

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

JUANA PALACIOS,

Claimant,

vs.

HNI CORPORATION.,

Employer,

and

ACE INSURANCE COMPANY,

Insurance Carrier

Defendants.

FILED

JAN 17 2017

WORKERS' COMPENSATION

File Nos.: 5041696, 5046904

A P P E A L

D E C I S I O N

: Head Note Nos.: 1108, 1400, 2700, 9999

On December 19, 2016, Joseph S. Cortese II, Iowa Workers' Compensation Commissioner, delegated the authority to the undersigned to issue the final agency decision on the intra-agency appeal currently pending before this agency. The decision in this matter shall be the final agency decision.

This was an arbitration case that was heard on May 27, 2015, in Davenport, Iowa, by a former deputy workers' compensation commissioner. The case was deemed fully submitted on the date of the arbitration hearing. Former Deputy Workers' Compensation Commissioner Ron Pohlman issued the arbitration decision on July 23, 2015. The former deputy listed the issues as:

1. The issues in this case are whether the claimant sustained an injury on March 3, 2014, which arose out of and in the course of employment. Defendants contend that if the claimant sustained an injury it was a sequela of an injury the claimant sustained to her left arm.
2. There is an issue related to rate identified on the hearing report, but the parties agreed that the rate for this case is the same as the rate for the April 18, 2012 work injury.
3. The claimant seeks payment of medical expenses pursuant to Iowa Code section 85.27;

4. Whether the claimant is entitled to payment for an independent medical examination pursuant to Iowa Code section 85.39; and
5. Whether the claimant is entitled to alternate medical care pursuant to Iowa Code section 85.27.

It is important to note, at the hearing on May 27, 2015, the parties readily agreed the weekly benefit rate should be the exact same rate as the rate for the April 18, 2012, work injury. The hearing deputy approved the stipulation with respect to rate. In actuality, it is highly unlikely the weekly benefit rate for the 2012 work injury would be exactly the same rate as the weekly benefit rate for the alleged 2014 work injury.

The hearing deputy determined claimant sustained a new injury to the right shoulder on March 3, 2014. The rationale for the deputy's determination was provided on page 4 of the arbitration decision. The deputy wrote:

Defendants argue that the claimant did not sustain an injury but that if she did it was sequela of the left shoulder. The greater weight of evidence in the record indicates that the claimant sustained an injury to her right shoulder as a result of her work. It is also clear that the claimant's right shoulder work was the result of the claimant compensating for her left shoulder restrictions. Claimant argues that this is not a sequela case because the right shoulder problem was the result of work and thus a separate injury as opposed to a situation where an injury was sustained in the course of employment and then subsequent problems flowed from that, which may have occurred off the job. The undersigned agrees with the claimant's argument. A sequel is something that naturally flows from a work injury such as a reaction to medication or an error during surgery. See Kauffman v. Second Injury Fund of Iowa, File No. 5022780 (Arb. July 25, 2008); See also Lawyer and Higgs, Section 44, page 32.

(Arbitration Decision, page 4)

In the order for the July 23, 2015, arbitration decision, Former Deputy Pohlman ordered:

Defendants shall pay claimant's medical expenses pursuant to Iowa Code section 85.27 and shall reimburse those expenses that she has personally paid, as shown in Exhibit 16.

Defendants shall provide and pay for care for the claimant's right shoulder with Dr. Lockman including treatment he prescribed or referrals he may make.

Defendants shall pay the costs of this action in the amount of three thousand six-hundred forty-nine and 80/100 dollars (\$3,649.80) pursuant to rule 876 IAC 4.33.

(Arbitration Decision, p. 5)

On August 6, 2015, defendants filed a notice of appeal. Their appeal brief was filed on September 10, 2015. Defendants listed the following issues for resolution on appeal:

1. The deputy erred in finding claimant sustained a compensable right shoulder injury while working for the employer on 03/03/14;
2. If claimant did sustain an injury, it was a sequelae of the left shoulder injury that occurred on April 18, 2012.

Claimant filed her appeal brief on September 30, 2015. The issue for appeal was:

1. Whether claimant sustained an injury to her right shoulder on or about March 3, 2014, that arose out of and in the course of her employment with defendant.

Pursuant to Iowa Code sections 86.24 and 17A.5, I modify and adopt as the final agency decision those portions of the proposed arbitration decision filed on July 23, 2015, which relate to issues properly raised on intra-agency appeal with the following analysis:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This claimant with her left shoulder condition, is well known to the undersigned deputy workers' compensation commissioner. Claimant sustained the work-related left shoulder injury on April 18, 2012. The undersigned, in her capacity as the then acting workers' compensation commissioner, wrote the appeal decision in File No. 5041696 which was issued on September 26, 2014. Claimant was provided medical care for the left shoulder with Theron Jameson, D.O.

