

## BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

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HUSE HADZALIC,

Claimant,

vs.

UNITYPOINT HEALTH-ALLEN  
MEMORIAL,Self-Insured Employer,  
Defendant.

File No. 19700082.01

ARBITRATION DECISION

Head Note No. 1108

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## STATEMENT OF THE CASE

The claimant, Huse Hadzalic, filed a petition for arbitration and seeks workers' compensation benefits from UnityPoint Health – Allen Memorial, a self-insured employer. The claimant was represented by Chandler Surrency. The defendant was represented by Jennifer Clendenin.

The matter came on for hearing on October 21, 2020, before Deputy Workers' Compensation Commissioner Joe Walsh via Court Call videoconferencing system. The record in the case consists of Joint Exhibits 1 through 10, Claimant's Exhibits 1 through 9 and Defense Exhibits A through K. The claimant testified under oath at hearing, in addition to claimant's spouse, Hasnija Hadzalic. Debra Hoadley served as the court reporter. The matter was fully submitted on December 16, 2020, after helpful briefing by the parties.

The parties submitted an additional stipulation on March 1, 2021, which was accepted by the agency.

## ISSUES

The parties submitted the following issues for determination:

1. Claimant alleges he sustained an injury which arose out of and in the course of his employment on January 31, 2018. The defendant disputes there was any injury at work on this date and further disputes that the alleged injury is a cause of any temporary or permanent disability.
2. The claimant is seeking healing period payments from January 31, 2018, through April 2, 2019. The defendant disputes responsibility for these payments.

3. The claimant is seeking permanent disability payments commencing on April 3, 2019. The defendant disputes it is responsible for any permanent disability benefits.
4. The defendant has asserted an affirmative defense under Section 85.33(3).
5. The claimant is seeking medical expenses as outlined in Claimant's Exhibit 5. Defendant contends claimant is not entitled to any of these expenses.

#### STIPULATIONS

Through the hearing report, the parties stipulated to the following:

1. The parties had an employer-employee relationship.
2. If the claimant is entitled to any permanent disability benefits, the disability is industrial.
3. The weekly rate of compensation is \$359.30.
4. Affirmative defenses have been waived with the exception as set forth above.
5. There is no issue of credit. No benefits have been paid.
6. With regard to the medical expenses listed in Claimant's Exhibit 5, those expenses are causally connected to the medical conditions on which the claim of injury is based, with the exception of two dates of service: September 10, 2018 and August 21, 2019.

#### FINDINGS OF FACT

Claimant, Huse Hadzalic, was 53 years old as of the date of hearing. He was born in Bosnia and came to the United States in 1999. He was well-educated in Bosnia, including two years of college. Since being in the United States, he has learned to speak, read, and write English. He is relatively fluent and speaks with an accent. He became a U.S. citizen in 2006. He is married to his wife Hasnija (goes by "Hana") and has a total of five children. Mr. Hadzalic testified that he has PTSD from the Bosnian War. (Transcript, pages 45-46)

Prior to working for the employer in this case, Mr. Hadzalic had worked for 17 years for the Waterloo Community School District (WCSD). This was his primary employment in the United States since immigrating. He briefly performed some work in furniture manufacturing and meatpacking. He began this work as a custodian in 2000. The work ended in June 2017. Mr. Hadzalic had several work injuries or work injury claims against WCSD, all of which were settled around the time of his separation from employment. (Defendant's Exhibit E) None of these injury claims were for a low back injury. Rather he settled claims on a contested basis for his neck, shoulders, respiratory conditions, as well as his left knee and hip. Specifically, he alleged an injury to his left

knee and hip which occurred on February 6, 2017. In July 2017, he underwent surgery on his left knee by Benjamin Torrez, D.O. After this surgery, he was in a period of recuperation for several months.

In August 2017, Mr. Hadzalic was reporting numbness and tingling in his left hip radiating down below his left knee without any actual low back pain. (Joint Exhibit 6, page 87) In September 2017, he received an injection in his left knee but underwent no treatment or diagnosis for the low back. (Jt. Ex. 8, p. 103) Dr. Torrez did provide an opinion letter regarding this condition, stating that it was likely "neuralgia paresthetica, which is compression of the lateral femoral cutaneous nerve . . ." (Jt. Ex. 8, p. 101) Dr. Torrez opined that since Mr. Hadzalic was overweight, he likely was having nerve compression associated with the lateral femoral cutaneous nerve. He did not diagnose or opine, in any way, that Mr. Hadzalic suffered from a low back condition at this time.

