BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

RICKY MARTIN, Claimant, vs. EARLING GRAIN AND FEED, Employer, and FIREMAN'S INSURANCE COMPANY OF WASHINGTON, D.C., Insurance Carrier, Defendants.	File No. 5064897 A R B I T R A T I O N D E C I S I O N Head Note Nos.: 1804, 2502, 2907

STATEMENT OF THE CASE

Claimant, Ricky Martin, filed a petition in arbitration seeking workers' compensation benefits from Earling Grain and Feed, Inc. (Earling), employer and Fireman's Insurance Company of Washington, D.C., insurer, both as defendants. This matter was heard in Des Moines, Iowa on October 15, 2019, with a final submission date of March 2, 2020.

The record in this case consists of Joint Exhibits 1-8, Claimant's Exhibits 9-17, Defendants' Exhibits A-E, and the testimony of claimant and his wife, Julie Ann Martin.

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

ISSUES

Whether claimant has reached maximum medical improvement (MMI).

The extent of claimant's entitlement to permanent partial disability benefits.

Costs.

FINDINGS OF FACT

Claimant was 50 years old at the time of hearing. Claimant graduated from high school. Claimant has spent most of his work life as a truck driver. Claimant also

worked for a security company from 2010 through 2016, when his problems with macular degeneration did not allow him to drive a truck. (Exhibit 12, pages 211-212; Transcript pp. 58-59)

Claimant's prior medical history is relevant. In 2001 and 2003, claimant had work-related back injuries. (Joint Ex. 9, p. 182) From 2010 through 2016, claimant was on Social Security Disability due to the macular degeneration condition that prevented him from driving a truck. The record indicates claimant's vision condition improved with treatment and claimant returned to truck driving in 2016. (Ex. D, pp. 10; Ex. E, p. 26; Ex. 9, p. 196; Ex. 12, p. 212)

Claimant began working for Earling in May of 2017. Claimant's job involved driving a truck and loading and unloading the truck.

On July 21, 2017, claimant was driving from Denison, Iowa. Another vehicle stopped in front of him and claimant went off the road into a field. Claimant said he kicked open the door of the truck cab and got out of the truck and collapsed. Claimant testified he lost consciousness. (Tr. pp. 70-71) Claimant said the next thing he recalled was waking up in the emergency room of a hospital. (Tr. p. 71)

Claimant's wife testified the accident totaled the semi-truck. (Tr. p. 39)

Claimant was evaluated at the Myrtue Medical Center on the date of injury. (Jt. Ex. 1, p. 2) Claimant had a laceration over the left eye and complained of headaches. Records seem to indicate that claimant had no loss of consciousness, although this is not entirely clear. (Jt. Ex. 1, p. 2; Ex. E, pp. 30-31)

Claimant underwent a CT scan of the head and a chest x-ray. The chest x-ray was normal. The CT scan showed a left periorbital and right frontal scalp hematoma. (Ex. 1, pp. 5-8) Claimant was released from the hospital on the date of injury.

Claimant was evaluated by R. Adam Bendorf, M.D. on July 25, 2017. Claimant had bruising on the lower back and pain in the left wrist and a headache with nausea. Claimant was assessed as having a brain concussion and a sprain of the left wrist. (Jt. Ex. 1, pp. 9-11)

Claimant went to the Manning Regional Health Emergency Room on July 26, 2017, with complaints of nausea and headaches. Claimant was taking Tramadol for pain. Claimant was assessed as having nausea, vomiting and headaches and post-concussive symptoms. (Jt. Ex. 2, pp. 14-15)

Claimant returned to Dr. Bendorf on July 28, 2017. Claimant still had some soreness in his lower back and left wrist, but thought he could return to work on July 31, 2017. Dr. Bendorf released claimant to return to work without restrictions. (Jt. Ex. 1, p. 12-13)

Claimant returned full time to work with Earling on July 31, 2017. Claimant's wife, Julie Martin, testified claimant did see a chiropractor for some back and hip problems after his return to work.

