, p. 72)

Sandhu attended a follow-up appointment with Dr. Chakunta on August 17, 2016, and he continued to prescribe psychiatric medication to treat her depression. (Ex. 12, pp. 55-60)

In October 2016, Sandhu and her husband relocated to Kansas when he received a new job. (Tr., p. 36) Sandhu found a family medicine physician who was treating her for pain and depression at the time of the hearing. (Tr., p. 59)

Sandhu testified that she continues to have pain on the top and back of her left and right shoulders, left arm, upper right arm and forearm, and her neck. (Tr., pp. 37-40) Sandhu reported she always has pain and she continues to take Tramadol for pain. (Tr., pp. 37-40) Sandhu testified the pain interferes with her ability to sleep. (Tr., pp. 46-47) Sandhu reported she continues to have depression and difficulty lifting. (Tr., p. 41) Sandhu testified she has difficulty lifting above her shoulder or head, she has to lift a gallon of milk with both hands, and she cannot lift her two-year-old grandchild. (Tr., pp. 41-42)

Sandhu used to mow the lawn, shovel snow, and garden, which she cannot do now. (Tr., pp. 43-44) Sandhu testified she struggles to wash and blow dry her hair, and brush her teeth. (Tr., p. 46) Sandhu struggles to use a fork and knife properly, and she does not like to go anywhere anymore. (Tr., p. 48)

Nordstrom conducted surveillance of Sandhu in June and October 2015. Surveillance from June 11, 2015, shows Sandhu shopping in a grocery store and cradling food in her arms, including a bunch of bananas. (Ex. C-13) Surveillance from June 13, 2015 shows Sandhu pushing a cart with seven bags of items from Wal-Mart, including laundry detergent. (Ex. C-13) I observed Sandhu had no difficulty pushing the cart or unloading the items. (Ex. C-13) That same day Sandhu was observed shopping at Kohls. (Ex. C-13) Sandhu exited the store carrying two bags with her left hand and operating a cellular telephone with her right hand. (Ex. C-13) Sandhu did not appear to have any difficulty holding the bags in her left hand. (Ex. C-13) Surveillance from October 2, 2015 also shows her cradling a small bag in her right arm after making a purchase at department store. (Ex. C-21)

Nordstrom retained three vocational consultants, Steve Mootz, MA, CRC, Lana Sellner, MS, CRC, and Steve Benjamin, MS, CRC to assist Sandhu with job search and

job placement activities from June 2014 through December 2016, and to provide opinions regarding her employability. (Ex. A) The vocational consultants identified nearly 100 jobs for Sandhu and believed Sandhu was employable. (Ex. A) Benjamin's office provided three months of job placement services to Sandhu, including thirty-four job leads. (Ex. A, p. 130) Benjamin noted Sandhu applied for forty-one jobs, but she did not obtain employment. (Ex. A, p. 130)

In April 2016, Sandhu retained Barbara Laughlin, M.A., to conduct an employability assessment. (Ex. 19) Laughlin challenged positions Sellner identified noting all of the jobs were part-time and none of the jobs fit within her restrictions of sedentary work and occasional reaching. (Ex. 19, p. 8) Laughlin performed a transferable skills analysis and opined Sandhu "is so handicapped that she is not regularly employable in any well-known branch of the labor market." (Ex. 19, pp. 14-19) Benjamin and Sellner have opined Sandhu is employable. (Ex. A)

CONCLUSIONS OF LAW

I. Nature of the Injury

To receive workers' compensation benefits, an injured employee must prove, by a preponderance of the evidence, the employee's injuries arose out of and in the course of the employee's employment with the employer. 2800 Corp. v. Fernandez, 528 N.W.2d 124, 128 (Iowa 1995). An injury arises out of employment when a causal relationship exists between the employment and the injury. Quaker Oats v. Ciha, 552 N.W.2d 143, 151 (Iowa 1996). The injury must be a rational consequence of a hazard connected with the employment, and not merely incidental to the employment. Koehler Electric v. Willis, 608 N.W.2d 1, 3 (Iowa 2000). The Iowa Supreme Court has held an injury occurs "in the course of employment" when:

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

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

An injury to one part of the body can later cause an injury to another. Mortimer v. Fruehauf Corp., 502 N.W.2d 12, 16-17 (Iowa 1993) (holding a psychological condition can be caused or aggravated by a scheduled injury). The claimant bears the burden of proving the claimant's work-related injury is a proximate cause of the claimant's disability and need for medical care. Ayers v. D & N Fence Co., Inc., 731 N.W.2d 11, 17 (Iowa 2007); George A. Hormel & Co. v. Jordan, 569 N.W.2d 148, 153 (Iowa 1997). "In order for a cause to be proximate, it must be a 'substantial factor.'" Ayers, 731 N.W.2d at 17. A probability of causation must exist; a mere possibility of causation is insufficient. Frye v. Smith-Doyle Contractors, 569 N.W.2d 154, 156 (Iowa App. 1997).