Other than these symptoms in 2017, Mr. Hadzalic has had other back strains and/or low back (or left leg) symptoms prior to this alleged work injury primarily between May 2011 and December 2015. (See Jt. Ex. 1, pp. 2-14) The medical documentation in the file documents various low back strains with some intermittent sciatica resulting in conservative care including medications and activity limitations. The records document that at times his low back pain was severe. (Jt. Ex. 1, p. 10) For his part, Mr. Hadzalic testified these were temporary and relatively minor or brief periods of treatment. He testified that he had no treatment at all for any type of low back symptoms between December 2015 and his work injury in January 2018. The medical file supports this.

After recuperating from his left knee surgery, Mr. Hadzalic felt well enough to reenter the workforce in January 2018. He was hired by UnityPoint Health-Allen Memorial, the employer herein (hereafter Allen). His wife, Hana, worked for Allen in the housekeeping department. As part of the application, Mr. Hadzalic completed a physical assessment form which included answering several broad questions about past medical conditions. (Jt. Ex. 4, pp. 63-65) Therein, he denied any prior back pain, spasms, strains, or injuries. (Jt. Ex. 4, p. 63) Some of his answers were not accurate, since he had clearly undergone documented treatment for various back strains and symptoms between 2011 and 2015, in addition to his shoulder and neck complaints. He denied several other health conditions but admitted his conditions of emphysema and his knee injury. (Jt. Ex. 4, pp. 64-65) He specifically denied he had any ongoing problems regarding his previous knee injury. (Jt. Ex. 4, p. 67)

On cross-examination, Mr. Hadzalic was asked why he did not identify his prior back issues on the application form. "I didn't think it's really important, everything that it was happen in the past." (Tr., p. 85)

Q. You signed off on the bottom of this that this was true and accurate; correct?

A. Yes.

Q. But I think your testimony is you just didn't think that was important; correct?

A. Right.

Q. Because your answers weren't true and accurate. You just didn't think it was important enough to tell Allen; is that correct?

A. Not just Allen. I think it's not important like past, 10, 15 years ago.

(Tr., p. 85) On redirect, he testified that he understood the questions to be asking him about conditions he was suffering from presently. (Tr., p. 136)

Allen hired Mr. Hadzalic and he began working on January 29, 2018. His first two days he only performed orientation-type work on the computer. On January 31, 2018, he first began performing physical duties in the housekeeping department. He was scheduled Monday to Friday from 3 p.m. to 11 p.m. He testified to the following regarding his alleged injury.

I didn't work for seven and a half months between school and Allen, so I work with a guy named Jeff. He's kind of heavysset guy, really big guy. And I tried to help more, you know, so I kind of pulling more for him, you know, taking the garbage. You know, it's just respect.

So we are taking so much garbage outside almost all night here for eight hour, like garbage from the offices and after surgeries and stuff like that. I speak with Jeff. I said – we are outside, and I just dump the garbage; and I mention him, I said, I feel so sore. And he say he feel the same way like I do, you know. And I start feeling like sharp pain in my lower back.

(Tr., p. 22) It does not appear that he is claiming there was one particular instance of lifting garbage that brought on his symptoms, rather, at the end of the night, his back felt sore. He testified that other than mentioning the pain to Jeff, he did not report the injury to anyone else. The co-worker named "Jeff" did not testify at hearing.

The following day, February 1, 2018, Mr. Hadzalic testified that he was at home, down on the floor playing with his daughter. When he tried to stand up, he had a really sharp pain in his low back and was unable to get up normally. (Tr., p. 22) He visited a clinic which documented the following: "Patient came in for evaluation of back pain. He was lifting his daughter earlier today and felt a pull in the lower back. He has got pain in the right SI joint area." (Jt. Ex. 1, p. 16) Mr. Hadzalic testified this note is in error. The physician diagnosed muscular lower back pain and provided a Toradol shot. There is no mention in this note of a work injury. Mr. Hadzalic called in to work on February 1, 2018 and left a message that he could not make it because he got a shot. (Tr., p. 93) He was not scheduled to work on February 2, 3, or 4. He reported back to work on February 5, 2018 and worked his regular shift on February 5 and 6. He did not report any work injury at that time or otherwise seek medical care.