Dr. Jameson performed surgery on the left shoulder in October 23, 2013. The orthopedic surgeon returned claimant to one-handed duty on October 24, 2013. Claimant was to engage in "sit down work"; she was prohibited from using her left upper extremity; she was prohibited from operating heavy machinery and from engaging in commercial driving. Finally, claimant was to use ice and to elevate her left arm as needed. (Exhibit 3, pp. 23-24)

Claimant testified she cleaned various machines in the plant. She cleaned tubes that weighed up to five pounds. Then she stacked the tubes into bins. Claimant testified she performed the task 300 to 350 times per shift. Claimant also performed a job called "Velcro pushes." Claimant testified she used both hands and the jobs were repetitive in nature. Claimant estimated she performed the job three days per week and had to engage in 700 to 750 operations per shift. (Tr. p. 28-29)

During cross examination, claimant testified as follows:

Q. (By Mr. Wegman) And when I took your deposition in March of this year, specifically March 6 of 2015 - -

MR. WEGMAN: And this is page 5, Anthony.

MR. BRIBRIESCO: Sure

BY MR. WEGMAN:

Q. - - and asked you about your right shoulder, I asked you how you felt you hurt your right shoulder, and you said, "I had surgery on my shoulder, and so I was left using one hand to do the job, so I feel the repetition of doing the same job one-handed was what hurt my other arm." Is that your testimony today too?

A. Yes.

Q. And when you're - - I think you told the Judge that it was before March 3 of 2014 that you actually started to have some pain or symptoms in your right shoulder; true?

A. Yes.

Q. And these - - this pain and these symptoms came on within a couple of months or weeks of the left shoulder surgery when you went back to work on restricted duty; correct?

A. Yes.

Q. And this was before Dr. Jameson had released you for your left shoulder, because that didn't take place until October of 2014; correct?

A. Yes.

(Transcript., pp. 38-39)

In March of 2014, claimant experienced pain and discomfort in her right shoulder. (Tr., p. 29) On March 6, 2014, claimant presented to her personal physician, Eleanor L. Lavadie-Gomez, M.D. Claimant reported to her doctor:

She is having 4 week history of right shoulder pain, in anterior shoulder. This is worse if she reaches forward, lifts arm above head. She has pain when driving or when performing certain activities at work. She feels radiation of pain toward elbow. She denies any right shoulder numbness or tingling. She feels "bites of pain" even when she is not actively moving her arm.

(Ex. 4, p. 27)

Dr. Lavadie-Gomez examined claimant's right shoulder. (Ex. 4, p. 29) The physician diagnosed claimant with acute right rotator cuff sprain. Dr. Lavadie-Gomez suspected a supraspinatus injury or tendonitis. (Ex. 3, p. 29) The doctor recommended physical therapy, work restrictions, and Naproxen. (Ex. 4, p. 30)

The work restrictions were detailed as:

Please employ restrictions for left shoulder to right shoulder as well. This includes avoid lifting right arm over head, avoid repetitive reaching, pulling,, [SIC] grabbing at shoulder height or above. Weight limit is 5 lbs. or less. These restrictions are in place from today until next office follow up.

(Ex. 4, p. 31)

Defendants would not approve treatment for the right shoulder.

Claimant presented to Theron Jameson, D.O., on March 31, 2014. Dr. Jameson was authorized to treat claimant's left shoulder. Claimant reported her right shoulder had been bothering her because she had to use the right shoulder to compensate for her inability to use the left shoulder. (Ex. 5, p. 51) Dr. Jameson did not treat the right shoulder because the defendants would not authorize treatment for the right shoulder.

On May 12, 2014, claimant returned to Dr. Lavadie-Gomez. Claimant attributed repetitive motion activities as the cause of her right shoulder tendonitis. (Ex. 4, p. 35) The personal physician opined a referral to a psychiatrist would be beneficial. (Ex. 4, p. 38)

On May 20, 2014, claimant returned to Dr. Lavadie-Gomez with increased shoulder pain. Claimant attributed the pain to pushing down continuously with both arms while she was at work. (Ex. 4, p. 40)

Brett C. Lockmann, D.O., is a board certified physiatrist and expert in sports medicine. His practice is located in Davenport, Iowa. Dr. Lavadie-Gomez referred claimant to Dr. Lockmann. He examined claimant on July 17, 2014. With respect to claimant's right shoulder condition, Dr. Lockman opined:

For her right bicep tendonitis she would likely benefit from a ultrasound guided bicep tendon sheath injection. This seems to be repetitive strain and overuse tendonitis, more likely than not resulting from compensation for her limited left arm function.