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

In its post-hearing brief Nordstrom acknowledges it "has accepted some injury to her shoulders and mental health, but denies that all of her current condition is causally related to the work injury . . . ." and denies she sustained an injury to her stomach lining. (Defendant's Brief at 1) No expert has opined Sandhu has sustained a permanent impairment to her stomach lining as a result of her work injury. Sandhu has not met her burden of proof that she sustained a sequela condition to her stomach lining as a result of her work injury.

Dr. Broghammer, an occupational medicine physician retained to perform an independent medical examination, has opined that Sandhu's surgery "was not related to any alleged injury due to work activities at Nordstrom, but was instead due to her preexisting condition of impingement and her underlying anatomy." (Ex. A, p. 3) Dr. Kennedy, the treating occupational medicine physician, Dr. Ott, the treating orthopedic surgeon, and Dr. Sassman, the occupational medicine physician retained by Sandhu to perform an independent medical examination, disagreed and have opined Sandhu's work at Nordstrom was a substantial factor in causing or aggravating the conditions in her bilateral shoulders. (Exs. 2, pp. 60-61; 4, p. 72; 15, p. 9) I find the opinions of Drs. Kennedy and Ott, who treated Sandhu over the course of many months more persuasive than the opinion of Dr. Broghammer, who conducted an independent medical examination only. The record reflects Sandhu had not received treatment for her shoulder condition prior to her employment with Nordstrom. The record supports Sandhu's need for treatment to her bilateral shoulders, including surgery, is related to her work injury. The record also supports Sandhu's bilateral shoulder condition is permanent, based on the opinions of Drs. Kennedy, Ott, Sassman, and Nepola.

Nordstrom has also accepted liability with respect to Sandhu's mental health condition. Sandhu has been examined by several psychiatrists and psychologists, and she continues to receive pharmacological treatment for her mental health conditions. Dr. Gallagher, a psychiatrist, performed an independent medical examination of Sandhu for Nordstrom. (Ex. 21) Dr. Gallagher noted Sandhu has a preexisting history of depression and anxiety, but her symptoms appeared to have resolved and her current condition is "new". (Ex. 21, p. 13) Dr. Gallagher opined he "would expect her mental health condition would be temporary and she could very well return to her baseline functioning." (Ex. 21, p. 14)

Dr. Chakunta, the treating psychiatrist, noted Sandhu was not receiving mental health treatment at the time of her work injury and her mental health symptoms worsened after her work injury at Nordstrom. (Ex. 12, p. 54) Dr. Chakunta relayed he expected Sandhu to return to a reasonable level of emotional functioning if she remained on psychiatric medication management with psychotherapy, "which could require one to three years to achieve remission of symptoms." (Ex. 12, p. 54) No physician has opined that Sandhu has reached maximum medical improvement with respect to her mental health condition or that her mental health condition is permanent. Dr. Gallagher has opined he believes the condition is temporary, and Dr. Chakunta has opined he expects Sandhu to return to a reasonable level of emotional functioning within one to three years. The record does not support Sandhu is at maximum medical improvement with respect to her mental health condition or that she has sustained a permanent mental health condition at this time. The issue of extent of disability is not ripe for adjudication.

II. Healing Period Benefits

Iowa Code section 85.33 governs temporary disability benefits, and Iowa Code section 85.34 governs healing period and permanent disability benefits. Dunlap v. Action Warehouse, 824 N.W.2d 545, 556 (Iowa App. 2012). As a general rule, "temporary total disability compensation benefits and healing-period compensation benefits refer to the same condition." Clark v. Vicorp Restaurants, Inc., 696 N.W.2d 596, 604 (Iowa 2005). The purpose of temporary total disability benefits and healing period benefits is to "partially reimburse the employee for loss of earnings" during a period of recovery from the condition. Id. An award of healing period benefits or total temporary disability benefits is not dependent on a finding of permanent impairment. Dunlap, 824 N.W.2d at 556. The appropriate type of benefit depends on whether or not the employee has a permanent disability. Id.

"[A] claim for permanent disability benefits is not ripe until maximum medical improvement has been achieved." Bell Bros. Heating & Air Conditioning v. Gwinn, 779 N.W.2d 193, 201 (Iowa 2010). "Stabilization of the employee's condition 'is the event that allows a physician to make the determination that a particular medical condition is permanent.'" Dunlap, 824 N.W.2d at 556 (quoting Bell Bros. Heating & Air Conditioning, 779 N.W.2d at 200). If the employee has a permanent disability, then payments made prior to permanency are healing period benefits. Id. If the injury has not resulted in a

permanent disability, then the employee may be awarded temporary total benefits. Id. at 556-57. The record supports Sandhu has sustained permanent impairments to her bilateral shoulders as a result of the work injury. If Sandhu is entitled to additional temporary benefits, she is entitled to healing period benefits.

Iowa Code section 85.34(1) governs healing period benefits, as follows:

> If an employee has suffered a personal injury causing permanent partial disability for which compensation is payable as provided in subsection 2 of this section, the employer shall pay to the employee compensation for a healing period, as provided in section 85.37, beginning on the first day of disability after the injury, and until the employee has returned to work or it is medically indicated that significant improvement from the injury is not anticipated or until the employee is medically capable of returning to employment substantially similar to the employment in which the employee was engaged at the time of injury, whichever occurs first.

