BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

STEVE HERYNK,

Claimant,

vs.

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY,

Employer,

and

VALLEY FORGE INSURANCE CO.,

Insurance Carrier,
Defendants.

File No. 5063185

ARBITRATION DECISION

Head Note Nos.: 1402.40, 1802, 1803, 2501, 2907

STATEMENT OF THE CASE

Steve Herynk, claimant, filed a petition for arbitration against State Automobile Mutual Insurance Company (herein after referred to as "State Auto"), as the employer, and Valley Forge Insurance Company as the insurance carrier. An in-person hearing occurred in Des Moines on March 5, 2018.

The parties filed a hearing report at the commencement of the hearing. On the hearing report, the parties entered into numerous stipulations. Those stipulations were accepted and no factual or legal issues relative to the parties' stipulations will be made or discussed in this file. The parties are now bound by their stipulations.

The evidentiary record includes Joint Exhibits 1 through 14, which were all received without objection. Claimant testified on his own behalf. No other witnesses were called to testify.

The evidentiary record closed at the end of the March 5, 2018 hearing and the case was considered fully submitted to the undersigned.

ISSUES

The parties submitted the following disputed issues for resolution:

1. Whether the November 2, 2015 injury caused temporary disability and, if so, whether claimant is entitled to an award of healing period benefits from December 15, 2016 through May 4, 2017.

2. Whether the November 2, 2015 injury caused permanent disability and, if so, the extent of claimant's entitlement to permanent disability benefits.

3. Whether claimant is entitled to an award of past medical expenses.

4. Whether costs should be assessed against either party.

FINDINGS OF FACT

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

Claimant, Steve Herynk, is a personable gentleman, who presented straightforward and credible testimony at the time of hearing. Mr. Herynk was 70 years of age on the date of the arbitration hearing. His educational background includes a high school education, junior college, as well as a bachelor's degree in education. (Claimant's testimony)

After college, Mr. Herynk worked for three years as a junior high science and history teacher. However, he no longer has a valid teaching certificate. While teaching school and for many years after he quit teaching school, Mr. Herynk worked as a self-employed farmer. He raised crops as well as cattle. He continued his farming venture full-time until he took work with Farmers Casualty (subsequently purchased and now known as State Automobile Mutual Insurance Company) in the 1990s. (Claimant's testimony)

Mr. Herynk worked for State Auto as a claims representative. When he started, Mr. Herynk's job required him to travel fairly extensively throughout Southeast Iowa adjusting automobile claims, including bodily injury, medical, and property damage claims. He later was required to assume additional duties, adjusting property damage claims as well. Eventually, State Auto centralized its claims process, and claimant's job became much more of an office job. (Claimant's testimony)

Mr. Herynk sustained a work-related injury to his low back on November 2, 2015. (Hearing Report) He stubbed a toe on his left foot on a raised portion of a curb, fell forward, and took a large step to catch himself with his right leg to prevent falling. However, in doing so, Mr. Herynk injured his low back. (Claimant's testimony)

Claimant testified that he experienced immediate symptoms in his right lower back. He was able to continue working, but experienced significant difficulties that evening and subsequent evenings when attempting to walk after getting home from work. Mr. Herynk thought that his symptoms would resolve with some time. However, they did not resolve and he reported the injury a few days later. (Claimant's testimony)

After he reported the injury, defendants authorized medical care. However, due to some intervening personal issues, claimant was not evaluated until approximately six weeks after the injury date. (Claimant's testimony) Conservative care did not resolve his difficulties, and he was ultimately referred to Lynn Nelson, M.D., who had previously

performed a lumbar fusion on claimant in May 2011. (Ex. 1, p. 58; Ex. 3, pp. 105-107) Due to MRI findings and claimant's subjective complaints of pain in his low back and down his right leg, as well as numbness and tingling below his right knee, Dr. Nelson recommended and subsequently performed a right L3-4 diskectomy on December 9, 2016. (Ex. 3, p. 128)