Ms. Martin testified she noticed differences in claimant after his injury and his return to work. She said claimant had memory difficulty. She said claimant would forget to shower and he would forget to pay bills. She said that prior to the accident, her husband was relatively happy. After the accident, claimant was easily agitated and began distancing himself from family members. (Tr. pp. 15-17)

Claimant worked for Earling until November 28, 2017, when he was laid off.

Claimant found other work. The record indicates claimant worked a few days for Flatbed Express. Claimant got into a yelling match with a crane operator and was fired. (Tr. p. 18) Claimant then went to work for a trucking company in Council Bluffs. Claimant worked for the Council Bluffs firm for a few weeks but got into an argument with a supervisor and was fired after he slammed the supervisor against a truck. (Tr. p. 19) Both claimant and his wife testified this aggressive behavior was not something claimant had shown on prior occasions. (Tr. pp. 19-20, 75)

Claimant applied for a third trucking job. Claimant was not hired by that employer because he was unable to pass a DOT physical due to his vision and high blood pressure. (Jt. Ex. 3, pp. 17-18; Tr. p. 20) Claimant has not worked anywhere else since December 2017. (Tr. p. 20) Claimant has not looked for work since failing to pass the DOT physical.

On February 14, 2018, claimant was evaluated by Morgan LaHolt, M.D. with Madonna Rehabilitation Specialists. Claimant was assessed as having a traumatic brain injury from a motor vehicle accident with cognitive, emotional, and somatic complaints. Claimant was prescribed medication and recommended to have counseling and medication management. Claimant's symptoms were consistent with a post-concussive syndrome. He was recommended not to return to work. (Jt. Ex. 4, pp. 19-22)

On April 16, 2018, claimant was evaluated by Brandon Wachal, M.D. Dr. Wachal specializes in otolaryngology. Claimant was assessed as having tinnitus on the right. Hearing aids were recommended. (Jt. Ex. 5, pp. 65-66)

Claimant was evaluated by John Shepherd, M.D., an ophthalmologist. Claimant complained of vision loss, right greater than left. Claimant's vision problems had been going on for years and had a gradual onset. (Jt. Ex. 5, pp. 71-76)

In a May 2, 2018 letter, Dr. Shepherd noted that claimant complained of significant changes in vision in the right eye since his motor vehicle accident. Claimant's past medical history was remarkable for macular degeneration. Claimant was recommended to get a magnifier for reading. Dr. Shepherd was unsure how to account for differences in the right eye since the motor vehicle accident. (Jt. Ex. 5, pp. 77-78)

On June 12, 2018, claimant was evaluated by Daniel Tomes, M.D. for intermittent neck pain beginning since the July 2017 motor vehicle accident. A brain and cervical MRI was recommended. (Jt. Ex. 6, pp. 80-82)

On September 25, 2018, claimant was evaluated by Walter Duffy, M.D. Dr. Duffy specializes in psychiatry. Claimant was seen for evaluation in management of depression, anxiety and mood issues. Claimant had a concussion without loss of consciousness. Claimant was assessed as having a major depressive disorder and generalized anxiety disorder. EEG testing was recommended. (Jt. Ex. 7, pp. 85-93)

On September 26, 2018, claimant underwent EEG testing. Testing showed an abnormal study with electrophysiological evidence of dysfunction and neural processing circuits for processing, attention and working memory. (Jt. Ex. 7, p. 96)

Claimant returned to Dr. Duffy on October 9, 2018. Claimant indicated irritability. Due to claimant's anger management issues, claimant's wife was nervous with claimant being around grandchildren. As a result, claimant avoided family and social gatherings. (Jt. Ex. 7, pp. 98-105)

A repeat EEG was performed on claimant on October 16, 2018. It again showed a dysfunction in neural processing circuits for processing, attention and working memory. (Jt. Ex. 7, pp. 108, 112)

Claimant continued to see Dr. Duffy from January 2019 through April of 2019. Records from April 29, 2019 indicate claimant's mood had improved, but claimant still had issues with memory loss and forgetfulness. (Jt. Ex. 7, p. 119-142)