On February 7, 2018, Mr. Hadzalic reported to work for his normal shift. After

completing final paperwork to finish his training/orientation, he began walking with a co-worker, Ashlie Schindler, to his normal work area when his left leg started shaking and went numb. Ms. Schindler provided a contemporaneous written statement indicating that Mr. Hadzalic told her he had a prior knee surgery and that he was having so much pain he needed to go to the emergency room. (Def. Ex. C, p. 16)

Mr. Hadzalic went to the emergency room at Allen at a little after 4 p.m. (Jt. Ex. 2, p. 26) The following is documented: "Patient reports that he was doing 'okay' till around 3-4 PM when he started feeling left lower extremity numbness, he reports he has been dealing few months with just lateral superior thigh numbness but today the numbness was in the whole lower extremity." (Jt. Ex. 2, p. 39) A stroke workup was completed among other testing and he was admitted to the hospital. The MRI of the brain was normal. An MRI was ordered for his thoracic and lumbar spine as well. (Jt. Ex. 2, p. 35) Julio Chirinos Lazarte, M.D. assumed care that evening. After reviewing the MRIs, Dr. Chirinos Lazarte provided the following assessment: A host of medical symptoms and conditions were noted. (Jt. Ex. 2, p. 43)

"Patient with complete absence sensation from upper mid thigh and below. Also 2/5 weakness in the same left lower extremity with questionable positive Hoover's sign. Concerning for possible conversion disorder." (Jt. Ex. 2, p. 43) He ordered consultation with Neurology. On February 8, 2018, while still hospitalized, he was evaluated in Neurology by Brian O'Shaughnessy, M.D. Dr. O'Shaughnessy documented the following: "He says it was a lack of feeling and weakness so that it was difficult to walk . . . On Friday he has some low back pain but no radicular pain. A few days ago he started working for housekeeping." (Jt. Ex. 2, p. 44) Dr. O'Shaughnessy opined Mr. Hadzalic "has done physical work and complained of some back pain on Friday" and recommended an MRI "to see if there are issues here that would cause the difficulty." He recommended a physical therapy consultation. Mr. Hadzalic was released from the hospital with a return to work slip for February 13, 2018.

Mr. Hadzalic started physical therapy on February 9, 2018. The therapy outlined his previous knee surgery and the complications from that. "Knee surgery July 11<sup>th</sup>. Got infection of knee with lung emboli. Immediately post surgery L anterior-lateral leg numb. Started work Wednesday of this week and entire L leg numb, continuously. Allen did back MRI, says pinched nerve." (Jt. Ex. 3, p. 61) Nothing is documented in this record regarding the alleged work injury.

Mr. Hadzalic reported the alleged work injury to Allen shortly after his hospital stay. (Cl. Ex. 3, p. 15) Allen directed Mr. Hadzalic to Occupational Health on February 12, 2018. Based upon the history received, Mr. Hadzalic was diagnosed with an acute lumbar strain. He was prescribed medications and physical therapy and work restrictions. (Jt. Ex. 5, p. 73) He gave a recorded statement regarding the alleged work injury on February 23, 2018. He denied any history of low back issues and failed to disclose his ongoing left knee, leg, and hip claim. (Def. Ex. D, pp. 24-25)

Mr. Hadzalic returned to Occupational Health on February 26, 2018, and was examined by Jonathon Fields, M.D. Dr. Fields penned an opinion letter to Iowa Case

## Management.

I evaluated Mr. Huse Hadzalic in clinic on February 26, 2018. He had previously been seen in occupational health by Dr. Olsen and was undergoing physical therapy and had work restrictions. Mr. Hadzalic had reportedly started work at UnityPoint on Monday, January 29, had orientation on January 30, and worked 1 day on January 31 where he claims to have experienced an injury to his lower back (while he was lifting some garbage). . . .

When I interviewed Mr. Hadzalic regarding his back pain, he said he had 8/10 pain which was constant in his bilateral low back and legs. He said that his left leg was numb. He does endorse having a previous history on July 11, 2017, of a left leg surgery with Dr. Torrez and says since that time, he has constant numbness in his left thigh which has never resolved. He said he developed subsequent blood clots after the surgery. He denies discussing this numbness with Dr. Torrez. I asked Mr. Hadzalic several times if he had any history of low back pain for which he replied he had not. He says he had undergone physical therapy 5 times at Covenant which was not helping his low back pain. He says his condition has not been improving since the incident on January 31, 2017. On exam, Mr. Hadzalic appeared to walk into the clinic with a normal gait, but on examination he had pain to palpation reportedly with his bilateral lumbar musculature. He reported radicular type symptoms down his left leg. He was unwilling to perform range of motion beyond very minimal forward flexion, backwards extension, left and right lateral extension for which he said there was pain. He did walk on his heels and toes without issues. He had a negative straight leg raise. Notably, he was unwilling to raise his left leg from a seated position to extend, from what he said, due to pain. However, when the examiner went to take off Mr. Hadzalic's shoe, I fully extended his leg for which he reported no pain. Deep tendon reflexes were symmetric and normal in the left and right patellar and left and right Achilles. Sensory exam was performed on the left for which he denied any pinprick sensation from his foot on the left all the way up to his thigh. Despite the fact the examiner moved his leg several inches back during the exam, he denied any feeling of movement. . . .