Claimant conceded that the December 2016 surgery was beneficial and significantly reduced his symptoms. Although he testified that the symptoms never completely resolved, he conceded that after his rehabilitation he felt "real good" by the Spring of 2017. (Claimant's testimony) Dr. Nelson released claimant from his care on May 4, 2017. (Ex. 8, p. 213)

Mr. Herynk testified that he continues to have symptoms. At the time of hearing, he testified that he was experiencing the return of pain in his right low back as well as tingling below his right knee again. He testified that these symptoms began to return in October 2017. However, he has not returned to be evaluated by Dr. Nelson since May 2017.

Review of the medical records demonstrates that Dr. Nelson has not provided a medical opinion about whether his treatment, surgery, or claimant's current condition are causally related to the November 2, 2015 work incident. Dr. Nelson does not appear to have addressed whether the November 2, 2015 incident was a material aggravation of an underlying or pre-existing condition. Nor did Dr. Nelson offer a permanent impairment rating or outline whether claimant requires permanent restrictions.

Instead, defendants sent claimant for an independent medical evaluation, performed by Joshua D. Kimelman, D.O., on January 22, 2018. (Ex. 6) Dr. Kimelman opines that claimant sustained only a temporary aggravation of his underlying and pre-existing medical condition. Dr. Kimelman declared maximum medical improvement to have occurred by March 15, 2016. Dr. Kimelman also imposed permanent work restrictions on claimant, which include avoidance of bending and twisting and no lifting over 25 pounds. (Ex. 6, p. 190) However, he opines that the permanent work restrictions are the result of claimant's two back surgeries but attributes the need for those surgeries to claimant's underlying and pre-existing conditions. (Ex. 6, p. 198)

Mr. Herynk asked his personal physician to weigh in on the issue of causation. Jeffrey C. Schoon, M.D., opined that the November 2, 2015 date of injury was a significant event. Dr. Schoon opined that claimant did not have residual difficulties after the prior May 2011 low back injury and opined that the November 2, 2015 work incident was a substantial contributing factor for claimant's current condition and treatment. (Ex. 2, pp. 97-98)

Claimant also obtained an independent medical evaluation, performed by Sunil Bansal, M.D., on September 21, 2017. (Ex. 8) Dr. Bansal opines that claimant did not achieve maximum medical improvement until his final evaluation and release by Dr. Nelson on May 4, 2017. Dr. Bansal opines that there was an objective change in

claimant's lumbar MRI that explains and demonstrates that the November 2, 2015 work incident was a permanent aggravation of the underlying condition. (Ex. 8, p. 213) Dr. Bansal offers the opinion that the work injury caused a ten percent permanent impairment of claimant's whole person. (Ex. 8, p. 215) Dr. Bansal further recommends that claimant lift no more than 20 pounds occasionally, that he avoid frequent bending or twisting and that he not sit for more than 30 minutes at a time. (Ex. 8, p. 215)

Relying upon the opinions of Dr. Kimelman, defendants contend that claimant sustained a temporary injury to his lumbar spine that reached maximum medical improvement by March 15, 2016. As such, defendants contend that claimant is not entitled to healing period benefits after March 15, 2016, or to an award of permanent disability.

Claimant relies upon the causation opinions of Dr. Schoon and Dr. Bansal. Claimant also urges that the opinions of Dr. Bansal be accepted with respect to maximum medical improvement, permanent impairment, and permanent restrictions, and that all of those be found causally related to, or as a result of a material aggravation from, the November 2, 2015 work incident.

Review of the medical records demonstrates that claimant had significant pre-existing lumbar spine issues. He reported a "pinching" feeling in his low back in 2006. He submitted to an injection in his lumbar spine in that same time frame.

In 2010, claimant experienced another incident and injury to his lumbar spine. This time, it required surgical intervention. Dr. Nelson performed a fusion at the L4-5 level in May 2011. Claimant continued treatment with Dr. Nelson until May 2012 following that surgery. Mr. Herynk sought no treatment for his low back between May 2012 and the injury date on November 2, 2015. Obviously, after the November 2, 2015, work injury he required significant treatment, including the subsequent back surgery.