Claimant returned to Dr. LaHolt on March 25, 2019. Claimant was assessed as having a traumatic brain injury from a motor vehicle accident with ongoing cognitive, emotional and somatic complaints. Claimant was found to be at maximum medical improvement (MMI) as of March 25, 2019. (Jt. Ex. 4, p. 60)

In an August 16, 2019 letter, written by claimant's counsel, Dr. LaHolt indicated claimant had a traumatic brain injury with ongoing cognitive, emotional and somatic complaints as a result of the July 21, 2017 motor vehicle accident. Dr. LaHolt indicated claimant was at MMI, physically, as of March 25, 2019. Dr. LaHolt opined that due to his injury, he did not believe claimant could return to gainful employment in the foreseeable future. (Jt. Ex. 4, pp. 62-63)

In a September 11, 2019 note, Dr. Duffy indicated claimant's major depressive disorder, anxiety disorder, pseudobulbar affect and cognitive impairment were caused by the July 21, 2017 truck accident. He indicated claimant would require ongoing psychiatric medication management and ongoing psychotherapy. He opined claimant would benefit from continued ongoing EEGs and transcranial magnetic stimulation. Dr. Duffy found claimant at MMI for his mental health condition as of August 30, 2019. He also opined that from a psychiatric point of view, claimant could not return to work. (Jt. Ex. 7, p. 155)

In a letter written by claimant's counsel, Dr. Duffy also indicated claimant had objective evidence of a brain injury based on EEGs. The EEGs showed evidence of dysfunction in the neural processing circuits responsible for sensory processing, attention and working memory. (Jt. Ex. 7, pp. 156-157)

In a September 12, 2019 report, John Kuhnlein, D.O. gave his opinions of claimant's condition following an independent medical evaluation (IME). Claimant had persistent problems with short-term memory. Claimant had continued anger management problems. Claimant had low motivation. Claimant had constant headaches and neck pain going into his right arm. Claimant also had lower back pain. (Ex. 9, pp. 181-191)

Dr. Kuhnlein assessed claimant as having a traumatic brain injury, cervical radiculitis, and a lower back strain. He found that claimant had a 17 percent permanent impairment for the traumatic brain injury, a 2 percent permanent impairment for the tinnitus, and a 6 percent permanent impairment for the cervical strain. The combined values for all impairments resulted in a 24 percent permanent impairment to the body as a whole. (Ex. 9, pp. 195, 197-198) Dr. Kuhnlein agreed that claimant was not capable of returning to gainful employment. (Ex. 9, p. 198) He found claimant at MMI as of March 25, 2019. (Ex. 9, p. 197)

Dr. Kuhnlein recommended claimant continue to see Dr. LaHolt for follow up regarding his traumatic brain injury. (Ex. 9, p. 187)

Dr. Kuhnlein testified in deposition that he had tested claimant for malingering and secondary gain. He said his testing found no evidence of either. (Ex. E, pp. 59-62)

Dr. Kuhnlein testified that due to his injury, claimant does not reach DOT standards for driving certification. (Ex. E, p. 198) He testified he agreed with Dr. Duffy and Dr. LaHolt that claimant was not capable of gainful employment. (Ex. E, p. 198-199)

In a November 13, 2019 report, Bruce Gutnik, M.D., gave his opinions of claimant's condition following an independent psychiatric evaluation. Claimant indicated he had memory problems. Claimant also indicated he had issues with headaches and that since the accident, he no longer cared to be around people. (Ex. D, pp. 7-10)

Dr. Gutnik assessed claimant as having a mild cognitive disorder due to a traumatic brain injury. Dr. Gutnik could not rule out a factitious disorder or malingering. Dr. Gutnik recommended a complete neuropsychological testing to differentiate between the three possible diagnoses. Dr. Gutnik opined claimant appeared to exaggerate his symptoms. (Ex. D, pp. 15-17)

Claimant's wife testified that claimant has continued problems with short term memory. She says that she has to write tasks on a note pad for claimant so he will not forget them. She said that claimant will routinely forget to complete tasks. She said that claimant will leave tasks partially undone. Claimant's wife said claimant often repeats himself while talking. (Tr. pp. 20-24)

Claimant qualified for Social Security Disability benefits. Claimant receives $1,253.00 a month in benefits. (Ex. C; Tr. pp. 64-65)

CONCLUSIONS OF LAW

The first issue to be determined is whether claimant is at MMI.

