

## BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

PETER BERZINS,

Claimant,

vs.

JOHN DEERE DAVENPORT WORKS,

Employer,  
Self-Insured,  
Defendant.

File No. 20700941.01

## ARBITRATION DECISION

Head Note Nos.: 1402.40, 1803, 2502,  
2907

## STATEMENT OF THE CASE

Peter Berzins, claimant, filed a petition in arbitration seeking workers' compensation benefits from John Deere Davenport Works, self-insured employer as defendant. Hearing was held on September 2, 2021. This case was scheduled to be an in-person hearing occurring in Davenport, Iowa. However, due to the declaration of a pandemic in Iowa, the Iowa Workers' Compensation Commissioner ordered all hearings to occur via video means, using CourtCall. Accordingly, this case proceeded to a live video hearing via CourtCall with all parties and the court reporter appearing remotely.

The parties filed a hearing report at the commencement of the arbitration hearing. On the hearing report, the parties entered into various stipulations. All of those stipulations were accepted and are hereby incorporated into this arbitration decision and no factual or legal issues relative to the parties' stipulations will be raised or discussed in this decision. The parties are now bound by their stipulations.

Peter Berzins was the only witness to testify live at trial. The evidentiary record also includes joint exhibits JE1-JE8, claimant's exhibits 1-2, and defendant's exhibits A-K. All exhibits were received without objection. The evidentiary record closed at the conclusion of the arbitration hearing.

The parties submitted post-hearing briefs on September 27, 2021, at which time the case was fully submitted to the undersigned.

## ISSUES

The parties submitted the following issues for resolution:

1. The nature and extent of permanent partial disability, if any, that claimant sustained as the result of the stipulated July 1, 2019 work injury.

2. Whether any mental claim is barred by Iowa Code section 85.23 for lack of timely notice.
3. Whether claimant is entitled to reimbursement of an IME pursuant to Iowa Code section 85.39.
4. Assessment of costs.

#### FINDINGS OF FACT

The undersigned, having considered all of the evidence and testimony in the record, finds:

Claimant, Peter Berzins, filed a petition alleging injury to his right foot, body as a whole, broken bone and complex regional pain syndrome as the result of July 1, 2019 work injury. (Petition) The employer, John Deere Davenport Works ("John Deere") stipulates Mr. Berzins sustained an injury which arose out of and in the course of his employment on July 1, 2019. John Deere also stipulates that Mr. Berzins sustained fractures to the third, fourth, and fifth metatarsals in his right foot. John Deere stipulates that during treatment for the right foot metatarsal fractures, Mr. Berzins briefly developed complex regional pain syndrome which was limited to the right foot. John Deere disputes any alleged mental injury, including any alleged depression. (Hearing Report)

On July 1, 2019, Mr. Berzins was working as a welder at John Deere when a heavy metal part fell approximately six feet onto his right foot. He was taken to the emergency room at UnityPoint Health. He was diagnosed with minimally displaced fractures of the necks of the right third, fourth and fifth metatarsals. The next day Mr. Berzins saw Andrew Bries, M.D., at ORA Orthopedics. Dr. Bries placed Mr. Berzins in a short leg fiberglass cast. (JE1, pp. 8-13; JE6, p. 46; Testimony)

Mr. Berzins continued to follow-up at ORA Orthopedics. On September 4, 2019, he reported significant pain. On examination of the right foot, light touch range of motion he had pain. Dr. Bries also noted purple skin color changes in his foot and allodynia. The doctor's assessment included "[r]ight 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> metatarsal shaft fractures in a smoker now with hypersensitivity and allodynia secondary to the crush injury concern for the development of CRPS [complex regional pain syndrome]". Dr. Bries recommended physical therapy to start working on range of motion of the toes. He also prescribed gabapentin and amitriptyline. He recommended aquatic therapy for desensitization of nerve pain. (JE6, pp. 47-50)