When I consider the competing opinions of Dr. Kimelman and those of Dr. Schoon and Dr. Bansal, I note that Dr. Kimelman is an orthopaedic surgeon. Dr. Schoon is claimant's family physician and Dr. Bansal is an occupational medicine specialist. As an orthopaedic surgeon, Dr. Kimelman has superior training and credentials pertaining to an orthopaedic injury.

On the other hand, Dr. Schoon evaluated claimant over the period of time between his various back injuries and would have personal observations of claimant's condition, improvement, and subsequent decline after the November 2, 2015 work incident. Dr. Bansal is an occupational medicine physician with training and expertise in considering causal connection between work and physical injuries.

I find it interesting and informative that Dr. Kimelman authors a report in January 2018 in which he relies upon a medical record from Dr. Schoon in March 2016 to suggest that claimant's work injury had essentially resolved. Dr. Kimelman opines:

> I believe, referring to Dr. Schoon's notes and physical therapy notes, that his back condition, by the end of February or the beginning of March,

> had resolved, and according to Dr. Schoon and therapy note of March 11, 2016, he was 95% improved, and he was discharged on a home exercise program, and that would be considered a normal healing period of 2-3 months post a back strain.

(Ex. 6, p. 190)

Yet, Dr. Schoon opined in November 2017 that the work incident was a substantial contributing factor in causing the treatment that occurred after November 2015. (Ex. 2, p. 98) It seems strange that Dr. Kimelman would rely upon a medical record from Dr. Schoon for a proposition that Dr. Schoon does not support. Dr. Kimelman makes no reference to Dr. Schoon's November 2017 opinions and offers no explanation why his opinion would contradict the physician whom he is relying upon, although he apparently reviewed the November 2017 report from Dr. Schoon. (Ex. 6, p. 187)

Dr. Kimelman opines that claimant sustained a subsequent, or intervening, low back injury between November 2, 2015 and his evaluation by Dr. Schoon on March 15, 2016. (Ex. 6, p. 191) Presumably, Dr. Kimelman is referring to a reference in Dr. Schoon's medical record of March 15, 2016 in which he recorded, "Since completing physical therapy has been doing lots of manual labor outside in the yard and now the pain is back as bad as it was before." (Ex. 1, p. 63)

No specific incident or injury was noted in Dr. Schoon's March 15, 2016 office note. Rather, it appears that claimant experienced improvement with therapy and attempted to perform some of his typical household duties, including manual labor outside in March 2016. Apparently, his low back was not entirely healed and could not handle the increased activity.

Rather than interpreting Dr. Schoon's note as demonstrating a new injury in March 2016, I interpret it as documenting that claimant was unable to return to normal activities, despite having experienced improvement of symptoms with therapy. Rather than demonstrating a complete recovery from November 2, 2015, I interpret Dr. Schoon's March 15, 2016 note to be documenting that claimant was not fully healed and that he had not returned to normal.

Instead, claimant continued to treat with Dr. Nelson and was not released by Dr. Nelson until May 2017. I reject Dr. Kimelman's interpretation of Dr. Schoon's note. Instead, I accept the opinion of Dr. Schoon interpreting his own notes and in reliance upon his own observations. I interpret the March 15, 2016 office note to demonstrate that claimant was not fully healed after the November 2, 2015 work injury and as good evidence that the healing period continued and that claimant sustained a permanent aggravation of his low back condition.

Having weighed the competing medical opinions, I accept the causation opinions of Dr. Schoon and Dr. Bansal as most convincing and credible in this evidentiary record. Accordingly, I find that claimant has proven he sustained a permanent aggravation of his underlying low back condition as a result of the November 2, 2015 work injury.

Dr. Bansal offers the only opinion pertaining to permanent impairment. His 10 percent permanent impairment rating is accepted.

