

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

JOSE MONTEPEQUE,

Claimant,

vs.

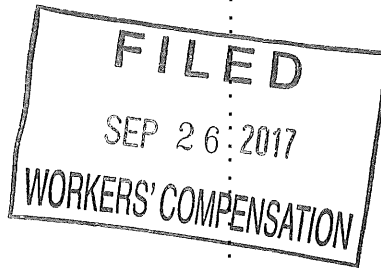
FARNER-BOCKEN,

Employer,

and

AMERICAN ZURICH INS. CO.,

Insurance Carrier,
Defendants.



File No. 5055566

ARBITRATION DECISION

Head Note No.: 1803.1

STATEMENT OF THE CASE

This is a proceeding in arbitration. The contested case was initiated when claimant, Jose Montepeque, filed his original notice and petition with the Iowa Division of Workers' Compensation. The petition was filed on February 12, 2016. Claimant alleged he sustained a work-related injury on May 20, 2014. (Original notice and petition.)

For purposes of workers' compensation, Farner-Bocken is insured by American Zurich Insurance Co., defendants. A first report of injury was filed on June 9, 2014. Defendants filed their answer on February 26, 2016. They admitted the occurrence of the work injury.

The hearing administrator scheduled the case for hearing on April 13, 2017. The hearing took place in Des Moines, Iowa at the Iowa Workforce Development Building at 150 Des Moines Street. The undersigned appointed Ms. Keriann E. Hansen as the certified shorthand reporter. She is the official custodian of the records and notes. Patricia Vargas-Ver Ploeg was sworn in as a court certified interpreter.

Claimant testified on his own behalf. Defendants called Mr. Lonny Lehrkamp, Transportation Supervisor at Farner-Bocken to testify on behalf of the defense. Claimant offered exhibits marked 1 through 9. Defendants offered exhibits A through D. All exhibits were admitted as evidence in the case.

A transcript of the proceedings was filed on April 27, 2017. Post-hearing briefs were filed on May 2, 2017. The case was deemed fully submitted on that date.

STIPULATIONS

The parties completed the designated hearing report. The various stipulations are:

1. There was the existence of an employer-employee relationship at the time of the alleged injury;
2. Claimant sustained an injury on May 20, 2014 which arose out of and in the course of his employment;
3. The injury is a cause of both temporary and permanent disability;
4. The parties agree permanency is found,
5. The commencement date for permanent partial disability benefits is July 31, 2014;
6. The parties agree, the weekly benefit rate is \$703.62;
7. Prior to the date of the hearing, defendants paid claimant 18 weeks of benefits at the rate of \$688.78 per week; and
8. The parties agree certain costs that are detailed were paid by claimant.

ISSUES

The issues presented are:

1. Is claimant entitled to temporary or healing period benefits for the period from May 20, 2014 through July 30, 2014?
2. What is the nature of claimant's permanent partial disability?
3. What is the extent of claimant's permanent partial disability?
4. Is claimant entitled to medical benefits pursuant to Iowa Code section 85.27 for the right shoulder?

FINDINGS OF FACT

This deputy, after listening to the testimony of claimant and to the testimony of Mr. Lehrkamp at hearing, after judging their credibility, and after reading the evidence, and the post-hearing briefs, makes the following findings of fact and conclusions of law:

The party who would suffer loss if an issue were not established has the burden of proving the issue by a preponderance of the evidence. Iowa Rule of Appellate Procedure 6.14(6).

Claimant is 35 years old and right-hand dominant. He was born in Guatemala and attended school through the sixth grade. He moved to Miami, Florida in December of 1996. He resided in the Miami area until 2001. Claimant did attend school until the eighth grade. He attended South Dade Adult Education Center from June 1999 through 2001 but he did not receive a certificate. He did receive a high school diploma in 2007 by attending online classes through Belford High School. Claimant is married with one minor child.