On October 9, 2019, Mr. Berzins returned to Dr. Bries and reported that the gabapentin was not helping. Examination revealed that his right foot was very red and cooler than the left, positive allodynia, pain with motion, and temperature reading was 79.6 degrees. The doctor's assessment was complex regional pain syndrome after a crush injury. He recommended continued therapy and increased dosage of gabapentin. (JE6, p. 53)

Mr. Berzins returned to ORA on October 15, 2019. He recently had a fall at work and was in a lot of pain. Dr. Bries felt that the new injury likely flared up his CRPS. He recommended Mr. Berzins see Sanjay Sundar, M.D. (JE6, p. 54)

On October 21, 2019, Mr. Berzins saw Dr. Sundar. After examining Mr. Berzins, Dr. Sundar assessed him with CRPS right foot following a crush injury. Dr. Sundar stated that Mr. Berzins did meet the Budapest criteria of CRPS. He noted that Mr. Berzins reports allodynia, sudomotor and vasomotor changes, loss of range of motion, atrophy, and this was confirmed on physical examination. Dr. Sundar prescribed Tramadol and Gabapentin. He also recommended a sympathetic nerve block series of 3. (JE6, pp. 55-56)

Mr. Berzins returned to ORA on November 13, 2019. He reported that he had undergone two injections and each gave him approximately five to six days of relief. He felt his aquatic therapy was helping quite a bit. He feels some improvement overall. The assessment was CRPS. (JE6, p. 57)

On December 17, 2019, Mr. Berzins reported that his color had gotten a little better. Dr. Bries noted that Mr. Berzins "has all the findings and pain patterns consistent with CRPS and I have no concern or hesitancy and there is no malingering here and is unfortunately a clear case of CRPS after an injury." He was to return in four weeks. (JE6, p. 60)

Mr. Berzins continued to experience difficulty with CRPS in his right foot. On December 23, 2019, Dr. Sundar recommended referral to the University of Iowa Pain Clinics for a second opinion. However, this was delayed due to COVID. (JE6, pp. 61-69)

On June 1, 2020, Mr. Berzins went to the medical clinic at the John Deere plant. He reported that he was feeling good and had virtually no foot pain. One week later he returned to the same clinic and reported that his foot pain was resolved. He did have swelling which occurs only with heat and exertion. (JE5, p. 45)

On September 15, 2020, Mr. Berzins returned to ORA. Dr. Sundar noted Mr. Berzins had good resolution of his CRPS and that he no longer met the Budapest criteria and did not have signs of allodynia vasomotor, sudomotor or loss of range of motion. Mr. Berzins had concerns about his safety in the workplace; Dr. Sundar recommended an FCE. (JE6, pp. 70-71)

Mr. Berzins underwent an FCE on September 28, 2020. He demonstrated capabilities and functional tolerances to function within the very heavy physical demand level. (JE8, pp. 79 and 81)

Mr. Berzins returned to ORA on October 13, 2020, and reported that he was doing well. He accepts the fact that he is probably going to have a degree of chronic pain for the remainder of his life. He was not taking any medications at that time. He is working his normal job. Every 2-3 hours when his foot starts feeling hot inside his boot and hurting he goes to the locker room and takes his boot off and puts his foot on the

cool tile floor. After approximately 15 minutes he feels much better and is able to work for another 2 to 3 hours. Examination revealed no ecchymosis nor edema. He had no hypersensitivity to light touch sensation throughout his foot. The assessment was right 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> metatarsal shaft fractures secondary to a crush injury resulting in CRPS. He was placed at maximum medical improvement (MMI) with no restrictions. Mr. Berzins was provided a note allowing him to take a 15 minute break every 2-3 hours to cool down his foot to prevent flare-ups of CRPS. (JE6, p. 72)