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

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, 312 N.W.2d 60 (Iowa App. 1981). Neither maintenance medical care nor an employee's continuing to have pain or other symptoms necessarily prolongs the healing period.

Defendants contend claimant is not at MMI. Claimant argues that he has reached maximum medical improvement.

Claimant was injured in a truck accident in July of 2017. Dr. LaHolt found claimant at MMI as of March 25, 2019. (Jt. Ex. 4, p. 62) Dr. Kuhnlein also found claimant at MMI as of March 25, 2019. (Ex. 9, p. 197) Dr. Duffy opined that claimant reached MMI as of August 30, 2019. (Jt. Ex. 7, p. 157)

Dr. Kuhnlein did opine that further treatment may help claimant's condition. (Ex. E, pp. 74-77; Ex. 9, p. 197) However, Dr. Kuhnlein ultimately testified that claimant would not make significant improvement with his neck or brain injury. (Ex. E, pp. 76-77, 92)

Dr. LaHolt, Dr. Duffy and Dr. Kuhnlein all opine claimant has reached MMI. There is no contrary opinion. Given this record, it is found claimant has reached MMI. Dr. LaHolt and Dr. Kuhnlein both found claimant at MMI as of March 25, 2019. Based on this, it is found that claimant has reached MMI as of March 25, 2019.

The next issue to be determined is the extent of claimant's entitlement to permanent partial disability benefits.

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 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.

Total disability does not mean a state of absolute helplessness. Permanent total disability occurs where the injury wholly disables the employee from performing work that the employee's experience, training, education, intelligence, and physical capacities would otherwise permit the employee to perform. See McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Diederich v. Tri-City R. Co., 219 Iowa 587, 258 N.W. 899 (1935).

A finding that claimant could perform some work despite claimant's physical and educational limitations does not foreclose a finding of permanent total disability, however. See Chamberlin v. Ralston Purina, File No. 661698 (App. October 1987); Eastman v. Westway Trading Corp., II Iowa Industrial Commissioner Report 134 (App. May 1982).

Claimant was 50 years old at the time of hearing. Most of claimant's work life has been as a truck driver.

Claimant was injured in a truck accident in June of 2017. He worked for Earling until he was released from work in November of 2017. Claimant worked for two other trucking companies. He was terminated from both of those jobs due to outbursts of anger.

The record indicates that this aggressive behavior was not something that claimant showed on prior occasions.

Claimant has a prior history of macular degeneration. The record indicates that claimant received treatment for his eye condition and was able to return to work in 2017. Other than his macular degeneration issues, claimant had no other health problems that kept him from working. At the time of hearing, claimant was taking approximately six different prescription medications for treatment of headaches, mood disorders and memory problems. (Tr. pp. 31-32)

Claimant has been assessed as having a traumatic brain injury from a motor vehicle accident with ongoing cognitive, emotional and somatic complaints. (Jt. Ex. 4, p. 60) He has undergone three EEG studies. The EEGs show that claimant has a dysfunction of neural processing circuits for processing, attention and working memory. (Jt. Ex. 7, p. 96, 108, 112)

Dr. Kuhnlein evaluated claimant once for an IME. He found that claimant had a combined permanent impairment of 24 percent to the body as a whole for his traumatic brain injury, tinnitus and cervical spine. There is no opinion contradicting the finding of permanent impairment. (Ex. 9, pp. 197-198)

Dr. LaHolt treated claimant for an extended period of time. Dr. LaHolt opined that he did not believe claimant could return to work to gainful employment in the foreseeable future. (Jt. Ex. 4, pp. 62-63)

Dr. Duffy also treated claimant for an extended period of time. Dr. Duffy has also opined he did not believe claimant could return to gainful employment in the foreseeable future. (Jt. Ex. 7, p. 155)

Dr. Kuhnlein agreed with the opinions of Dr. LaHolt and Dr. Duffy regarding claimant's inability to return to gainful employment. (Ex. 9, p. 198)

No expert has opined that claimant is able to return to work.