Claimant commenced employment with defendant-employer on September 24, 2012. The company is engaged in the delivery of food products to restaurants, stores, and gas stations. Claimant studied to obtain his commercial driver's license, (CDL). He passed the examination and the driving test. Claimant was assigned to drive a trailer with a sleeper. He drove in Missouri, Kansas, Minnesota, Colorado and Nebraska. The rate of pay was \$.35 per mile.

The parties agree claimant sustained a work injury on May 20, 2014. He fell from the last step of his truck and landed on his right side. Claimant testified he landed on both his right elbow and his right shoulder. During direct examination claimant stated:

Q. (By Mr. Neifert) If you can, by using words rather than pointing, Jose, tell me where you had pain or problems right away.

A. My - - I felt pain immediately in my elbow and my shoulder.

Q. Did you - - well, let me ask you, what did you do next?

A. I drove to the office using my left hand the best I could.

(Transcript, page 24)

Michael J. Soppe, D.C., of Soppe Chiropractic, Inc., examined claimant on the day of the work injury. (Exhibit 1, p. 1) Claimant noted sharp and aching pains arising out of activities associated with lifting, twisting, and reaching at an intensity of 8 out of 10 on an analog scale of zero to ten with ten being unbearable pain and zero being completely pain free. (Ex. 1, p. 1) Claimant explained he was having pain from his shoulder down his arm, into the forearm, and with the most pain at the elbow. (Ex. 1, p. 1)

Dr. Soppe found severe bruising with a possible fracture of the right elbow. (Ex. 1, p. 2) X-rays taken by Dr. Soppe did not find any obvious visible fracture of the elbow. The x-ray results showed the joint spaces of the elbow and the associated bones were well maintained and aligned. (Ex. 1, p. 2) The chiropractor recommended claimant not return to work that day. Claimant was advised to schedule another appointment and to use ice packs at home. The ice packs were instituted as a mechanism to reduce swelling and pain. (Ex. 1, p. 2)

On Wednesday, May 21, 2014, claimant returned for follow up care with Dr. Soppe. (Ex. 1, p. 6) Dr. Soppe diagnosed claimant with "Segmental Dysfunction Upper Extremities." (Ex. 1, p. 6) Claimant was restricted from working. (Ex. 1, p. 7)

On Thursday, May 22, 2014, claimant returned to the chiropractic clinic. He complained of right arm pain. (Ex. 1, p. 5) Gregory D. Banks, D.C., treated claimant. He described his pain as "sharp and aching." (Ex. 1, p. 8) Dr. Banks noted the presence of severe bruising of the right elbow and hand. (Ex. 1, p. 8)

Claimant returned to the chiropractic clinic on Friday, May 23, 2014. He emphasized the pain radiating from the back of his shoulder blade in the form of a knot down into his arm and hand. (Ex. 1, p. 10) Dr. Banks noted the severe bruising of the right elbow and hand. (Ex. 1, p. 10) Claimant reported "pain and muscle spasm in the area." (Ex. 1, p. 10)

Dr. Soppe examined claimant on Tuesday, May 27, 2014. The patient reported sharp and aching pain at the same intensity as previously reported. (Ex. 1, p. 12) Dr. Soppe continued to note severe bruising of the right elbow and hand. (Ex. 1, p. 12) The chiropractor recommended a referral to an orthopedic surgeon. (Ex. 1, p. 12)

Claimant returned to the chiropractic clinic on the succeeding day. Dr. Banks referred the patient for magnetic resonance imaging (MRI). (Ex. 1, p. 14) The general assessment remained, "Severe bruising of right elbow and hand." (Ex. 1, p. 14)

On June 2, 2014, claimant presented to SimonMed in Omaha for MRI testing of the right upper extremity joint. (Ex. 2, p. 17) Jonathan Felt, M.D., interpreted the results as:

1. Nondisplaced proximal radius fracture with a transversely-oriented component at the radial head-neck junction and probable subtle extension into the radial head, and an additional questionable component extending more distally and involving the radial tuberosity. The radial head articular surface appears congruent.

