BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

WILLIAM LEGGETT, Claimant, vs. UNIVERSITY OF IOWA HOSPITALS, AND CLINICS STATE OF IOWA, Self-Insured, Employer, Defendant.	File No. 5049231 A R B I T R A T I O N D E C I S I O N Head Note No.: 1803

STATEMENT OF THE CASE

William Leggett, the claimant, seeks workers' compensation benefits from defendant, University of Iowa Hospitals and Clinics, an agency of the State of Iowa, a self-insured employer, as a result of a work injury on August 20, 2013. Presiding in this matter is Larry P. Walshire, a deputy Iowa Workers' Compensation Commissioner. An oral evidentiary hearing commenced on October 8, 2015, but the matter was not fully submitted until the receipt of the parties' briefs and argument on October 21, 2015. Oral testimony and written exhibits received into evidence at hearing are set forth in the hearing transcript.

After hearing, defendant moved to reopen the record to allow a written opinion Dr. Nepola that was contained in a letter to him from defense counsel on May 28, 2015. Defendant asserted it was inadvertently left out of the exhibit package, but agreed between the parties to be included in the joint exhibit package. Claimant did not resist this motion. Therefore, the exhibit is received and marked joint exhibit 36.

The parties only offered one set of joint exhibits marked numerically. References in this decision to page numbers of an exhibit shall be made by citing the exhibit number or letter followed by a dash and then the page number(s). For example, a citation to claimant's exhibit 1, pages 2 through 4 will be cited as, "Ex. 1-2:4".

The parties agreed to the following matters in a written hearing report submitted at hearing:

1. On August 26, 2013, claimant received an injury arising out of and in the course of employment with defendant employer.

2. Claimant is not seeking healing period benefits.

3. The injury is a cause of some degree of permanent, industrial disability to the body as a whole.

4. Permanent partial disability benefits commence August 26, 2015.

5. At the time of the alleged injury, claimant's gross rate of weekly compensation was $743.15. Also, at that time, he was married and entitled to 2 exemptions for income tax purposes. Therefore, claimant's weekly rate of compensation is $486.04 according to the workers' compensation commissioner's published rate booklet for this injury.

6. Medical benefits are not in dispute.

7. Prior to hearing, defendant voluntarily paid 40 weeks of permanent disability benefits for this work injury.

8. Defendant previously paid claimant disability benefits for a 6 percent permanent partial disability to the body as a whole as a result of a work injury on July 21, 2006.

ISSUES

At hearing, the parties submitted the following issues for determination:

I. The extent of claimant's entitlement to weekly permanent disability benefits; and,

II. The extent of claimant's entitlement to penalty benefits for an unreasonable delay or denial of weekly benefits pursuant to Iowa Code section 86.13.

FINDINGS OF FACT

In these findings, I will refer to the claimant by his nickname, Bill, and to the defendant employer as UIHC.

Bill, age 63, has worked full-time for UIHC since 1998 and continues to do so at the present time. Bill's official job title for all of his time at UIHC has been custodian. Initially, he worked in housekeeping doing tasks such as stripping and waxing floors, changing cubicle or bed curtains, washing walls, and collecting trash. (Ex. 18-9) In about 2003, he moved to Guest Services. This work involves handling medical equipment in the hospital such as moving and adjusting beds, assembling trapezes (overhead bars above hospital beds used by patients to lift themselves up), and moving

carts and wheelchairs. Bill typically works alone on the night shift. (Id.) He suffered his work injuries in this case while working in Guest Services.

Also, at the time of his work injury in this case, he was employed part-time by Ace Hardware doing small engine repair, working 24 hours a week. He began this job in 2002. His wages at Ace was $10.00 per hour. Bill left this job for two years during recovery from his injury, but now has returned to ACE working only 12 hours a week, but at a higher wage of $12.00 per hour. (Ex. 4-3, Ex. 18-10)

Also, while working both at UIHC and Ace, claimant engaged in part-time self-employment in a small engine repair business out of his home called, "Hard Times." I do not see any business income on his tax returns in evidence, except for the years 2013 & 2014. In 2013, he had a business loss of $2,866.00. A schedule C showing gross business income and expenses for 2013 was not included in evidence. In 2014, there was a business income of $238.00. Again there was no schedule C for 2014 in evidence. At hearing, claimant indicated he has largely ended this activity out of fear of re-injury.

