

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

ALLAN MEUSBURGER,

Claimant,

vs.

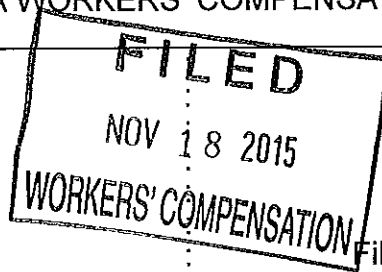
PRO COOPERATIVE ELEVATOR,

Employer,

and

NATIONWIDE AGRIBUSINESS
INSURANCE,

Insurance Carrier,
Defendants.



File Nos. 5039922, 5044882

ARBITRATION
DECISION

Head Note Nos.: 1802; 1803; 1100; 1108

STATEMENT OF THE CASE

Allan Meusburger filed two petitions for arbitration seeking workers' compensation benefits from Pro Cooperative Elevator and Nationwide Agribusiness Insurance.

The matter came on for hearing on January 27, 2015, before deputy workers' compensation commissioner Joseph L. Walsh in Des Moines, Iowa. The record in the case consists of claimant's exhibits 1 through 17; defense exhibits A through Q; as well the sworn testimony of claimant, Allan Meusburger, the employer's representative, Rolly Svboda, and safety manager Mark Hambleton. Every exhibit was reviewed. Laura Burns was appointed the official reporter for the hearing. The parties briefed this case and the matter was fully submitted on March 9, 2015.

ISSUES

For File No. 5039922, the issues are:

1. What is the nature and extent of the claimant's permanent partial disability?
2. Whether the claimant is entitled to healing period benefits between June 5, 2013 and July 5, 2013.

For File No. 5039922, the parties have stipulated to the following:

1. The parties had an employer-employee relationship at the time of the injury.

2. The claimant suffered an injury which arose out of and in the course of his employment on October 24, 2011.
3. If any permanent partial benefits are owed, the parties stipulate that the injury is to the right shoulder. The commencement date if any permanent partial disability is owed is April 11, 2012.
4. Affirmative defenses have been waived.
5. The weekly rate of compensation is \$534.14 per week based upon gross wages of \$769.00 and being married with 5 exemptions.
6. The employer has paid 85 weeks of permanent partial disability benefits.
7. Medical benefits are not in dispute.

For File No. 5044882, the issue is:

1. Whether the claimant has sustained a cumulative injury to his left shoulder which manifested on or about June 6, 2013, which arose out of and in the course of his employment. This claim was denied and claimant seeks an order that the claim is owed.

For File No. 5039922, the parties have stipulated to the following:

1. The parties had an employer-employee relationship at the time of the alleged cumulative injury.
2. If any permanent partial benefits are owed, the parties stipulate that the injury is to the right shoulder.
3. Affirmative defenses have been waived.
4. The weekly rate of compensation is \$553.80 per week based upon gross wages of \$840.00 and being married with 2 exemptions.
5. The employer has paid 5 weeks of permanent partial disability benefits.

FINDINGS OF FACT

Allan Meusbürger is a 57 year old married man as of the date of hearing. As of the date of his right shoulder injury, he had 5 dependents for income tax purposes. He graduated from high school in 1976 and immediately started working. His work history primarily involves manual labor in agribusiness. He held several jobs for agribusiness companies such as Cargill, Truesdale Cooperative, Lacrosse Grain Company and Pro Cooperative. These positions involved agribusiness work such as loading grain trains, bagging feed, mixing fertilizer and general maintenance. He has also held jobs driving

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a truck, driving a bus, construction and general factory line work. (Claimant Exhibit 14) He also has a fairly extensive background in management, albeit as a working manager.

In 2008, Allan began working for Pro Cooperative as a location manager in Pocahontas, Iowa. The duties included all aspects of site management (supervision of employees, etc.), but also included expectations of performing manual labor. In his position he must bag feed, climb ladders, lift parts, and do maintenance and repair work routinely. According to Allan's superior, Rolly Svoboda, a significant part of the job is customer service. He testified the "labor" portion of the job was only about 10 percent of the position. Mark Hambleton, Pro Cooperative's safety manager also testified under oath. He testified that Allan has a history of unnecessarily exceeding his medical restrictions following his accident.