2. Moderate-sized elbow effusion.

3. No evidence of ligamentous or tendon injury.

(Ex. 2, p. 18)

Thomas D. Dulaney, M.D., an orthopedic surgeon at Des Moines Orthopaedic Surgeons, P.C., examined claimant on June 4, 2014. (Ex. 3, p. 19) Claimant reported some mild posterior shoulder pain and elbow pain. (Ex. 3, p. 19) Dr. Dulaney assessed claimant as having a radial neck fracture. With respect to the right shoulder, Dr. Dulaney determined claimant had some mild posterior discomfort but otherwise had full range of motion, excellent cuff strength and no muscle atrophy. (Ex. 3, p. 20)

The orthopedic surgeon explained his diagnoses to claimant and his spouse. The doctor stated:

I discussed with Jose and his wife this is a radial neck fracture. It should require no operative intervention. I would recommend simply encouraging range of motion and definitely limit any type of lifting more than a few pounds with the right hand and I discussed with him that the more range of motion he gets back the happier he will be with the result. He is comfortable with range of motion. I think his shoulder pain simply appears to be some mild muscle discomfort and would simply follow it at this point. I will see him back in four weeks to make sure things are improving. If he has concerns or problems interim he will call.

(Ex. 3, p. 20)

Claimant was returned to work effective June 11, 2014. (Ex. 3, p. 22) He was subject to the limitations of no lifting more than two to five pounds and to avoid repetitive motions, including grasping and pulling. (Ex. 3, p. 22)

There was a follow up appointment with Dr. Dulaney on July 9, 2014. Claimant reported he had not been able to return to work because his elbow was quite sore. (Ex. 3, p. 23) A physical examination revealed claimant's range of motion was restricted -4 degrees from full 160 degree extension. (Ex. 3, p. 23) Dr. Dulaney believed claimant possessed full pronation and supination of the wrist. (Ex. 3, p. 23) Other than mildly tender forearm and mild lateral elbow discomfort, the physical exam conducted by the orthopedist did not reveal any additional deficiencies. (Ex. 3, p. 23) After reviewing new x-rays of the right elbow, Dr. Delaney declared the proximal radius fracture had healed. (Ex. 3, p. 23) The physician returned claimant to work subject to several work restrictions. Claimant was not to lift more than ten pounds and he was to avoid repetitive motions, such as grasping and pulling. (Ex. 3, p. 24) Claimant did not report any issues with his right shoulder during the July 9, 2014 appointment.

On July 30, 2014, claimant returned to the orthopedic clinic. He reported the following symptoms:

Jose Montepeque comes in for a recheck today of his right radial head. He says he still has some mild soreness. He says he also feels like he has a knot in his posterior shoulder. He has had no recurrent injuries or trauma. He has no other complaint.

(Ex. 3, p. 25)

Dr. Dulaney found the right shoulder to be completely unremarkable. (Ex. 3, p. 25) Claimant had full range of motion. (Ex. 3, p. 25) He had some posterior muscular tenderness but no palpable masses, warmth or erythema. (Ex. 3, p. 25) There was excellent cuff strength in all planes. (Ex. 3, p. 25) With reference to the right elbow, the range of motion was -2 degrees from full extension to 170 degrees flexion

with full pronation and supination. There was no forearm tenderness. (Ex. 3, p. 24) Dr. Dulaney opined claimant was fit to return to work without any restrictions. (Ex. 3, p. 26) The orthopedic surgeon found no evidence of a permanent impairment. (Ex. 3, p. 25)

Claimant did not see Dr. Dulaney again until January 23, 2015. At that time, claimant complained of elbow issues. (Ex. 3, p. 27) Dr. Dulaney found claimant had full extension to 160 degrees of flexion. Claimant had full pronation and supination. X-rays were taken. The results showed the elbow was completely unremarkable. (Ex. 3, p. 27) Dr. Dulaney recommended a referral to an elbow specialist. (Ex. 3, p. 27) Claimant reported no issues or manifestations of pain relating to his shoulder during the examination.