On December 18, 2020, Dr. Bries signed a letter authored by the defense attorney. Dr. Bries' signature indicates that he agrees that the letter accurately summarizes the conversation he had with the attorneys on December 11, 2020. The letter indicates that Mr. Berzins does not have an appointment scheduled to see anyone at ORA. He confirmed that when he last saw Dr. Berzins on July 14, 2020, his CRPS had resolved and he did not have any objective symptoms typically associated with CRPS. Dr. Bries could not state that Mr. Berzins' now resolved CRPS was permanent. He confirmed that Mr. Berzins did not have any permanent impairment from the right foot injury. Dr. Bries also confirmed that when Mr. Berzins did have CRPS it was limited to and confined to his right foot. He does not anticipate Mr. Berzins needing any medical care or treatment related to the July 1, 2019 injury. (Def. Ex. C)

On February 4, 2021, Dr. Bries authored a missive to the defendant. He stated that his impairment rating was based on the fractures and not CRPS, which was resolved after treatment. Based on the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, and the fact that the fractures healed in their anatomic position without significant angulation or shortening, he assigned zero percent impairment. Dr. Bries also stated, "what I cannot account for is if there would be some reactivation of his complex regional pain syndrome, which we cannot specifically say will happen as it is somewhat unpredictable." (Def. Ex. H)

At the request of his attorney, Mr. Berzins saw Marc Hines, M.D., on March 4, 2021, for an independent medical examination (IME). Approximately five months later Dr. Hines issued a report dated July 28, 2021. (Cl. Ex. 2) In the impression portion of his report Dr. Hines states:

This is a patient who had a crush injury to the lateral aspect of his right foot. Along the way, he developed complex regional pain syndrome, which continues on examination today, but with not all elements being present. The improvement seems to be related in retrospect to both his sympathetic blocks and extensive physical therapy and home exercises as well. Despite this, however, the patient has residuals that are clearly indicative of having had the complex regional pain syndrome and crush injury. The main difficulties are maintenance of normal vascular control and difficulties with the small or smaller nerve fibers involved with the crush injury with continued neurologic impairments in sensory examination and perversions of sensation. He also suffers from some depression considering these difficulties, difficulties with sleep that aggravates the difficulties with depression. Almost all of it driven by the difficulties with

continuing his career as a welder and loss of his job circumstances and I have given rating for these difficulties.

(Cl. Ex. 2, p. 14)

Dr. Hines then addressed the issue of permanent impairment. He notes that he utilized the Guides, Fifth Edition, to assign the impairment. Dr. Hines stated that Mr. Berzins has "mild impairment related to depression and I would give a 5% whole person impairment for this difficulty." (Cl. Ex. 2, p. 14) Dr. Hines assigns a separate impairment for pain. He states that he utilized Table 18-7 to reach 10 percent of the whole person for pain. He then turned to the issue of CRPS. He assigns 7 percent impairment of the whole person for CRPS. Dr. Hines noted that Mr. Berzins previously met diagnostic criteria for complex regional pain syndrome. In the examination portion of his report Dr. Hines did not find any strength weakness/deficit or movement difficulty in Mr. Berzins' right foot. Dr. Hines felt Mr. Berzins met the medial and lateral plantar dysesthesia impairment described in 17-37 on page 552 of the Guides and assigned 7 percent impairment of the body for the medial and he assigned 7 percent impairment of the body for the lateral. However, he believes the Guides lack clarity and is not certain if the medial and lateral should be a total of 7 percent or if each should be 7 percent. (Cl. Ex. 1, p. 15)

Mr. Berzins testified at the hearing regarding his work injury and the extensive treatment he received. He testified that he continues to have pain when wearing his work boots and heat also bothers his foot. At times he also experiences swelling in his toes. His symptoms interfere with his ability to sleep. (Testimony)

There is some question in this case as to whether Mr. Berzins is making a claim for any type of mental injury. Claimant did not allege a mental claim in his petition and the only mention of a potential mental claim on the hearing report is from the defendant. On January 18, 2021, defense counsel wrote to claimant's counsel to ask about a potential mental claim. Defense counsel noted that in claimant's answer to an interrogatory Mr. Berzins made mention that he had become depressed; thus, defense counsel wanted clarification on whether a mental claim was being made. The response from claimant's counsel was that he did not know if they were claiming mental injury, but at that point it was not a specific allegation. There is no mention of depression or any type of mental claim in claimant's post-hearing brief. Dr. Hines did mention anxiety and depression in his report. Therefore, it not clear to the undersigned if claimant is alleging a mental injury. However, even if Mr. Berzins is making a claim for any type of mental injury, including depression, I find that he has failed to show that any such mental condition is related to the work injury.