The parties have stipulated, that while working in the course of his employment on October 24, 2011, Allen suffered an injury to his right shoulder. He tripped over a pile of bricks and injured his right shoulder when he reached out to break his fall. Allan was directed to treat with Mark Morishige, M.D. He diagnosed right shoulder "subscapularis large tear with retraction as well as some partial tearing of the other part of the rotator cuff." (Cl. Ex. 6, p. 31) He also had labral pathology and AC joint arthrosis with impingement.

After a period of treatment, Dr. Morishige performed surgery on February 9, 2012, described as arthroscopic subscapularis repair, subacromial decompression and biceps tenodesis. (Cl. Ex. 7) He was released to restricted duty (one arm) on February 17, 2012. (Cl. Ex. 6, p. 61)

He had a protracted period of follow up treatment following the February 2012 surgery including significant physical therapy, home exercises, medications and work restrictions. It is noted, the claimant's records of Tri-State Specialists. (Exhibit 6) are organized in a confusing and disjointed manner. There are numerous different types of records contained therein and they are not organized sequentially. Nevertheless, it is apparent Allan eventually developed concerning symptoms in his right hand and upper extremity, including "hypersensitivity". (Cl. Ex. 6, p. 82) According to Dr. Morishige, he was diagnosed with complex regional pain syndrome (CRPS) by his family physician. Dr. Morishige continued him on his home exercise program and started him on Lyrica to treat the "nerve type" symptoms in May 2012. (Cl. Ex. 6, p. 82) He continued to follow up through the summer and fall of 2012. (Cl. Ex. 6, pp. 15, 21) Dr. Morishige released him to full duty on October 23, 2012, however, Allan continued to do aggressive strengthening exercises. (Cl. Ex. 6, pp. 21, 102)

In February 2013, Allen visited Duane K. Nelson, M.D., at the same clinic (Tri-State Specialists). (Cl. Ex. 6, p. 108) Dr. Nelson documented a worsening of his right shoulder. "On the pain scale it is a 7. It is not getting any better. . . . He feels like his shoulder feels the same with pain like before he ever had the surgery." (Cl. Ex. 6, p. 108) Dr. Nelson ordered an MRI and arthrogram and returned him to full-duty. The

MRI and arthrogram were normal. In March 2013, Dr. Nelson recommended a cervical MRI to ensure that the symptoms were not related to damage in his neck. (Cl. Ex. 6, p. 121)

In late 2012 through early 2013, Allan also treated with various physicians at the Center for Neuroscience Orthopaedics and the Spine (CNOS), including Michael Genoff, M.D., Mei He, M.D., and Ryan Meis, M.D. (See Cl. Ex. 9, pp. 1-25) In May 2013, Dr. Meis diagnosed left shoulder pain, likely due to impingement and possible rotator cuff tear and bilateral carpal tunnel. (Cl. Ex. 9, p. 24) Based upon the history provided by claimant's counsel, Dr. Meis opined that this was most likely caused by Allan's work activities and overuse of his left shoulder following his right shoulder surgery and recuperation. (Cl. Ex. 9, p. 27)

On June 5, 2013, Dr. took Allan off work due to the ongoing symptoms. At that time, it had been over 90 days since the test had been requested. (Cl. Ex. 6, p. 129) This is also documented in a "Work Restriction Sheet" dated June 5, 2013. (Cl. Ex. 6, p. 91) The basis for taking him off work was the "numbness and tingling" in his right arm. (Cl. Ex. 6, p. 91) The physician wanted a cervical MRI to see if "he has a pinched nerve in his neck that may account for his symptoms." (Cl. Ex. 6, pp. 91, 128) He also apparently received EMG testing. (Cl. Ex. 6, p. 15) The test was requested again on July 3, 2013. (Cl. Ex. 6, p. 130) The MRI was finally authorized on August 8, 2013. (Cl. Ex. 6, p. 134) The MRI showed degenerative changes. (Cl. Ex. 6, pp. 137) According to Matthew Johnson, M.D., after a full work-up, the cervical spine was not truly the source of significant symptoms in Allan's right arm or shoulder. (Cl. Ex. 9, 34)

Allan was off work between June 5, 2013, and July 5, 2013, as a result of increased symptoms in his right shoulder and arm. He was authorized to return to sedentary work on July 3, 2013. (Cl. Ex. 6, p. 132)

On October 9, 2013, Dr. Nelson documented the following:

The patient is seen today for follow up of right shoulder pain. He continues to be bothered by pain in both of his shoulders. He has pain in his right shoulder, down his arm, forearm and into his hand. He has intermittent numbness in his hands. His left shoulder and arm are also hurting more as time goes by. He is on light duty work. There has been no improvement.