Per the referral from Dr. Dulaney, claimant saw Jeffrey A. Rodgers, M.D., on March 6, 2015. Claimant described pain in his right lateral elbow that radiated up to his shoulder. (Ex. 4, p. 29) Dr. Rodgers found claimant to be moderately tender in the right lateral elbow area. The tenderness increased with passive supination or pronation of the forearm. (Ex. 4, p. 30) Dr. Rodgers determined claimant had a healed radial neck fracture. (Ex. 4, p. 30) The orthopedist determined claimant did not need any work restrictions. (Ex. 4, p. 31) Claimant was released to full duty work. (Ex. 4, p. 32)

Dr. Rodgers issued a report on September 25, 2015. (Ex. 4, pp. 33-35) In the report, Dr. Rodgers determined claimant had a permanent impairment to the right upper extremity in the amount of 3 percent. The rating was based on the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. Dr. Rodgers opined claimant reached maximum medical improvement on March 6, 2015.

Pursuant to Iowa Code section 85.39, claimant exercised his right to an independent medical examination, (IME) with Sunil Bansal, M.D., M.P.H. The examination occurred on November 16, 2015. (Ex. 5, p. 35a) Claimant reported to Dr. Bansal his condition was as follows:

Mr. Montepeque continues to have constant pain in his right elbow, as well as swelling of the arm. He has numbness and tingling of the hand when he drives for more than five hours. The numbness affects the third, fourth, and fifth fingers of the right hand, and radiates up his arm to his shoulder. He has sharp pain occasionally that feels as though the elbow locks in place.

His right shoulder pain is aching and constant, with intermittent sharp shooting pains. He has pain with raising his arm over shoulder level.

He is able to lift 40 pounds with his right arm occasionally, and 10 pounds over shoulder level.

(Ex. 5, p. 38)

Dr. Bansal physically examined claimant's right elbow. The independent medical examiner diagnosed claimant with a radial neck fracture. (Ex. 5, p. 40) Dr. Bansal found:

RIGHT ELBOW:

There is tenderness to palpation of the proximal forearm.

There is increased tenderness with resisted wrist flexion into the lateral epicondylar area.

Positive Cozen's test.

(Ex. 5, p. 39)

Dr. Bansal found there was a 25 percent deficit in extension when the right elbow was compared to the left one. (Ex. 5, p. 39) He concurred with Dr. Rodgers. Maximum medical improvement was reached on March 6, 2015. (Ex. 5, p. 40)

Additionally, Dr. Bansal physically examined the right shoulder. He found tenderness to palpation with the greatest tenderness at the acromioclavicular joint. (Ex. 5, p. 39) Dr. Bansal did find a positive impingement test with respect to the right shoulder. (Ex. 5, p. 40) When the independent medical examiner conducted range of motion testing, he found the following results:

RANGE OF MOTION

Flexion: 173 degrees

Abduction: 162 degrees

Adduction: 48 degrees

External Rotation: 87 degrees

Extension: 52 degrees

Internal Rotation: 71 degrees

(Ex. 5, p. 39) Dr. Bansal recommended MRI testing for claimant's right shoulder with appropriate treatment recommendations. (Ex. 5, p. 40)

Dr. Bansal reviewed claimant's right elbow and right shoulder for purposes of presenting permanent impairment ratings. According to Dr. Bansal, claimant had a 5 percent impairment rating to the right upper extremity based on the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, Figures 16-34 and 16-37. (Ex. 5, p. 42)

Dr. Bansal evaluated the right shoulder as having a permanent impairment of 3 percent to the upper extremity or a 2 percent permanent impairment to the body as a whole. The rating was based on the AMA Guides, at Figures 16-40 through 16-46 and upon a comparison to the left shoulder. (Ex. 5, p. 42)

Dr. Bansal opined permanent restrictions should have been imposed. However, claimant did not want any restrictions as he felt the restrictions would jeopardize his employment with Farner-Bocken.