Although not exact, Dr. Bansal's restrictions are similar in scope and recommendation to those offered by Dr. Kimelman. I accept the permanent work restrictions outlined by Dr. Bansal as most convincing and credible.

Claimant reasonably testified that he has ongoing symptoms. However, he did not exaggerate those symptoms. Rather, he testified that he only requires over-the-counter medications one or two times per week at bedtime to permit him to sleep as a result of his low back condition.

Mr. Herynk testified that he voluntarily accepted a retirement incentive package from the employer to retire in approximately January 2016. However, he conceded at hearing that he could return to work and has applied for similar work as a claims representative even with his residual symptoms following the November 2, 2015 work injury. I find that Mr. Herynk reasonably could return to work as an insurance claims representative.

Claimant testified that he could not return to work as a full-time farmer. Realistically, the restrictions imposed by Dr. Bansal would preclude full-time work with the physical duties required of a farmer or farm-hand. Claimant has proven he sustained a loss of future earning capacity in some amount given his permanent impairment rating, permanent restrictions, inability to return to work as a farmer, and residual symptoms.

Mr. Herynk has applied for a different positon as a claims representative with State Auto. He was not hired, despite having extensive experience with the company.

Claimant also obtained a part-time job since his release by Dr. Nelson in which he was to perform pharmacy deliveries. Unfortunately, after working only about 20 hours, he developed other, unrelated physical difficulties and lost that job. He has not applied for any other jobs since his retirement from State Auto. Instead, he is drawing Social Security retirement benefits at this time.

Mr. Herynk admits that he continues to play golf, though he testified he cannot always play 18 holes of golf any longer due to back symptoms. He also continues to walk approximately 30 minutes per day for exercise.

He also testified that he would like to pursue self-employment opportunities performing grading, seeding, and mowing, though he does not think he could physically perform all those jobs with his current condition. Mr. Herynk did perform some part-time self-employment duties in this line of work in approximately 2000.

Having considered claimant's age, educational background, employment history, permanent impairment, permanent work restrictions, the severity of his injury and required surgery, motivation level, and all other factors of industrial disability outlined by

the Iowa Supreme Court, I find that Mr. Herynk has proven he sustained a 35 percent loss of future earning capacity as a result of the November 2, 2015 work injury.

Mr. Herynk also asserts a claim for healing period benefits from December 15, 2016 through May 4, 2017. He was clearly off work during this period of time. (Hearing Report) Dr. Nelson did not release claimant from his care until May 4, 2017, and Dr. Bansal did not declare maximum medical improvement until May 4, 2017. I find that claimant did not reach maximum healing or maximum medical improvement until May 4, 2017.

However, Mr. Herynk took a voluntarily retirement package from State Auto in approximately January 2016. (Ex. 14, deposition transcript p. 19) In his first post-op note dated December 20, 2016, Dr. Nelson indicated, "[a]ppropriate activity restrictions/recommendations were reviewed and explained and all questions answered." (Ex. 3, p. 129) However, none of those restrictions or recommendations were outlined. Dr. Nelson noted claimant was retired and offered no further clarification of the issue. Again on January 31, 2017, Dr. Nelson noted appropriate activity restrictions or recommendations were discussed, but no specifics were provided. (Ex. 3, p. 130)

At his April 18, 2017 evaluation Dr. Nelson noted an increase in symptoms, but makes no mention of activity restrictions or recommendations for claimant. (Ex. 3, p. 131) On May 4, 2017, claimant had a repeat MRI performed but no further treatment and there is no discussion of restrictions or recommendations for physical limitations in the evidentiary record from Dr. Nelson for this date of service. (Ex. 3, pp. 133-134)