In this case, the closest any expert comes to causally connecting any type of mental condition to the work injury is claimant's IME doctor, Dr. Hines. In his report Dr. Hines states, "[h]e also suffers from some depression considering these difficulties, difficulties with sleep that aggravates the difficulties with depression. Almost all of it driven by the difficulties with continuing his career as a welder and loss of his job circumstances and I have given ratings for these difficulties." (Cl. Ex. 2, p. 14) I find

that this statement is vague and does not rise to the level of a causation opinion. Furthermore, even if that confusing statement from Dr. Hines did rise to the level of a causation statement, I do not find it convincing because he failed to provide any rationale or explanation. I find claimant has failed to demonstrate that he sustained any type of mental injury, including depression as the result of the work injury. All other issues, including notice, regarding any mental claim are rendered moot. (JE1, pp. 1-7; JE2, pp. 16-21; JE3, pp. 32-42)

We now turn to the issue of whether Mr. Berzins' CRPS is permanent. Claimant contends that his CRPS is permanent and relies on the opinion of Dr. Hines. However, Dr. Hines' report indicates that Mr. Berzins' CRPS has resolved. In his report, Dr. Hines states that Mr. Berzins previously met the diagnostic criteria for CRPS. Additionally, the Guides instruct that when CRPS occurs in an extremity, the evaluator should use Chapter 13 to assign permanent impairment. (The Guides, Section 17.2, p. 553). Dr. Hines did not use Chapter 13 to assign permanent impairment. (Cl. Ex. 2, pp. 14-15)

Defendant relies on the opinions of Dr. Sundar and Dr. Bries in their assertion that the CRPS is not permanent. On September 15, 2020, Dr. Sundar, the treating pain specialist, assessed that his CRPS type 2 of the right lower extremity was resolved. He noted that Mr. Berzins had good resolution of his CRPS and that he no longer met the Budapest criteria. He did not have signs of allodynia vasomotor, sudomotor or loss of range of motion. (JE6, pp. 70-71) On July 14, 2020, Dr. Bries, the treating orthopedic doctor noted that Mr. Berzins' right foot had normal color, normal cap refill, normal temperature, no tenderness to palpation, no deformity, sensation intact to light touch, and normal range of motion of his toes. (JE6, p. 68) Dr. Bries opined that Mr. Bries did not have CRPS when he last saw him in October 2020. Because Dr. Bries could not say Mr. Berzins' CRPS was permanent, any permanent impairment from the July 1, 2019 right foot injury would not be from the resolved CRPS. (Def. Ex. C, p. 5)

On the issue of whether Mr. Berzins' CRPS is permanent, I find the opinions of Dr. Sundar and Dr. Bries to be persuasive. Thus, I find claimant has failed to carry his burden of proof to demonstrate that his CRPS is permanent.

The central dispute in this case is the nature and extent of permanent partial disability that Mr. Berzins sustained as the result of the stipulated work injury. There are two doctors that have provided their opinion regarding impairment in this case, Dr. Bries and Dr. Hines.

Dr. Bries stated that his impairment rating was based on the fractures and not CRPS, which was resolved after treatment. Based on the AMA Guides, Fifth Edition, and the fact that the fractures healed in their anatomic position without significant angulation or shortening he assigns zero percent impairment. (Def. Ex. H) I find this rating is consistent with the AMA Guides, Fifth Edition, Tables 17-1 and 17-3. I find Dr. Bries' impairment rating is based on The Guides.

The only doctor to assign any impairment in this case is Dr. Hines. First, Dr. Hines assigns 5 percent impairment of the whole person related to depression.