(Ex. 6, p. 54)

Dr. Lockman treated claimant's right bicep tendonitis with an ultrasound guided bicep tendon sheath injection. (Ex. 6, p. 54) Claimant had temporary relief from the right bicep tendon sheath injection. (Ex. 6, p. 57) However, once claimant resumed repetitive activities at work, the pain returned. (Ex. 6, p. 57) Dr. Lockman also employed osteopathic manipulation and treatment. (Ex. 6, p. 58)

Claimant sought an independent medical examination from Robin L. Sassman, M.D., MPH, at MEDIX. The examination occurred on March 2, 2015. Dr. Sassman issued her report on April 23, 2015. The independent medical evaluator noted claimant did not experience right arm or right shoulder problems prior to February 2014. (Ex. 1, p. 9)

Claimant reported the following to Dr. Sassman with respect to the cause of the right shoulder condition:

With regard to the right shoulder, Ms. Palacios states that her symptoms in her right shoulder began in approximately February of 2014. This was after her left shoulder surgery. She found that after the surgery she was using her right upper extremity more and started to notice symptoms. She denies having any symptoms in the right shoulder prior to this occurring. Therefore, it is my opinion that the right shoulder symptoms came about as a result of compensating for the left shoulder injury.

(Ex. 1, p. 13)

With respect to medical treatment, Dr. Sassman opined:

Recommendations for Further Care

Regarding to the right shoulder, I would recommend that she be provided an MRI of the right shoulder to determine if any internal derangement exists. I would then recommend that she be evaluated by an orthopedic specialist for the right shoulder...

(Ex. 1, p. 13)

On April 15, 2015, claimant sought another medical examination from Richard Kreiter, M.D., a well-known medical expert in the field of workers' compensation. Dr. Kreiter discussed claimant's right shoulder condition with claimant. The physician also personally examined claimant's right shoulder. (Ex. 7) In his medical report, Dr. Kreiter wrote in relevant portion about the history of claimant's right shoulder pain:

...She had seen Dr. Jameson on 03/31/14, and at that time, complained of pain in her right shoulder, as well as the left side. According to the patient, she then had a second procedure on the shoulder [left] about a year later by Dr. Jameson, and there was no obvious significant re-tear of the cuff. Dr. Jameson has placed her on permanent restrictions on the left with no overhead work, and a 5 pound weight limit on the left, avoiding pulling and pushing. While doing one-handed, right-handed work in her convalescence from her left shoulder, she has now developed increasing pain in the right shoulder... She stands at a bench in a mild forward flexed position, somehow counting fabric, and this causes some increasing right shoulder pain because she is doing some pulling and pushing, and lifting on a repetitive basis. Her entire arm will then hurt and even go numb. The pain is in the deltoid or the lateral aspect of the upper arm, and at times, is very sharp....

(Ex. 7, p. 64)

Dr. Kreiter diagnosed claimant with a painful right shoulder. The evaluating physician deemed claimant to have probable subacromial bursitis, rotator cuff impingement, with acromioclavicular joint synovitis, and chronic pain secondary to overuse. (Ex. 7, p. 65) Dr. Kreiter recommended diagnostic testing, therapy and a water exercise program. (Ex. 7, p. 65)

In his report of May 20, 2015, Dr. Lockman related claimant's right shoulder condition to claimant's work activities. Specifically, claimant had to compensate for claimant's left shoulder condition so she developed a repetitive strain injury in the right shoulder. Dr. Lockman opined claimant's right limb pain and dysfunction were more likely than not directly related to her work at HNI Corporation. (Ex. 19, p. 101)

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P. 6.14(6).

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).

When the injury develops gradually over time, the cumulative injury rule applies. The date of injury for cumulative injury purposes is the date on which the disability manifests. Manifestation is best characterized as that date on which both the fact of injury and the causal relationship of the injury to the claimant's employment would be plainly apparent to a reasonable person. The date of manifestation inherently is a fact based determination. The fact-finder is entitled to substantial latitude in making this determination and may consider a variety of factors, none of which is necessarily dispositive in establishing a manifestation date. Among others, the factors may include missing work when the condition prevents performing the job, or receiving significant medical care for the condition. For time limitation purposes, the discovery rule then becomes pertinent so the statute of limitations does not begin to run until the employee, as a reasonable person, knows or should know, that the cumulative injury condition is serious enough to have a permanent, adverse impact on his or her employment. Herrera v. IBP, Inc., 633 N.W.2d 284 (Iowa 2001); Oscar Mayer Foods Corp. v. Tasler, 483 N.W.2d 824 (Iowa 1992); McKeever Custom Cabinets v. Smith, 379 N.W.2d 368 (Iowa 1985).