A physical therapy note dated February 1, 2017 notes that claimant continued to have limitations on his activities of daily living since his December 2016 lumbar surgery, including ascending and descending stairs and operating a motor vehicle. (Ex. 4, pp. 169-170) However, by his March 10, 2017 physical therapy discharge, it is noted that claimant has no functional limitations with improvements documented in his ability to walk, lift, carry, and driving independently. (Ex. 4, pp. 171-172) Claimant was discharged from formal therapy as of March 10, 2017. (Ex. 4, p. 172)

I find that Mr. Herynk likely was not capable of working a substantially similar position as a claims representative shortly after his low back surgery, as documented by the limitations noted in his February 2017 physical therapy record. However, I find that claimant was capable of typical activities of daily living and that he failed to prove he was not capable of performing substantially similar employment to his claims representative position by his formal discharge from physical therapy on March 10, 2017. Claimant has failed to prove that he could not perform substantially similar employment after March 10, 2017, but has proven he could not perform substantially similar employment between December 15, 2016 and March 10, 2017.

Claimant also seeks an award of past medical expenses. Defendants dispute liability for the past medical expenses. However, defendants reasonably stipulated that the medical providers would testify as to the reasonableness of their fees as well as

their medical treatment. Defendants did not offer contrary evidence on those issues. (Hearing Report)

Defendants also stipulated that the listed medical expenses are causally related to the medical condition on which the claim was based, though they could not stipulate to causal connection because they urged the acceptance of Dr. Kimelman's medical opinion. Having accepted the medical causation opinions of Dr. Schoon and Dr. Bansal, I now find that the disputed medical treatment and charges contained in claimant's itemization of medical expenses, as attached to the hearing report, are causally related to the November 2, 2015 work injury.

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).

In this case, I found the opinions of Dr. Schoon and Dr. Bansal to be most convincing. Therefore, I found that claimant proved by a preponderance of the evidence that his surgery with Dr. Nelson and all residual treatment and symptoms are causally related to the November 2, 2015 work injury. I also found that claimant proved by a preponderance of the evidence that Mr. Herynk proved he sustained a permanent disability as a result of the November 2, 2015 work injury.

The parties appropriately stipulated that, if I found claimant had proven permanent disability, the injury should be compensated industrially pursuant to Iowa Code section 85.34(2)(u). (Hearing Report) Since claimant has an impairment to the body as a whole, an industrial disability has been sustained. Industrial disability was defined in Diederich v. Tri-City R. Co., 219 Iowa 587, 258 N.W. 899 (1935) as follows:

"It is therefore plain that the legislature intended the term 'disability' to mean 'industrial disability' or loss of earning capacity and not a mere 'functional disability' to be computed in the terms of percentages of the total physical and mental ability of a normal man."

Functional impairment is an element to be considered in determining industrial disability which is the reduction of earning capacity, but consideration must also be given to the injured employee's age, education, qualifications, experience, motivation, loss of earnings, severity and situs of the injury, work restrictions, inability to engage in employment for which the employee is fitted and the employer's offer of work or failure to so offer. McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Olson v. Goodyear Service Stores, 255 Iowa 1112, 125 N.W.2d 251 (1963); Barton v. Nevada Poultry Co., 253 Iowa 285, 110 N.W.2d 660 (1961).

Having considered all of the relevant industrial disability factors outlined by the Iowa Supreme Court, I found that claimant has proven a 35 percent loss of future earning capacity. This is equivalent to a 35 percent industrial disability and entitles claimant to an award of 175 weeks of permanent partial disability benefits. Iowa Code section 85.34(2)(u). Claimant will be awarded 175 weeks of permanent partial disability to commence, as stipulated, on May 5, 2017 at the stipulated weekly rate of $878.88. (Hearing Report)

Mr. Herynk also seeks an award of healing period benefits from December 15, 2016 through May 4, 2017. Section 85.34(1) provides that healing period benefits are payable to an injured worker who has suffered permanent partial disability until (1) the worker has returned to work; (2) the worker is medically capable of returning to substantially similar employment; or (3) the worker has achieved maximum medical recovery. The healing period can be considered the period during which there is a reasonable expectation of improvement of the disabling condition. See Armstrong Tire & Rubber Co. v. Kubli, 312 N.W.2d 60 (Iowa App. 1981). Healing period benefits can be interrupted or intermittent. Teel v. McCord, 394 N.W.2d 405 (Iowa 1986).