Under Iowa Code section 85.33(6), "'employment substantially similar to the employment in which the employee was engaged at the time of the injury' includes, for purposes of an individual who was injured in the course of performing as a professional athlete, any employment the individual has previously performed." Sandhu is not currently working. None of the psychologists or psychiatrists who have examined or treated her have opined she has reached maximum medical improvement at this time.

The parties stipulated Sandhu received temporary total disability benefits from November 1, 2011 through November 14, 2011, January 18, 2012 through November 6, 2012, and March 16, 2013 through November 15, 2013. Nordstrom terminated Sandhu's employment on November 15, 2013. Given Sandhu is not at maximum medical improvement with respect to her mental health condition, Sandhu is entitled to a running award of healing period benefits from November 16, 2013.

III. Costs

Sandhu seeks to recover the $100.00 cost of the current petition, the $100.00 cost of the petition previously filed and dismissed, the $750.00 cost of the functional capacity evaluation conducted by Advantage PT and Rehab, Inc., the $97.20 cost of Sandhu's deposition, the $95.00 cost of Dr. Sassman's subsequent opinion, the $1,138.00 cost of the vocational rehabilitation report dated April 12, 2016, the $540.00 cost of the vocational rehabilitation report dated May 6, 2016, and the $540.00 cost of Dr. Ott's opinion letter.

Rule 876 IAC 4.33(6), provides

> [c]osts taxed by the workers' compensation commissioner or a deputy commissioner shall be (1) attendance of a certified shorthand reporter or presence of mechanical means at hearings and evidential depositions, (2)

> transcription costs when appropriate, (3) costs of service of the original notice and subpoenas, (4) witness fees and expenses as provided by Iowa Code sections 622.69 and 622.72, (5) the costs of doctors' and practitioners' deposition testimony, provided that said costs do not exceed the amounts provided by Iowa Code sections 622.69 and 622.72, (6) the reasonable costs of obtaining no more than two doctors' or practitioners' reports, (7) filing fees when appropriate, (8) costs of persons reviewing health service disputes.

The rule expressly allows for the recovery of the $100.00 cost of the current petition, the $97.20 cost of Sandhu's deposition, and for two doctors' or practitioner's reports. The rule does not allow for the recovery of the $100.00 cost of the first petition that was dismissed by Sandhu.

Sandhu requests reimbursement of $750.00 for the functional capacity evaluation conducted by Advantage PT and Rehab, Inc. The bill is not itemized. In LeGrange v. Nash Finch Co., File No. 5043316, 2015 WL 4078549 (App. July 1, 2015), the commissioner found rule 876 IAC 4.33 allows for taxation of costs incurred in the hearing itself rather than reimbursement of fees and expenses incurred in an examination, and while this agency has previously held that functional capacity evaluations and vocational rehabilitation evaluations fall under rule 876 IAC 4.33, under Des Moines Area Reg'l Transit Auth. v. Young, 856 N.W.2d 383 (Iowa 2015), the allowable taxable costs are the reports themselves, and not the underlying examination. Under LaGrange, Sandhu is not entitled to recover the cost of the functional capacity evaluation.

Sandhu also seeks to recover the $1,138.00 cost of the vocational rehabilitation report dated April 12, 2016, and the $540.00 cost of the vocational rehabilitation report dated May 6, 2016. Both reports from Laughlin are itemized. At this time the issue of extent of disability is not ripe. I decline to award the cost of Laughlin's report at this time.

Rule 876 IAC 4.33(6) allows for the recovery of only two doctors' or practitioners' reports. Sandhu is entitled to recover the $540.00 cost of Dr. Ott's report, and the $95.00 cost of Dr. Sassman's subsequent report.

ORDER

IT IS THEREFORE ORDERED, THAT:

Defendant shall pay the claimant a running award of healing period benefits from November 16, 2013, at the rate of two hundred sixty-eight and 54/100 dollars ($268.54) per week, until such time as benefits shall cease pursuant to Iowa Code section 85.34.

Defendant shall take credit for all benefits previously paid.

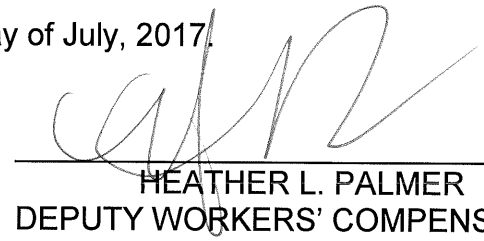
Defendant shall pay accrued benefits in a lump sum with interest on all received weekly benefits as provided by law.

Defendant is entitled to a credit for benefits previously paid.

Defendant shall reimburse the claimant one hundred and 00/100 dollars ($100.00) for the filing fee, ninety-seven and 20/100 dollars($97.20) for the deposition transcript, five hundred forty and 00/100 dollars ($540.00) for Dr. Ott's report, and ninety-five and 00/100 dollars ($95.00) for Dr. Sassman's subsequent report.

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

Signed and filed this 11th day of July, 2017.



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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.