Claimant testified his arm hurts after playing soccer for ten minutes. It is difficult for him to ride a bicycle because he must grip the handle with his right hand. He stated bicycle riding affects his elbow and his shoulder. If claimant has to lower the feet of an old trailer, he testified he must use both hands to crank a wench. Also, it is difficult for claimant to stop and shift gears frequently when driving for work. Claimant attempts to use his left hand when possible.

Claimant uses over-the-counter Ibuprofen and ice for pain when necessary. His wife rubs "Ben Gay" on his shoulder frequently.

RATIONALE AND CONCLUSIONS OF LAW

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 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 Hospital v. Gray, 604 N.W.2d 646 (Iowa 2000).

Expert testimony may be buttressed by supportive lay testimony. Bradshaw v. Iowa Methodist Hospital, 251 Iowa 375, 380; 101 N.W.2d 167, 170 (1960).

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 Casualty Co., 526 N.W.2d 845 (Iowa 1995).

The salient issue here is whether claimant has sustained an injury to the right elbow or whether he has sustained an injury to both the right elbow and the right shoulder.

Claimant sustained a permanent injury to the right elbow but only a temporary injury to the right shoulder as a result of claimant's fall on May 20, 2014. The three treating physicians did not find any evidence of a permanent injury to the right shoulder.

Medical records established claimant sustained a proximal radial fracture. The fracture did not require a surgical repair.

Throughout the course of his medical treatment, claimant primarily complained about his right elbow. Repeatedly, he referred to his shoulder strain as “a knot” at the back of his shoulder. At the Soppe Chiropractic Clinic, claimant reported most of his pain was in his elbow. (Ex. 1, p. 1) The chiropractor, as a result of that statement, concentrated his treatment on the elbow. X-rays of the elbow were taken. Claimant continued to report most of his pain was in the elbow and down into the wrist. Because of claimant’s renewed elbow complaints, MRI testing was ordered for the elbow only. Had claimant complained about his right shoulder, the chiropractor would have ordered MRI testing for the right shoulder too.

Because of the right elbow complaints, claimant was referred to Dr. Dulaney. Again the primary focus was on the right elbow. Claimant also reported “some mild posterior shoulder pain but otherwise no complaints.” (Ex. 3, p. 19) The next complaint claimant voiced regarding the right shoulder was not until July 30, 2014. Claimant described his pain as a knot at the back of his shoulder. (Ex. 3, p. 25) Dr. Dulaney did examine the shoulder but he found nothing remarkable. Claimant had full range of motion of the shoulder. He had excellent cuff strength in all planes. Dr. Dulaney diagnosed claimant as having “muscle pain.” (Ex. 3, p. 25) There was no other significant pathological basis for claimant’s pain.

When Dr. Rodgers examined claimant on March 6, 2015, claimant described his problem as “pain in his right lateral elbow that does radiate up to his shoulder at times.” Claimant focused his complaints on the right elbow. The shoulder was mentioned only due to radiating pain therefrom. (Ex. 4, p.29) As a consequence, Dr. Rodger’s physical examination was directed to the right elbow. (Ex. 4, pp. 29-31)

The objective medical evidence in the present case indicates claimant’s injury was limited to the elbow. The complaints claimant reported to his treating medical providers centered on the elbow. Moreover, on most treatment dates, he did not even mention the shoulder. When he did mention the shoulder, he merely described a “knot” or muscle pain, or he described pain radiating from his elbow. Claimant did not really discuss problems with range of motion or rotator cuff issues. Additionally, claimant sought no treatment for elbow or shoulder pain after July 30, 2014 until January 23, 2015. Even then, claimant only complained of elbow pain.