Having found that Mr. Herynk proved he was off work, not capable of performing substantially similar employment prior to March 10, 2017, and that he did not achieve maximum medical improvement until May 4, 2017, I conclude that claimant has proven entitlement to healing period benefits from December 15, 2016 through March 10, 2017. However, I found that claimant did not establish by a preponderance of the evidence that he was incapable of performing substantially similar employment after March 10, 2017. Therefore, I conclude that claimant failed to prove entitlement to healing period benefits after March 10, 2017. Iowa Code section 85.34(1). I conclude that claimant is entitled to an award of healing period benefits, at the stipulated weekly rate, from December 15, 2016 through March 10, 2017.

Claimant seeks award of medical expenses on claimant's itemization of medical expenses, as attached to the hearing report. 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).

Having found that the itemized medical expenses are reasonable and are causally related to the November 2, 2015 work injury, I conclude that claimant has proven entitlement to the award of the medical expenses contained in his itemization. Iowa Code section 85.27.

Finally, claimant seeks assessment of his costs. Costs are assessed at the discretion of the agency. Iowa Code section 85.40. Exercising the agency's discretion and recognizing that claimant has obtained an award of benefits, I conclude that it is appropriate to assess claimant's costs in some amount.

Claimant seeks assessment of his filing fee of $100.00 as well as his service fee of $13.12 upon defendants. Both requested costs are assessed pursuant to 876 IAC 4.33(3) and (7).

Mr. Herynk also seeks assessment for the cost of obtaining his independent medical evaluation with Dr. Bansal. Dr. Bansal provided an itemized statement for his services, which include a charge of $513.00 for his physical examination of claimant and $2,058.00 for drafting his report. Claimant seeks only assessment of the cost of Dr. Bansal's report, or $2,058.00, be assessed as a cost. (Claimant's Itemization of Requested Costs)

Pursuant to 876 IAC 4.33(6), the reasonable cost of obtaining a physician's report is a permissible cost. However, only the cost of the practitioner's report can be assessed as a cost. Des Moines Area Regional Transit Authority v. Young, 867 N.W.2d 839, 846 (Iowa 2015). In this instance, I find Dr. Bansal's charges for his report to be reasonable and assess defendants $2,058.00 for the cost of Dr. Bansal's report. 876 IAC 4.33(6).

ORDER

THEREFORE, IT IS ORDERED:

Defendants shall pay claimant healing period benefits from December 15, 2016 through March 10, 2017.

Defendants shall pay claimant one hundred seventy-five (175) weeks of permanent partial disability benefits commencing on May 5, 2017.

All weekly benefits shall be paid at the stipulated weekly rate of eight hundred seventy-eight and 88/100 dollars ($878.88).

Defendants shall pay accrued weekly benefits in a lump sum together with interest at the rate of ten percent for all weekly benefits payable and not paid when due which accrued before July 1, 2017, and all interest on past due weekly compensation benefits accruing on or after July 1, 2017, shall be payable at an annual rate equal to the one-year treasury constant maturity published by the federal reserve in the most recent H15 report settled as of the date of injury, plus two percent. See Gamble v. AG Leader Technology File No. 5054686 (App. Apr. 24, 2018).

Defendants shall reimburse claimant for all out-of-pocket medical expenses and shall pay to claimant, directly to the medical provider, or reimburse any third-party payor for all medical expenses contained in claimant's itemization of medical expenses and shall hold claimant harmless for all such expenses.

Defendants shall reimburse claimant's costs totaling two thousand one hundred seventy-one and 12/100 dollars ($2,171.12).

Defendants 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 7th day of May, 2018.

WILLIAM H. GRELL
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

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WHG/sam

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.