When an expert's opinion is based upon an incomplete history it is not necessarily binding on the commissioner or the court. It is then to be weighed, together with other facts and circumstances, the ultimate conclusion being for the finder of the fact. Musselman v. Central Telephone Company, 154 N.W.2d 128, 133 (Iowa 1967); Bodish v. Fischer, Inc., 257 Iowa 516, 521, 522; 133 N.W.2d 867 (1965).

The weight to be given an expert opinion may be affected by the accuracy of the facts the expert relied upon as well as other surrounding circumstances. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000).

The commissioner as trier of fact has the duty to determine the credibility of the witnesses and to weigh the evidence together with the other disclosed facts and circumstances, and then to accept or reject the opinion. Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995).

Claimant returned to work following her left shoulder surgery. She testified she began to experience pain and symptoms in her right shoulder. She had to use her right shoulder to compensate for her inability to use her left shoulder. Claimant reported the same scenario to all of her medical providers. The physicians concurred; the right shoulder symptoms occurred because claimant had to compensate for her inability to use her left shoulder. The right shoulder problem flowed from the left shoulder problem. In short, the right shoulder condition was a sequelae of the left shoulder injury.

This exact situation is discussed in 15 Lawyer Workers' Compensation, section 4:4 (2013-2014). The author writes at pages 32 and 33:

Fairly early in Iowa workers' compensation law, the Supreme Court decided that "where an accident occurs to an employee in the usual course of his employment, the employer is liable for all consequences that naturally and proximately flow from the accident."¹ The court explained:

If an employee suffers a compensable injury and thereafter suffers further disability which is the proximate result of the original injury, such further disability is compensable. Where an employee suffers a compensable injury and thereafter returns to work and, as a result thereof, his first injury

¹ Oldham v. Schofield & Welch, 222 Iowa 764, 767-68, 266 N.W. 480, 482 (1936), opinion modified on denial of reh'g, Oldham v. Schofield & Welch 222 Iowa 764, 269 N.W. 925 (1936). See West v. Quaker Oats Co., 11-1 Iowa Indus. Comm'r Dec. 475 (1984) (incident in bathtub did not break chain of causation when claimant was in tub because of injury). See also Taylor v. Oscar Mayer & Co., 3 Iowa Indus. Comm'r Rep. 257 (appeal dec. 1982)

Sequelae of the injury should be distinguished from multiple injuries. See Kauffmann v. Second Injury Fund, 5022780 (arb dec. filed July 25, 2008) (discussion of sequelae); § 20:5, *infra*.

is aggravated and accelerated so that he is greater disabled than before, the entire disability may be compensated for.²

For additional legal authority, See: Khourassani v. Swift & Co., File No. 5026395 (Arb. Dec. June 7, 2010). The deputy determined the left shoulder was deemed the sequelae of the right shoulder injury. In Khourassani, the claimant had to compensate with the left shoulder while claimant was on light duty because of the prior right shoulder injury. The workers' compensation commissioner affirmed the deputy in the appeal decision that was filed on June 28, 2011.

It is the determination of the undersigned; claimant's right shoulder injury is a sequelae of the left shoulder injury that occurred on April 18, 2012. As a consequence, the right shoulder injury is part of the claim contained in File No. 5041696. File No. 5046904 will be dismissed with the filing of this appeal decision as there is no actual work injury.

Claimant requests medical care and payment of medical expenses pursuant to Iowa Code section 85.27. The employer shall furnish reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance, and hospital services and supplies for all conditions compensable under the workers' compensation law. The employer shall also allow reasonable and necessary transportation expenses incurred for those services. The employer has the right to choose the provider of care, except where the employer has denied liability for the injury. Section 85.27. Holbert v. Townsend Engineering Co., Thirty-second Biennial Report of the Industrial Commissioner 78 (Review-Reopening October 1975).

Claimant detailed the medical costs and mileage she incurred to treat the right shoulder in exhibit 16. The total amount equates to \$1,558.59. Defendants are liable for the same pursuant to Iowa Code section 85.27. Claimant shall be specifically reimbursed for any out of pocket expenses she incurred personally.

Claimant is also requesting alternate medical care pursuant to Iowa Code section 85.27. Particularly, claimant is requesting continued treatment with Dr. Lockman. Claimant has trust in Dr. Lockman. Claimant is deriving benefit from the treatment modalities employed by this physiatrist. Her care shall remain with Dr. Lockman.