(Cl. Ex. 6, p. 152) Dr. Nelson continued to recommend follow up treatment with a neurologist at that time. He opined that Allan is really only capable of sedentary type work.

In March 2014, Allan's condition had deteriorated even further. He was diagnosed with adhesive capsulitis (frozen shoulder) He had an injection for the pain at that time as well as a referral to physical therapy. (Cl. Ex. 6, p. 157) The physical therapist felt the condition was not truly adhesive capsulitis. (Cl. Ex. 12, p. 4) These

new treatments had good results as Allan showed some significant improvement by May 2014. (Cl. Ex. 6, p. 159)

In August 2014, Dr. Nelson provided a final report. He determined the diagnosis to be residual "pain and slight motion loss right shoulder after biceps tenodesis and repair of rotator cuff tear involving the subscapularis." (Def. Ex. G3) He made a secondary diagnosis of left rotator cuff syndrome and cervical stenosis. He kept Allan on restrictions of 20 pounds occasional lifting and no overhead work. He also recommended no climbing over 10 feet. (Def. Ex. G3) He provided an impairment rating of 28 percent of the right upper extremity which properly converts to 17 percent of the whole person. (Def. Ex. G5) The functional capacity evaluation was invalid. (Cl. Ex. R) In August 2014, Allan was evaluated by Mark Palit, M.D., who recommended left shoulder surgery. (Cl. Ex. 13) He also recommended considering further treatment for the bilateral hand symptoms. Dr. Nelson has provided the only opinions in the record regarding Allan's right shoulder functional loss and restrictions. These opinions are credible.

Three different medical experts prepared reports for the defendants. Douglas Martin, M.D., prepared a written report on August 1, 2013, based upon his in-person evaluation from the same date. (Def. Ex. B) He prepared a supplemental report responding to specific questions on August 13, 2013. (Def. Ex. C) His review of the records and his examination appear to be thorough and complete. The essence of the lengthy reports from Dr. Martin is that it was inconclusive whether Allan had ongoing symptoms caused by any cervical spine problems. Dr. Martin recommended referral to a spine specialist to get a definitive opinion about the cervical spine issues. (Def. Ex. C3) He had a number of other opinions about various issues as well.

Scott Neff, D.O., evaluated Allan on April 29, 2014, and prepared a detailed and lengthy report. His evaluation and review of the records also appeared to be quite thorough, although in his report he repeatedly misspelled the claimant's name "Allen Mausburger." (Def. Ex. A) Dr. Neff opined that Allan had not suffered any work injury to his left shoulder. (Def. Ex. A8) Dr. Neff opined the following:

In my opinion, he has not had an injury to his left shoulder. He does have significant evidence of degenerative changes in the left shoulder and a developmental abnormality with a type III acromion. AC joint arthrosis and downward tilting of the acromion predisposes patients to degenerative changes and wear and tear failure changes in the rotator cuff.

(Def. Ex. A8) He attributed the above diagnosis to common degenerative changes "associated with a patient of this age and smoking." (Def. Ex. A8) He also repeatedly referenced the anatomical abnormality of the downward sloped acromion. (Def. Ex. A9)

Kenneth L. Pollack, M.D., performed a review of Allan's medical records to provide an opinion on his right hand and arm symptoms, as well as the diagnosis of complex regional pain syndrome (CRPS). He opined that the right hand and wrist

symptoms were related to his preexisting carpal tunnel. He further opined that Allan did not meet the criteria for a diagnosis of CRPS. (Def. Ex. D2)

CONCLUSIONS OF LAW

For File No. 5039922, I conclude the following:

The primary fighting issue in the case is the nature and extent of Allan's right shoulder injury.

When disability is found in the shoulder, a body as a whole situation may exist. Alm v. Morris Barick Cattle Co., 240 Iowa 1174, 38 N.W.2d 161 (1949). In Nazarenus v. Oscar Mayer & Co., II Iowa Industrial Commissioner Report 281 (App. 1982), a torn rotator cuff was found to cause disability to the body as a whole.

The location of the injury is Allan's right shoulder. As such, his disability is evaluated industrially.

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).

Compensation for permanent partial disability shall begin at the termination of the healing period. Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Section 85.34.