There is no dispute that claimant suffered a work injury to his right shoulder in July 21, 2006 while working in his Guest Services job at UIHC. This injury was a rotator cuff tear and it was treated with surgery by Brian Wolf, M.D., an orthopedist at UIHC. Dr. Wolf opined that the injury resulted in a 10 percent permanent partial impairment to the right upper extremity or 6 percent to the whole person under the AMA Guides. (Ex. 23-34:35) Bill told Dr. Wolf he wanted to return to his job at UIHC and Dr. Wolf released him without formal activity restrictions, but stated that he could continue activities "as tolerated." (Id.)

Bill testified that he returned to his Guest Services job after his right shoulder injury and was able to perform his various tasks largely relying on his right arm for the heavier lifting and overhead reaching.

The stipulated injury on August 20, 2013 involves the left shoulder. It was injured when Bill was attempting to go through a doorway while carrying two large electric fans when one caught on the door and fell. Bill, then, grabbed the falling fan causing a pop and the onset of pain in his left shoulder. He was treated by James Nepola, M.D., an orthopedist at UIHC. An initial diagnosis of a rotator cuff tear was confirmed on MRI. Bill was told by Dr. Nepola at his first appointment that given the extent of the shoulder injury, his left shoulder will never be normal again, regardless of whether he chooses conservative care or surgery. Bill was also told by this doctor that he will regain some motion with treatment, but he will not have full power when his arm is extended away from his body or above chest height. (Ex. 23-41) Bill then underwent surgery and he had a long recovery period. Bill was accommodated by UIHC for his temporary restrictions with light duty work. Bill did not achieve maximum medical improvement until August 26, 2014. At this time, Bill told Dr. Nepola that he wanted to return to his job at UIHC and the doctor released him without work activity restrictions. Despite a release to full duty, Dr. Nepola opined using the AMA Guides that Bill suffered a quite

significant 24 percent permanent partial impairment to the left upper extremity or 14 percent to the whole person due to lost range of motion of his left arm.

In January 2015, at the request of his attorney, Bill was evaluated by Richard L. Kreiter, M.D., another orthopedist. Dr. Kreiter agreed with Dr. Nepola that Bill has achieved MMI from this left shoulder injury. He opined under the AMA Guides that Bill suffered a 27 percent permanent partial impairment to the left upper extremity or 16 percent of the body as a whole based on lost ranges of motion. While the impairment ratings were similar, Dr. Kreiter recommends rather significant work activity restrictions consisting of no overhead work with the left arm and shoulder, only occasional pull/push with the left arm of 20-25 pounds; and lifting of 35-40 pounds two handed with arms to the side only occasionally. (Ex. 27-1) Also, included in his evaluation was a self-assessment by Bill of his abilities. (Ex. 27-4:5)

At the request of defendant, Bill was given a functional capacities evaluation (FCE) on May 22, 2015 by Cassandra Wagner. According to her testing, which the evaluator viewed as valid, claimant is capable of heavy lifting. (Ex. 11) At the request of his attorney, Bill's functional capacities were re-evaluated a few days later on May 27, 2015 by Todd Neighbor. According to Neighbor's testing, which he also viewed as valid, Bill is only able to perform light duty work. According to Bill, he believes the difference in testing results was due to the location of his arms and elbows during testing. He is able to lift heavier objects with his arm and elbow close to his body in Wagner test, but not when his arm is outstretched or away from his body as he did in the Neighbor test.