However, because claimant failed to demonstrate that any mental injury, including depression, is related to the work injury, any impairment for a mental condition is also not related to the work injury.

Next, Dr. Hines stated Mr. Berzins:

[M]eets the medial and lateral plantar dysesthesia impairments described in [Table] 17-37 page 552 of the fifth edition guides. These immediately clarify that these are 7% impairment to the whole person on both the grounds of his sensory impairment and dysesthesias. It is less clear whether the sensory impairment and dysesthesias are separately indicated as 7%.

(Cl. Ex. 2, p. 15)

However, a review of section 17.21 Peripheral Nerve Injuries of the AMA Guides indicates that this rating is not appropriate under the Guides. The Guides state, “[a]ll estimates listed in Table 17-37 are for complete motor or sensory loss for the named peripheral nerves.” (AMA Guides, p. 550) Although Dr. Hines notes that there are sensory abnormalities, there is no indication in Dr. Hines’ report that Mr. Berzins has complete motor or sensory loss. Furthermore, the Guides also state that, “[s]ensory deficits, including dysesthesias, are subjective and must be carefully evaluated. Ideally, two examiners should agree.” (AMA Guides, p. 551) There is no indication in Dr. Hines’ report that two examiners agreed. Dr. Hines’ report does not indicate that he followed the Guides when he assigned impairment for sensory impairment and dysesthesias; I do not find these impairment ratings to be persuasive.

Dr. Hines also assigned 10 percent impairment of the whole person for pain. In assigning this impairment Dr. Hines stated that he used table 18-7, page 584 of the Guides. Defendant correctly points out that under the Guides this rating is not appropriate. Section 18.3b notes situations when chapter 18 should not be used to rate pain-related impairment. (Guides, p. 571) This section notes that chapter 18 should not be used to rate pain-related impairment for any condition that can be adequately rated on the basis of the body or organ impairment rating systems given in other chapters. Defendant contends the 10 percent rating for pain is improper because even if Mr. Berzins currently had CRPS and it was permanent, the CRPS could have been adequately rated under Table 13-15 of the Guides and the metatarsal fractures could have been adequately rated using Table 17-33. I find defendant’s argument to be persuasive. Furthermore, Dr. Hines uses Table 18-7 to assign an impairment rating. However, this table specifically states that the numbers in this table are for total pain-related impairment score, not an impairment rating. I find that the pain-related impairment rating assigned by Dr. Hines is not appropriate under the Guides. Thus, I find Dr. Hines’ opinion on this issue is not persuasive.

For the reasons set forth above, with regard to the issue of permanent impairment I find the opinions of Dr. Bries carry greater weight than those of Dr. Hines.

Thus, I find Mr. Berzins has failed to demonstrate that he sustained any permanent impairment as the result of the July 1, 2019 work injury.

Claimant is also seeking reimbursement for the Dr. Hines IME. Dr. Bries issued an impairment rating in this case on February 4, 2021. (Def. Ex. H, p. 15) Dr. Hines performed an IME on March 4, 2021 and issued his report on July 28, 2021. Defendant argues that claimant is not entitled to reimbursement because claimant's counsel sent a letter to Dr. Hines requesting the IME on January 13, 2021, prior to the date of the impairment rating from Dr. Bries. I do not find this argument to be persuasive. I find that the prerequisites of Iowa Code section 85.39 were met and claimant is entitled to reimbursement for the IME in the amount of three thousand three hundred seventy-five and no/100 dollars (\$3,375.00).

Finally, claimant is seeking an assessment of costs. Costs are to be assessed at the discretion of the Iowa Workers' Compensation Commissioner or the deputy hearing the case. I find that claimant was generally not successful in this claims; therefore, I exercise my discretion and do not assess costs against the defendant in this case. I find that each party shall bear their own costs.

#### CONCLUSIONS OF LAW

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).

Having found that Mr. Berzins failed to prove any mental condition is causally related to, or materially aggravated by, the July 1, 2019 work injury, I conclude that he is not entitled to permanent disability benefits related to any mental condition. Similarly,

having found that Mr. Berzins failed to prove that his CRPS is permanent, I conclude that he is not entitled to permanent disability benefits related to said condition.