I find that Allan has suffered a 40 percent loss of earning capacity as a result of his right shoulder injury.

Allan's condition is best described by the treating physician, Dr. Nelson. He defined the condition as "residual pain and slight motion loss right shoulder after biceps tenodesis and repair of rotator cuff tear involving the subscapularis." (Def. Ex. G3) Dr. Nelson is the authorized treating physician in this case and his opinions are given significant weight. For this condition, he provided an impairment rating of 28 percent of the right upper extremity which converts to 17 percent of the whole person. (Def. Ex.

G5) I find that this is a significant loss of function to the body.

I find that the condition is limited to the right shoulder, which extends to some extent into the right arm. I do not find that the claimant's other conditions, including the cervical issues or carpal tunnel syndrome, to be part of this claim.

For the shoulder injury, Dr. Nelson provided significant restrictions of 20 pounds occasional lifting and no overhead work. He also recommended no climbing over 10 feet. (Def. Ex. G3) Fortunately for Allan, he is a working supervisor. I find that it would be highly unlikely that he could successfully return to past employment other than those positions which were supervisory. At the time of hearing, he was still a Site Manager for the employer. His job includes all aspects of site management (supervision of employees, etc.), but also included expectations of performing manual labor. In his position he must bag feed, climb ladders, lift parts, and do maintenance and repair work routinely. The parties disagreed about the exact extent of the physical requirements and the employer is probably correct that Allan could get by with doing less physical work. I find Allan credible insofar as he believes that to do his job the right way, he needs to be involved in the physical side of the job. This is, in fact, a common characteristic of a good leader. I find that Allan is a highly motivated, hard-working, working supervisor. This is, in fact, consistent with the findings of the treating physician, who provided a very high disability rating and significant restrictions.

While he is unlikely to return to past manual labor positions, Allan continues to be well-qualified for management positions. While he is an older, high school educated worker, he does have demand skills in management and leadership in the field of agribusiness. He has suffered no actual loss of earnings at this time. If this were not the case, his disability would be much higher. Both parties are fortunate he has remained employed with Pro Cooperative as it would likely take a significant amount of time to secure new employment as his age with his right shoulder disability and restrictions. At the time of hearing, the claimant was still taking significant pain medications to be functional.

When considering all of the relevant factors of industrial disability, Allan has suffered a forty (40) percent loss of earning capacity.

Allan has also made a claim for healing period benefits from June 5, 2013, to July 5, 2013. He argues that the authorized treating physician took him off work during this period of time. The defendants argue that he was taken off work for a non-work related condition for that period.

Healing period compensation describes temporary workers' compensation weekly benefits that precede an allowance of permanent partial disability benefits. Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999). Section 85.34(1) provides that healing period benefits are payable to an injured worker who has suffered permanent partial disability until the first to occur of three events. These are: (1) the worker has returned to work; (2) the worker medically is capable of returning to

substantially similar employment; or (3) the worker has achieved maximum medical recovery. Maximum medical recovery is achieved when healing is complete and the extent of permanent disability can be determined. Armstrong Tire & Rubber Co. v. Kubli, Iowa App., 312 N.W.2d 60 (Iowa 1981). Neither maintenance medical care nor an employee's continuing to have pain or other symptoms necessarily prolongs the healing period.

This agency recognized long ago that there can be multiple temporary total or healing periods. A temporary return of work following a work injury does not preclude the reinstatement of temporary total disability or healing period benefits when an employee is compelled to leave work a second time as a result of the same injury. See Junge v. Century Engineering Corp., II Iowa Industrial Comm'r Report 219 (App. 1981). It has long been held that a healing period may be intermittent. Teel v. McCord, 394 N.W.2d 405 (Iowa 1986). Healing period may terminate and then begin again. Willis v. Lehigh Portland Cement Co., I-2 Iowa Indus. Comm'r Decisions 485 (Review-Reopening 1984); Clemens v. Iowa Veterans Home, I-1 Iowa Indus. Comm'r Decisions 35 (Review-Reopening 1984); Riesselman v. Carroll Health Center, III Iowa Indus. Comm'r Report 209 (App. 1982); Junge v. Century Engineering Corp., II Iowa Indus. Comm'r Report 219 (App. 1981). See also, Workers' Compensation, Iowa Practice, Section 13-3.