I discussed with Mr. Hadzalic how his MRI findings were essentially normal and that I had no concerns about any spinal nerve involvement and that the appearance of his strain was myofascial in nature. I advised him to continue his ibuprofen over the counter, continue his muscle relaxer as prescribed, and change his physical therapy to Allen Physical therapy.

. . .

(Jt. Ex. 5, p. 80)

Mr. Hadzalic continued with the authorized treatment regimen. He testified he

was terminated on March 7, 2018, for providing false information on his employment application. He testified he was denied unemployment compensation. The termination letter is not in evidence. March 7, 2018 was also his final visit with Dr. Fields. Dr. Fields released him with no impairment and no restrictions and did not recommend any further treatment. (Jt. Ex. 5, p. 85) At this time, Mr. Hadzalic requested a surgical evaluation, indicating he was unable to walk any distance. He testified his workers' compensation claim was denied as well. The denial letter is not in evidence.

After his termination, Mr. Hadzalic testified he was too disabled to work and did not seek any employment. On March 16, 2018, he sought medical treatment with Vinko Bogdanic, M.D., his primary provider. (Jt. Ex. 6, p. 88) He next saw Arnold Delbridge, M.D., in June 2018. On the same day Dr. Delbridge examined him for his back, Dr. Delbridge prepared an opinion letter related to the litigation for his left knee. (Jt. Ex. 8, pp. 112-113) Dr. Delbridge did not mention or discuss the leg numbness so there is no indication whether the numbness is related to the low back or the knee condition. (Jt. Ex. 8, pp. 112-114) Mr. Hadzalic was examined at Northern Iowa Pain Management on August 30, 2018 and received an epidural steroid injection (ESI). (Jt. Ex. 10, p. 131) Mr. Hadzalic's right knee/leg/hip claim was settled on a compromise basis on September 18, 2018. (Def. Ex. E, pp. 31-34)

He then followed up with Dr. Delbridge who rendered the following opinions regarding his low back in October 2018. "My conclusion is that he probably had some spinal stenosis and some subarticular stenosis and then obtained a job which required considerable twisting and lifting and throwing large bags which put him in jeopardy virtually immediately." (Jt. Ex. 8, p. 116) He opined it was "probable that unless there are some previous issues of which I do not know, that this is as a result of his work at Allen Hospital." (Jt. Ex. 8, p. 116) He ordered a new MRI.

The November 2018, MRI showed a disc herniation, among other findings, at L4-L5 and L5-S1. This was a new finding from the previous MRI. (Jt. Ex. 8, p. 120) In January 2019, Dr. Delbridge advised Mr. Hadzalic to consider surgery. "He has 2 herniated discs, pain down his leg, he can't stand long, and can't sit long. He will not get better unless he does something about this. (Jt. Ex. 8, p. 121) Russell Buchanan, M.D., performed a surgical evaluation in February 2019. "No surgical intervention suggested, he has no evidence of cord or nerve compression. I suggest that he continue with injections from the pain clinic." (Jt. Ex. 7, p. 94) He also recommended an exercise regimen.

Following his termination from Allen, Mr. Hadzalic applied for Social Security Disability and was denied in June 2019. In his reconsideration request to Social Security in August 2019, Mr. Hadzalic indicated he was essentially homebound. (Def. Ex. F, pp. 54-58) Social Security placed surveillance on Mr. Hadzalic in August 2019 which found him shopping on his own, attending a sporting event and caring for his young children. (Def. Ex. F, pp. 58-60) Further surveillance was performed in September 2019, which showed him walking a dog and pushing a stroller for an extended period of time. (Def. Ex. G, surveillance video, p. 66; Def. Ex. G, pp. 67-68) On video, he appears to walk, while pushing a baby stroller and managing a dog on a

leash, without an altered gait, bend and lift without discomfort. (Def. Ex. G, surveillance video) An administrative law judge for Social Security formally denied his claim again in August 2020. (Def. Ex. F, pp. 60-65)

Both parties retained expert medical reports prior to hearing. Claimant retained reports containing expert opinions from treating physician, Dr. Delbridge. Dr. Delbridge is an orthopedic surgeon. In October 2018, Dr. Delbridge opined Mr. Hadzalic had sustained an injury at Allen to his low back which caused his ongoing low back and right leg problems. (Cl. Ex. 1, p. 2) In April 2019, Dr. Delbridge supplemented his opinions.