Two vocational experts provided opinions on Bill's loss of access to the labor market from his shoulder injuries. Apparently, relying on the release to full duty by Dr. Nepola and the result of the Wagner FCE showing a capability of heavy manual labor, Rene Haigh, M.S., retained by defendant, opined that there are several jobs available to Bill should he decide to leave UIHC. (Ex. 12) Apparently, relying more on the views of Dr. Kreiter and the Neighbor FCE, Barbara Laughlin, MA, opines that Bill will have difficulty obtaining employment outside of UIHC given his limitations and the typical age discrimination in the labor market. (Ex. 6) Haigh responds that advanced age is a positive factor in the labor market. (Ex. 13)

The divergence of medical opinion, FCE testing and vocational opinions is difficult to understand or to rectify. Bill attempted to provide an honest explanation for the different FCE results, but surely there should be common protocols for testing shoulder use at various arm positions. However, I suppose it is possible there are no such common protocols. Such a wide difference in the results of these two, supposedly valid, FCEs gives more evidence to the critics of FCEs who believe they are not very useful in disability determinations. Dr. Nepola reviewed the Wagner FCE and a listing of essential job functions for custodian provided by defendant (Ex. 14) and opined that Bill was capable of performing the essential job functions of the custodian job. (Ex. 36) However, I am not convinced Dr. Nepola is aware of how Bill has actually performed in this job since his left shoulder surgery.

At hearing, Bill demonstrated at length about the various losses in the range of motion to both of his shoulders and the pain with certain movements and at various levels of the range of motion. However, the best indicator of his actual loss of use is his ability to perform his physical tasks at UIHC.

Bill testified that he has problems now with assembling trapeze apparatus above the beds. Bill explains that this is installed overhead, typically using both arms. He states that after his right shoulder injury, he had difficulty reaching overhead, but was able to compensate using his left arm. After his left shoulder injury, he can no longer compensate using his left arm and he now must seek assistance to do this task. (Ex. 18-11; Tr-70:71) He also was able to move broken beds that lost their ability to be self-propelled, relying on his left arm after his right arm injury, but now is able to do it only by pushing it with his body and can no longer push beds across the length of the entire hospital as he could do before his shoulder injuries. (Ex. 18-11, Tr-73) Occasionally, he is asked to drive the shuttle car. He was using his left arm to steer tight turns, but now cannot use either arm for this. (Ex. 18-11)

A lead worker custodian, Kathy West, testified at hearing. Although she works the day shift, her shift overlaps some of the night shift and she assigns work to Bill who is on the night shift by himself. West testified that Bill is a hard worker and well liked among the staff. She considered Bill fully recovered after his first right shoulder injury. (Tr-26) However, she states that his left shoulder injury has impacted his ability to perform all of his tasks in Guest Services. She states it is now harder for him to install a bed extender because they require use of both arms because they are heavy, wide and awkward to install. Bill was able to install them alone, but not after the left shoulder injury. (Tr-27) Also, after his left shoulder injury, he is no longer able to install overhead trapeze apparatus without help from co-workers. She has helped him several times. (Tr-28:29) Consequently, Bill is only able to perform his Guest Services job with accommodations for his limitations.

Bill testified without contradiction that it is possible that he could be re-assigned at any time back to regular custodian duty and he states that he could no longer perform tasks such as stripping and waxing floors with a floor machine or operate a power floor scrubber; reach overhead to install bed curtains; wash walls or ceilings over his head; or, collect heavy bags of trash and throw them into a dumpster when the trash is stacked at or above shoulder level. (Tr-73:76)

Frankly, I find that Bill's actual functional loss is somewhere between the results of the two FCEs. Bill's demeanor at hearing indicated he is sincere and the corroborating testimony of his lead person who has nothing to gain from these proceedings largely verified his inability to perform many tasks in the Guest Service job. However, he is clearly working in excess of the restrictions recommended by Dr. Kreiter, but working less than full capacity as opined by Dr. Nepola. Also, the views of Dr. Nepola are unclear. He told Bill early on that his shoulder will never return to normal and he will never be able to lift as he did before with his arms away from his body. This is at odds with a view that he is fully able to perform all of the tasks of a custodian, even

one in Guest Services when installing trapezes, bed extenders, carrying equipment or pushing broken beds.