In multiple healing period scenarios, permanent partial disability is due and payable after the end of the first healing period and this is the time interest on unpaid benefits begins. Teel v. McCord, 394 N.W.2d 405 (Iowa 1986). Credit against the eventual permanent disability award should be given for voluntary weekly payments between the two healing periods as they are permanent disability payments, not healing period. Flug v. Meisner Electric, File No. 5007007 (App. August 17, 2005).

Allan was clearly off work during this period of time. The only question presented is a medical one, namely whether the conditions causally connected to the work injury were a substantial factor in his need to be off work for the period in question.

Dr. Nelson first recommended a cervical MRI for the claimant on March 20, 2013. The purpose of the MRI was to better diagnose and understand what was going on with the right shoulder injury. (Cl. Ex. 6, p. 121) If there were no potential relationship between the shoulder condition and the cervical condition, I presume Dr. Nelson would not have asked for it. Instead of authorizing the MRI, the insurance carrier did nothing for several months. In late June, workers' compensation coordinator Judy Walker expressed frustration about the fact the MRI had not been authorized or denied. (Cl. Ex. 6, p. 129) The MRI was eventually authorized which is prima facie evidence that there was at least a diagnostic relationship between the testing and the right shoulder condition. In reality, Allan had increased pain in his neck, his arms and his shoulders. It was, in fact, difficult to sort out exactly why he needed to be off work for a period of time. I find, however, that Allan's right shoulder condition was undoubtedly a substantial contributing factor in his need to be off work from June 5, 2013, through July 5, 2013. The defendants owe healing period during this period of time.

For File No. 5044882, the issue is whether Allan sustained a cumulative injury to his left shoulder which manifested on or about June 6, 2013, which arose out of and in the course of his employment. This claim was denied and claimant seeks an order that the claim is owed. The defendants argue that there is no such injury.

A personal injury contemplated by the workers' compensation law means an injury, the impairment of health or a disease resulting from an injury which comes about, not through the natural building up and tearing down of the human body, but because of trauma. The injury must be something that acts extraneously to the natural processes of nature and thereby impairs the health, interrupts or otherwise destroys or damages a part or all of the body. Although many injuries have a traumatic onset, there is no requirement for a special incident or an unusual occurrence. Injuries which result from cumulative trauma are compensable. Increased disability from a prior injury, even if brought about by further work, does not constitute a new injury, however. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995); McKeever Custom Cabinets v. Smith, 379 N.W.2d 368 (Iowa 1985). An occupational disease covered by chapter 85A is specifically excluded from the definition of personal injury. Iowa Code section 85.61(4) (b); Iowa Code section 85A.8; Iowa Code section 85A.14.

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

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).

I find that the claimant has failed to meet his burden that he suffered a cumulative injury which arose out of and in the course of his employment to his left shoulder following his right shoulder injury. There are contrary expert opinions in the record. Dr. Meis opined that the left shoulder condition likely manifested as a result of work activities. (Cl. Ex. 9, p. 27) Dr. Neff opined that the work activities were not a substantial factor. Both of the expert opinions are flawed in certain respects. It is unclear based upon the record before me whether Allan was performing substantial enough work in the fall of 2012 and early 2013, to cause the left shoulder condition to manifest. Since the burden is his, he has failed to prove the claim.

ORDER

THEREFORE IT IS ORDERED:

File No. 5039922:

Defendants shall pay the claimant two hundred (200) weeks of permanent partial disability benefits at the rate of five hundred and thirty-four and 14/100 (\$534.14) per week from April 11, 2012.

Defendants shall pay accrued weekly benefits in a lump sum.

Defendants shall pay interest on unpaid weekly benefits awarded herein as set forth in Iowa Code section 85.30.

Defendants shall be given credit for the eighty-five (85) weeks previously paid at the rate of five hundred ten and 87/100 dollars (\$510.87) per week.

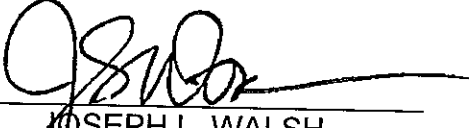
Defendants shall pay intermittent healing period benefits from June 5, 2013, through July 5, 2013.

Defendants shall file subsequent reports of injury as required by this agency pursuant to rule 876 IAC 3.1(2).

Costs are taxed to defendant.

Regarding File No. 5044882, the claimant takes nothing.

Signed and filed this 18th day of November, 2015.



JOSEPH L. WALSH
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.