Claimant is requesting payment for the independent medical examination and report made by Dr. Sassman. She charged \$3,172.50 for the examination and for the

² Oldham v. Schofield & Welch, 222 Iowa 764, 767, 266 N.W. 480, 481 (1936), opinion modified on denial of reh'g, Oldham v. Schofield & Welch, 222 Iowa 764, 269 N.W. 925 (1936). See Schaer v. City of Mason City, I-1 Iowa Indus. Comm'r Dec. 212 (1984).

report. There was no evidence to indicate how much money was allocated to the report only.

Section 85.39 permits an employee to be reimbursed for subsequent examination by a physician of the employee's choice where an employer-retained physician has previously evaluated "permanent disability" and the employee believes that the initial evaluation is too low. The section also permits reimbursement for reasonably necessary transportation expenses incurred and for any wage loss occasioned by the employee attending the subsequent examination.

Defendants are responsible only for reasonable fees associated with claimant's independent medical examination. Claimant has the burden of proving the reasonableness of the expenses incurred for the examination. See Schintgen v. Economy Fire & Casualty Co., File No. 855298 (App. April 26, 1991). Claimant need not ultimately prove the injury arose out of and in the course of employment to qualify for reimbursement under section 85.39. See Dodd v. Fleetguard, Inc., 759 N.W.2d 133, 140 (Iowa App. 2008).

In the present case, claimant obtained an independent medical evaluation with Dr. Sassman on March 2, 2015. The purpose of the exam was to assess the right shoulder. Defendants had not obtained an impairment rating for the right shoulder from any physician of their own selection prior to March 2, 2015. Therefore, claimant has failed to establish the necessary prerequisites to qualify for an employer-reimbursed examination pursuant to Iowa Code section 85.39. Des Moines Area Regional Transit Authority v. Young, 887 N.W.2d 839, 843-844 (Iowa 2015).

The final issue for resolution is the matter of costs. Iowa Code section 86.40 states:

Costs. All costs incurred in the hearing before the commissioner shall be taxed in the discretion of the commissioner.

Iowa Administrative Code Rule 876—4.33(86) states:

Costs. Costs 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. Costs of service of notice and

subpoenas shall be paid initially to the serving person or agency by the party utilizing the service. Expenses and fees of witnesses or of obtaining doctors' or practitioners' reports initially shall be paid to the witnesses, doctors or practitioners by the party on whose behalf the witness is called or by whom the report is requested. Witness fees shall be paid in accordance with Iowa Code section 622.74. Proof of payment of any cost shall be filed with the workers' compensation commissioner before it is taxed. The party initially paying the expense shall be reimbursed by the party taxed with the cost. If the expense is unpaid, it shall be paid by the party taxed with the cost. Costs are to be assessed at the discretion of the deputy commissioner or workers' compensation commissioner hearing the case unless otherwise required by the rules of civil procedure governing discovery. This rule is intended to implement Iowa Code section 86.40.

Iowa Administrative Code rule 876—4.17 includes as a practitioner, "persons engaged in physical or vocational rehabilitation or evaluation for rehabilitation." A report or evaluation from a vocational rehabilitation expert constitutes a practitioner report under our administrative rules. Bohr v. Donaldson Company, File No. 5028959 (Arb. November 23, 2010); Muller v. Crouse Transportation, File No. 5026809 (Arb. December 8, 2010) The entire reasonable costs of doctors' and practitioners' reports may be taxed as costs pursuant to 876 IAC 4.33. Caven v. John Deere Dubuque Works, File Nos. 5023051, 5023052 (App. July 21, 2009).

The following costs incurred are assessed to defendants:

Filing fee, \$100.00; Certified mail, \$12.96; Alt Med. Care Certified Mail, \$6.48; Deposition Transcript, \$29.60; Cost of the hearing Transcript.

ORDER

THEREFORE, IT IS ORDERED:

The arbitration decision that was issued on July 23, 2015 is modified in part and affirmed in part.

It is hereby ordered that claimant's right shoulder is a sequelae of the left shoulder injury that occurred on April 18, 2012.

It is hereby ordered that the right shoulder injury is part of the claim in File No. 5041696.

It is ordered defendants shall pay past due medical bills as detailed in the body of this appeal decision and shall reimburse claimant for her out of pocket expenses for medical costs.

It is ordered claimant is entitled to treat with Dr. Lockman for her right shoulder injury.

It is ordered defendants shall pay costs as detailed in the body of this appeal decision.

It is hereby ordered that File No. 5046904 is dismissed and hereby closed.

Signed and filed this 17th day of January, 2017.



MICHELLE A. MCGOVERN
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

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