I agree more with claimant's vocational expert Laughlin that older persons, especially those with a history of work injuries and extensive shoulder surgeries, in the labor market are at a competitive disadvantage when competing with younger, healthier persons. I find he would have difficulty replacing his employment if he loses his job at UIHC. He is also impaired in performing his outside employment activities in small engine repair. He reduced his hours by 50 percent at Ace Hardware to allow more time to rest and recover. He explains that pulling on cords to start engines is troublesome. Lifting engines cannot always be done with arms close to his body when installing them onto mowers or other power machines.

Bill's work history before his employment at UIHC consists mostly of truck driving and maintenance work. (Ex. 4) He has a brief experience as a police officer, animal caretaker, and factory worker. (Id.) He could return to driving, if loading was not required. I doubt he could crank a trailer dolly on an 18 wheeler. The maintenance work would have to require less activity than his current job.

On the other hand, there is no evidence that Bill's current job at UIHC is in jeopardy at this time, given the performance appraisal of his work by his lead worker, West.

I find that claimant suffered a 16 percent permanent partial impairment to the body as a whole from his left shoulder injury using the AMA Guides. However, his actual functional loss of use is greater when you consider that he cannot use either arm for overhead work such as installing bed trapezes or bed curtains, or work that requires extending his arms away from his body such as installing bed extenders, carrying large items around the hospital, or working with small engines on power mowers, snowblower, etc.

Finally, I find that the combined disability from the July 21, 2006 right shoulder work injury and the August 29, 2013 left shoulder work injury results in 50 percent loss of his earning capacity. This finding would be much higher if Bill was not working full time at the hospital and continuing his employment at ACE Hardware, albeit at a reduced functionality.

Claimant's demeanor was a substantial factor in rendering my findings in this case.

CONCLUSIONS OF LAW

I. 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).

A treating physician's opinions are not to be given more weight than a physician who examines the claimant in anticipation of litigation as a matter of law. Gilleland v. Armstrong Rubber Co., 524 N.W.2d 404, 408 (Iowa 1994); Rockwell Graphic Systems, Inc. v. Prince, 366 N.W.2d 187, 192 (Iowa 1985).

The extent of claimant's entitlement to permanent disability benefits is determined by one of two methods. If it is found that the permanent physical impairment or loss of use is limited to a body member specifically listed in schedules set forth in one of the subsections of Iowa Code section 85.34(2)(a-t), the disability is considered a scheduled member disability and measured functionally. If it is found that the permanent physical impairment or loss of use is to the body as a whole, the disability is unscheduled and measured industrially under Iowa Code subsection 85.34(2)(u). Graves v. Eagle Iron Works, 331 N.W.2d 116 (Iowa 1983); Simbro v. DeLong's Sportswear, 332 N.W.2d 886, 887 (Iowa 1983); Martin v. Skelly Oil Co., 252 Iowa 128, 133; 106 N.W.2d 95, 98 (1960).

On the other hand, 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. However, consideration must also be given to the injured workers' medical condition before the injury, immediately after the injury and presently; the situs of the injury, its severity, and the length of healing period; the work experience of the injured worker prior to the injury, after the injury, and potential for rehabilitation; the injured worker's qualifications intellectually, emotionally and physically; the worker's earnings before and after the injury; the willingness of the employer to re-employ the injured worker after the

injury; the worker's age, education, and motivation; and, finally the inability because of the injury to engage in employment for which the worker is best fitted; Thilges v. Snap-On Tools Corp., 528 N.W.2d 614, 616 (Iowa 1995); 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).

The parties agreed in this case that the work injury is a cause of permanent impairment to the body as a whole, a nonscheduled loss of use. Consequently, this agency must measure claimant's loss of earning capacity as a result of this impairment.