The only medical evidence claimant provided which supported his claim for a right shoulder injury was the opinion of Dr. Bansal. (Ex. 5) However, Dr. Bansal’s opinion was not based on completely accurate information. Dr. Bansal opined claimant’s right shoulder was not addressed by medical personnel. Such was not the case. Claimant’s shoulder pain was thoroughly addressed by Dr. Dulaney. He simply found the examination of the shoulder to be unremarkable. As stated earlier, claimant only had mild tenderness at the back of his shoulder. He had muscle pain. Claimant has not established by a preponderance of the evidence that he sustained a permanent injury to his right

shoulder. Claimant merely sustained a temporary injury to the right shoulder. The elbow injury is a permanent work injury. It is a scheduled member injury.

Under the Iowa Workers' Compensation Act permanent partial disability is categorized as either to a scheduled member or to the body as a whole. See section 85.34(2). Section 85.34(2)(a)-(t) sets forth specific scheduled injuries and compensation payable for those injuries. The extent of scheduled member disability benefits to which an injured worker is entitled is determined by using the functional method. Functional disability is "limited to the loss of the physiological capacity of the body or body part." Mortimer v. Fruehauf Corp., 502 N.W.2d 12, 15 (Iowa 1993); Sherman v. Pella Corp., 576 N.W.2d 312 (Iowa 1998). Compensation for scheduled injuries is not related to earning capacity. The fact-finder must consider both medical and lay evidence relating to the extent of the functional loss in determining permanent disability resulting from an injury to a scheduled member. Terwilliger v. Snap-On Tools Corp., 529 N.W.2d 267, 272-273 (Iowa 1995); Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417, 420 (Iowa 1994).

Iowa Code section 85.34(2)(m) governs the permanent disability of an arm. The sub-section reads:

m. The loss of two-thirds of that part of an arm between the shoulder joint and the elbow joint shall equal the loss of an arm and the compensation therefor shall be weekly compensation during two hundred fifty weeks.

Dr. Rodgers rated claimant as having a 3 percent permanent impairment to the right upper extremity. Dr. Bansal rated claimant as having a 5 percent permanent impairment to the right upper extremity. Claimant has residual pain and some symptoms. He now uses his left hand to compensate for his right hand and arm difficulties. It is difficult for him to shift his truck on a repetitive basis.

The undersigned determines claimant has a 7 percent permanent partial disability to the right upper extremity. Pursuant to Iowa Code section 85.34(2)(m), claimant is entitled to 17.5 weeks of permanent partial disability benefits at the rate of \$703.62 per week. Said benefits shall commence from July 31, 2014.

Defendants shall take credit for all benefits previously paid to date. If defendants have paid any weekly benefits at an incorrect weekly rate, they shall be responsible for making payment for the difference as stated in the hearing report.

In arbitration proceedings, interest accrues on unpaid permanent disability benefits from the onset of permanent disability. Farmers Elevator Co., Kingsley v. Manning, 286 N.W.2d 174 (Iowa 1979); Benson v. Good Samaritan Ctr., File No. 765734 (Ruling on Rehearing, October 18, 1989).

Claimant is not entitled to alternate medical care pursuant to Iowa Code section 85.27. Claimant had a muscle strain. No additional medical care is warranted.

The final issue is costs to litigate. 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 are assessed to defendants:

Filing fee \$100.00

Service fee

ORDER

THEREFORE, IT IS ORDERED:

Defendants shall pay unto claimant seventeen point five (17.5) weeks of permanent partial disability benefits at the stipulated weekly benefit rate of seven hundred three and 62/100 dollars (\$703.62) and payable from July 31, 2014.

Accrued benefits, including any underpayments, shall be paid in a lump sum, together with interest, as provided by law.

Defendants shall take credit for all benefits previously paid to date.

Costs are assessed to defendants as detailed in the body of this decision.

Defendants shall file all reports as required by law.

Signed and filed this 26th day of September, 2017.



MICHELLE A. MCGOVERN
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

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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.