Of interest is that he had an MRI on February 8, 2018, right after his injury which was not read as an acute herniation by the radiologist. He began having lower extremity symptoms, however, and when I repeated his MRI later on 11-12-18, there was a definite new herniation compared to the earlier MRI. It is not improbable that the disc was starting to herniate at the time he had the symptoms and then progressed even more as time went on.

(Cl. Ex. 1, p. 3) On June 3, 2019, Dr. Delbridge penned a final report after receiving a letter from claimant's counsel. (Def. Ex. K) Dr. Delbridge set forth a history of the events and opined that "Mr. Hadzalic's injuries are as a result of his work at Allen Hospital." (Cl. Ex. 1, p. 6) He assigned an 8 percent whole body impairment rating and recommended severe permanent restrictions of sedentary work and no lifting more than 5 pounds.

Defendant retained Trevor Schmitz, M.D., an orthopedic surgeon. (Def. Ex. A, pp. 9-10) In August 2019, Dr. Schmitz examined Mr. Hadzalic and reviewed a number of appropriate medical records. Dr. Schmitz provided the following diagnosis.

My diagnosis for Mr. Hadzalic at this time is low back pain along with left leg numbness and tingling. He has been dealing with low back issues for several years stemming all the way back to at least 2011. On MRI, he does have multilevel degenerative changes in his lumbar spine. He has disc degeneration and facet arthropathy at virtually every lumbar level.

(Def. Ex. A, p. 7) Using the correct legal standard, he opined this condition was not related to any injury sustained while working for Allen. (Def. Ex. A, p. 7)

Defendant also obtained a report from Dr. Fields, who treated Mr. Hadzalic in February and March 2018. Dr. Fields is an occupational medicine physician. Dr. Fields responded to several questions in a "check box" format. He refused to causally connect Mr. Hadzalic's low back condition to the alleged work injury at Allen. (Def. Ex. B, p. 12) Defendant then posed a question asking Dr. Fields to opine that Mr. Hadzalic did not sustain any type of temporary injury to his low back. Dr. Fields checked the box that he agreed, however, he added the following language in handwritten notes. "He may have experienced a temporary exacerbation of pain symptomatology, however I noted his clinical exam was inconsistent." (Def. Ex. B, p. 13) Like Dr. Schmitz, Dr. Fields did not



believe he had sustained any permanent impairment or restrictions as a result of the alleged work injury.

At hearing, Mr. Hadzalic testified live and under oath. He testified that he is not able to do much at the present time, although he admitted he cares for his children and his pets and takes short trips to the store. (Tr., p. 47) He testified he would rather be working. Having listened to claimant's testimony live and having reviewed all of the records, I cannot find his testimony to be entirely credible. There was nothing specifically about his demeanor which caused me any concern. This finding is purely based upon a comparison of the record with his actual sworn testimony. There are simply too many unexplained inconsistencies. A comparison of his sworn hearing testimony with his sworn deposition testimony, his sworn answers to interrogatories and his recorded statement reveals a number of inconsistencies. At a minimum, Mr. Hadzalic is not the best historian and appears to be prone to exaggeration at times. It would be difficult to rely upon his testimony to sustain his claim.

Hasnija "Hana" Hadzalic also testified live and under oath. She testified that Mr. Hadzalic returned from work on January 31, 2018 and reported that he complained of back pain. "And I just told him, you know, probably you haven't been working for last seven, eight months. You probably just strained something." (Tr., pp. 139-140) She testified she gave him medicine that evening and he was no better in the morning. She testified that he called her during the day on February 1, 2018 and told her he needed to see a doctor. "And he called me, and he said how he was playing on the floor with our daughter and wasn't able to get up. So I left the school to come home to take care of the daughter so he can go to the hospital." (Tr., p. 140) I find her testimony believable.

### CONCLUSIONS OF LAW

The first question submitted is whether claimant sustained an injury which arose out of and in the course of his employment.