A showing that claimant had no loss of his job or actual earnings does not preclude a finding of industrial disability. Loss of access to the labor market is often of paramount importance in determining loss of earning capacity, although income from continued employment should not be overlooked in assessing overall disability. Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999); Bearce v. FMC Corp., 465 N.W.2d 531 (Iowa 1991); Collier v. Sioux City Community School District, File No. 953453 (App. February 25, 1994); Michael v. Harrison County, Thirty-fourth Biennial Rep. of the Industrial Comm'r, 218, 220 (App. January 30, 1979).

Although claimant is closer to a normal retirement age than younger workers, proximity to retirement cannot be considered in assessing the extent of industrial disability. Second Injury Fund of Iowa v. Nelson, 544 N.W.2d 258 (Iowa 1995).

A release to return to full duty work by a physician is not always evidence that an injured worker has no permanent industrial disability, especially if that physician has also opined that the worker has permanent impairment under the AMA Guides. Such a rating means that the worker is limited in the activities of daily living. See AMA Guides to Permanent Impairment, Fifth Edition, Chapter 1.2, p. 2. Work activity is commonly an activity of daily living. This agency has seen countless examples where physicians have returned a worker to full duty, even when the evidence is clear that the worker continues to have physical or mental symptoms that limit work activity, *e.g.* the worker in a particular job will not be engaging in a type of activity that would cause additional problems, or risk further injury; the physician may be reluctant to endanger the workers' future livelihood, especially if the worker strongly desires a return to work and where the risk of re-injury is low; or, a physician, who has been retained by the employer, has succumbed to pressure by the employer to return an injured worker to work. Consequently, the impact of a release to full duty must be determined by the facts of each case.

Assessments of industrial disability involve a viewing of loss of earning capacity in terms of the injured workers' present ability to earn in the competitive labor market without regard to any accommodation furnished by one's present employer. Quaker Oats Co. v. Ciha, 552 N.W.2d 143, 158 (Iowa 1996); Thilges v. Snap-On Tools Corp., 528 N.W.2d 614, 617 (Iowa 1995). Ending a prior accommodation is not a change of condition warranting a review-reopening of a past settlement or award. U.S. West v.

Overholser, 566 N.W.2d 873 (Iowa 1997). However, an employer's special accommodation for an injured worker can be factored into an award determination to the limited extent the work in the newly created job discloses that the worker has a discerned earning capacity. To qualify as discernible, employers must show that the new job is not just "make work" but is also available to the injured worker in the competitive market. Murillo v. Blackhawk Foundry, 571 N.W.2d 16 (Iowa 1997).

A change or expected change in employee's actual earnings is strong evidence of the extent of the change in earning capacity. The factor should be considered and discussed in cases where the extent of industrial disability is adjudicated. Webber v. West Side Transport, Inc., File No. 1278549 (App. December 20, 2002).

In this case, we have a prior work injury with the same employer for which claimant was previously compensated. This invokes the "Successive Disabilities" provisions contained in Iowa Code section 85.34(7)(b)(1). This subsection requires that this agency assessed the combined disability from the two injuries and then give credit in terms of the percentage of disability for previously compensated disability. The parties agreed that subsection (2) does not apply. The parties agreed that the credit for the past payments of permanent disability benefits for this prior injury is equivalent to a 6 percent permanent partial disability to the body as a whole.

I found that claimant suffered a 50 percent loss of his earning capacity as a result of the combined effect of the 2006 and 2013 work injuries. After given credit for the 6 percent industrial loss previously paid, the remaining 44 percent needs to be compensated in this proceeding. A 44 percent industrial loss entitles claimant to 220 weeks of permanent partial disability benefits as a matter of law under Iowa Code section 85.34(2)(u), which is 44 percent of 500 weeks, the maximum allowable number of weeks for an injury to the body as a whole in that subsection.