Instead, I conclude that any permanent disability related to the July 1, 2019 work injury is limited to the right foot. A disability to the foot is classified as a scheduled member disability. Iowa Code section 85.34(2)(o). Under the schedule, 150 weeks is the maximum number of weeks of compensation for loss of a foot. Id. Iowa Code states,

x. In all cases of permanent partial disability described in paragraphs “a” through “u”, or paragraph “v” when determining functional disability and not loss of earning capacity, the extent of loss or percentage of permanent impairment shall be determined solely by utilizing the guides to the evaluation of permanent impairment, published by the American medical association, as adopted by the workers' compensation commissioner by rule pursuant to chapter 17A. Lay testimony or agency expertise shall not be utilized in determining loss or percentage of permanent impairment pursuant to paragraphs “a” through “u”, or paragraph “v” when determining functional disability and not loss of earning capacity.

Iowa Code section 85.34(2)(x).

The Commissioner has adopted the Guides to the Evaluation of Permanent Impairment (AMA Press, 5th Ed. 2001). 876 IAC 2.4. With regard to section 85.34(2)(x), the Iowa Workers' Compensation Commissioner has stated:

Thus, the law, as written, is not concerned with an injured worker's actual functional loss or disability as determined by the evidence, but rather the impairment rating as assigned by the adopted version of The AMA Guides. The only function of the agency is to determine which impairment rating should be utilized.

Merlyn Brown, Jr., Claimant, No. File Nos.: 5067998, 2021 WL 5575264, at \*8 (Nov. 23, 2021).

Based on the above findings of fact, I found the opinion of Dr. Bries to carry greater weight than that of Dr. Hines. Dr. Bries assigned zero percent permanent impairment as the result of the work injury. Mr. Berzins sustained a compensable injury to his right foot. As the result of that injury, he had to undergo extensive treatment and continues to have problems with his foot. However, the undersigned is not allowed to consider lay testimony, when determining functional disability the extent of loss shall be determined solely by utilizing the Guides. Thus, I conclude claimant failed to carry his burden of proof to demonstrate by a preponderance of the evidence that he sustained any permanent disability as the result of the work injury with John Deere.

Claimant is seeking reimbursement under Iowa Code section 85.39 for the IME of Dr. Hines. The Code states:

If an evaluation of permanent disability has been made by a physician retained by the employer and the employee believes this evaluation to be too low, the employee shall, upon application to the commissioner and upon delivery of a copy of the application to the employer and its insurance carrier, be reimbursed by the employer the reasonable fee for a subsequent examination by a physician of the employee's own choice, and reasonably necessary transportation expenses incurred for the examination.

Iowa Code section 85.39(2).

In the present case, defendant contends claimant is not entitled to reimbursement for the IME because a letter was sent to Dr. Hines prior to Dr. Bries' impairment rating. However, the actual IME was not conducted by Dr. Hines until after Dr. Bries issued his impairment rating. Thus, I conclude the prerequisites of section 85.39 were met and claimant is entitled to reimbursement of the IME as set forth above.

Finally, claimant is seeking an assessment of costs. Costs are to be assessed at the discretion of the Iowa Workers' Compensation Commissioner or the deputy hearing the case. 876 IAC 4.33. Based on the above findings of fact, I exercise my discretion and do not assess costs against the defendant in this case. I conclude that each party shall bear their own costs.

#### ORDER

THEREFORE, IT IS ORDERED:


Claimant shall take no weekly benefits from this proceeding.

Defendant shall reimburse claimant for the IME as set forth above.

Each party shall bear their own costs.

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

Signed and filed this 26<sup>th</sup> day of January, 2022.

  
ERIN Q. PALS  
DEPUTY WORKERS'  
COMPENSATION COMMISSIONER

The parties have been served, as follows:

James Hoffman (via WCES)

Troy Howell (via WCES)

Austin Lenz (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.