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

A personal injury contemplated by the workers' compensation law means an injury, the impairment of health or a disease resulting from an injury which comes about, not through the natural building up and tearing down of the human body, but because of trauma. The injury must be something that acts extraneously to the natural processes of nature and thereby impairs the health, interrupts or otherwise destroys or damages a part or all of the body. Although many injuries have a traumatic onset, there is no requirement for a special incident or an unusual occurrence. Injuries which result from cumulative trauma are compensable. Increased disability from a prior injury, even if brought about by further work, does not constitute a new injury, however. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995); McKeever Custom Cabinets v. Smith, 379 N.W.2d 368 (Iowa 1985). An occupational disease covered by chapter 85A is specifically excluded from the definition of personal injury. Iowa Code section 85.61(4)(b); Iowa Code section 85A.8; Iowa Code section 85A.14.

It is the claimant's burden to prove that he sustained an injury which arose out of and in the course of his employment. Having reviewed all of the evidence in the file, I find the claimant failed to meet his burden. There are simply too many unexplained inconsistencies in the record to rely upon his testimony as a basis to find that he sustained an injury.

I find that Mr. Hadzalic probably did have a minor knee injury when his knee popped while walking down the steps on January 31, 2018. This is what he reported to his supervisor. This appears to be nothing more than a brief temporary aggravation of his preexisting knee condition. As far as the back is concerned, I find that while it is likely that claimant felt some pain when he came home from work on January 31, 2018, his first day performing physical labor at his new job after a long layoff due to disability, it is not likely that this resulted in a compensable low back injury as defined by Iowa law. Even if his limited work for the employer did constitute an "injury" under Iowa law, he has failed to prove medical causation, that is that his alleged injury substantially contributed to or materially aggravated his condition.

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

The question of causal connection is essentially within the domain of expert testimony. The expert medical evidence must be considered with all other evidence introduced bearing on the causal connection between the injury and the disability. Supportive lay testimony may be used to buttress the expert testimony and, therefore, is also relevant and material to the causation question. The weight to be given to an expert opinion is determined by the finder of fact and may be affected by the accuracy

of the facts the expert relied upon as well as other surrounding circumstances. The expert opinion may be accepted or rejected, in whole or in part. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); IBP, Inc. v. Harpole, 621 N.W.2d 410 (Iowa 2001); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995). Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417 (Iowa 1994). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994).

As stated, there are a number of unexplained inconsistencies in this record. A number of the inconsistencies are minor and explainable. For purposes of proving medical causation, the most challenging inconsistency is the fact that Mr. Hadzalic has had left hip/leg numbness going down to his knee since his knee injury. This symptom was originally part of his knee injury claim against Waterloo School District, however, after he settled the knee claim and experienced the alleged work injury at Allen, it became a symptom in the back claim against Allen. No physician (nor the claimant himself) has adequately explained this inconsistency. This is a significant impediment in the claimant's efforts to prove medical causation.

In addition, when reviewing the entire file as a whole, I find the opinions of Dr. Schmitz and Dr. Fields to be more reliable than the opinion of Dr. Delbridge.

For these reasons, I find that claimant has failed to meet his burden of proof either that he sustained an injury which arose out of and in the course of his employment or that the alleged injury is a cause of any temporary or permanent disability. The other issues are moot.


#### ORDER

THEREFORE, IT IS ORDERED:

Claimant shall take nothing from these proceedings.

Each party shall pay their own costs.

Signed and filed this 25<sup>th</sup> day of June, 2021.

  
\_\_\_\_\_  
JOSEPH L. WALSH  
DEPUTY WORKERS'  
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Chandler Surrency (via WCES)

Robin Maxon (via WCES)

Jennifer Clendenin (via WCES)

**Right to Appeal:** This decision shall become final unless you or another interested party appeals within 20 days from the date above, pursuant to rule 876-4.27 (17A, 86) of the Iowa Administrative Code. The notice of appeal must be filed via Workers' Compensation Electronic System (WCES) unless the filing party has been granted permission by the Division of Workers' Compensation to file documents in paper form. If such permission has been granted, the notice of appeal must be filed at the following address: Workers' Compensation Commissioner, Iowa Division of Workers' Compensation, 150 Des Moines Street, Des Moines, Iowa 50309-1836. The notice of appeal must be received by the Division of Workers' Compensation within 20 days from the date of the decision. The appeal period will be extended to the next business day if the last day to appeal falls on a weekend or legal holiday.