The parties agreed in the hearing report that claimant was paid 40 weeks of permanent disability benefits at the stipulated weekly rate prior to hearing and defendant shall receive a credit for this as well.

Again, the award in this case is based on his ability to continue in his current job at UIHC. If he is unable to continue, then such would be a significant change of condition upon which the award herein is based.

II. Claimant seeks additional weekly benefits under Iowa Code section 86.13(4). This statutory provision states that if a delay in commencement or termination of benefits occurs without reasonable or probable cause or excuse, the industrial commissioner shall award extra weekly benefits in an amount not to exceed 50 percent of the amount of benefits that were unreasonably delayed or denied if the employee demonstrates a denial or delay in payment or termination of benefits and the employer has failed to prove a reasonable or probable cause or excuse for the denial, delay or termination of benefits. (Iowa Code section 85.13(4)(b) A reasonable or probable cause or excuse must satisfy the following requirements:

(1) The excuse was preceded by a reasonable investigation and evaluation by the employer or insurance carrier into whether benefits were owed to the employee;

(2) The results of the reasonable investigation and evaluation were the actual basis upon which the employer or insurance carrier contemporaneously relied to deny, delay payment of, or terminate benefits;

(3) The employer or insurance carrier contemporaneously conveyed the basis of the denial, delay in payment, or termination of benefits to the employee at the time of the denial, delay or termination of benefits.

(Iowa Code section 86.13(4)(c))

The employer has the burden to show a reasonable and probable cause or excuse. A "reasonable basis" for denial of the claim exists if the claim is "fairly debatable." Christensen v. Snap-on Tools Corp., 554 N.W.2d 254 (Iowa 1996); Robbennolt v. Snap-on Tools Corp., 555 N.W.2d 229 (Iowa 1996).

The basis for the claim for penalty benefits is unclear. Claimant did not address this issue in the post hearing brief. The only apparent grounds for such a penalty would be that the 40 weeks of permanency benefits paid prior to hearing were insufficient. Forty weeks of benefits is equivalent to an 8 percent industrial loss. Given that the treating orthopedist gave claimant no restrictions and a valid FCE indicated he is able to perform heavy work, an 8 percent industrial loss is fairly debatable. Defendant has not acted unreasonably in this matter. Penalty benefits are denied.

Finally, claimant seeks costs listed in Exhibit 35 including the cost of the FCE by Neighbor and the cost of the vocational report by Laughlin. Only costs for the preparation of two doctor or practitioner reports can be awarded as costs under our rule 876 IAC 4.33(6), not the cost of any examination performed to arrive at any findings or opinions contained in the report. Des Moines Regional Transit Authority v. Young, 867 N.W.2d 839 (Iowa 2015); Lagrange v. Nash Finch Company, File No. 5043316 (App. July 1, 2015).

The portion of these fees of Neighbor and Laughlin that represent the cost to prepare their reports is not ascertainable in this record. I will only generally award the preparation costs and the parties will have to work out the amount. If they cannot agree, then I will entertain a motion for rehearing on the cost issue as long as it is timely filed before I loose jurisdiction of this case.

ORDER

1. Defendant shall pay to claimant two hundred twenty (220) weeks of permanent partial disability benefits at the stipulated rate of four hundred eighty-six and 04/100 dollars ($486.04) per week from the stipulated commencement date of

August 26, 2014. Defendant shall pay accrued weekly benefits in a lump sum and shall receive credit against this award for all benefits previously paid.

2. Defendant shall pay interest on unpaid weekly benefits awarded herein pursuant to Iowa Code section 85.30.

3. Defendant shall pay the costs of this action pursuant to administrative rule 876 IAC 4.33, including the cost of preparing the Neighbor FCE and Laughlin vocational reports.

4. Defendant shall file subsequent reports of injury (SROI) as required by our administrative rule 876 IAC 3.1(2).

Signed and filed this 18 day of November, 2015.

LARRY WALSHIRE
DEPUTY WORKERS'
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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.