Claimant underwent an independent psychological exam with Dr. Gutnik. Dr. Gutnik was unsure if claimant had a mild cognitive disorder due to his traumatic brain injury, a factitious disorder or was malingering. He recommended claimant undergo a complete neuropsychological testing. (Ex. D, pp. 16-17)

Dr. Gutnik's opinion in his IME does not conflict with the opinions of Drs. LaHolt, Duffy or Kuhnlein. He merely opines that he believes further testing is required. Dr. Gutnik's opinions regarding claimant's mental health condition are also problematic for several reasons. First, as noted, claimant has had several EEGs indicating claimant has problems with processing, attention and working memory. Dr. Gutnik makes little reference to this diagnostic testing in his opinions. Dr. Gutnik gives no analysis, given these objective findings regarding claimant's cognitive problems, why claimant requires further testing, or why he believes claimant is malingering.

Second, as noted, claimant lost two jobs due to outbursts of anger with co-workers and supervisors. Claimant's wife testified that claimant became more agitated following his July 2017 injury. Dr. Gutnik makes little reference to this shift in personality in his opinion regarding claimant's condition.

In brief, Dr. Gutnik's report appears to ignore diagnostic testing and other evidence claimant has a cognitive disorder due to a traumatic brain injury. Given this issue, the opinions of Dr. Gutnik are found not convincing.

Defendants contend that claimant is not credible and therefore has little or no permanent impairment. First, defendants contend that claimant lied on his December 2017 DOT physical regarding his prior condition and therefore, is not credible. This argument is unpersuasive. The record indicates claimant has a traumatic brain injury and has issues with memory. Claimant's wife credibly testified that when claimant completed questions for his DOT physical, due to memory issues, he more than likely forgot his prior health issues. (Tr. pp. 48-50)

Second, defendants contend that because Dr. Gutnik's report suggests claimant may be malingering, claimant is not credible. (Ex. D, pp. 15-17) As noted, because Dr. Gutnik fails to address diagnostic testing that objectively shows that claimant has cognitive problems, Dr. Gutnik's opinions regarding claimant are found not convincing.

Other than his prior history of macular degeneration, claimant had no health issues when he began working for Earling. Following the July 2017 motor vehicle accident, claimant has been assessed as having a traumatic brain injury. Diagnostic testing shows that claimant has cognitive problems with memory, processing and attention. At the time of hearing, claimant was taking approximately 6 prescription medications for mood and memory issues. Claimant has been found to have a 24 percent permanent impairment to the body as a whole. Three doctors opined that claimant is not capable of returning to gainful employment. There is no contrary opinion regarding claimant's return to work. Dr. Gutnik's opinion regarding potential malingering are found not convincing. Given this record, it is found that claimant is permanently and totally disabled.

The final issue to be determined is claimant's entitlement to reimbursement for an IME with Dr. Kuhnlein and other costs.

Section 85.39 permits an employee to be reimbursed for subsequent examination by a physician of the employee's choice where an employer-retained physician has previously evaluated "permanent disability" and the employee believes that the initial evaluation is too low. The section also permits reimbursement for reasonably necessary transportation expenses incurred and for any wage loss occasioned by the employee attending the subsequent examination.

Defendants are responsible only for reasonable fees associated with claimant's independent medical examination. Claimant has the burden of proving the reasonableness of the expenses incurred for the examination. See Schintgen v. Economy Fire & Casualty Co., File No. 855298 (App. April 26, 1991). Claimant need not ultimately prove the injury arose out of and in the course of employment to qualify for reimbursement under section 85.39. See Dodd v. Fleetguard, Inc., 759 N.W.2d 133, 140 (Iowa App. 2008).

Regarding the IME, the Iowa Supreme Court provided a literal interpretation of the plain-language of Iowa Code section 85.39, stating that section 85.39 only allows the employee to obtain an independent medical evaluation at the employer's expense if

dissatisfied with the evaluation arranged by the employer. Des Moines Area Reg'l Transit Auth. v. Young, 867 N.W.2d 839, 847 (Iowa 2015).

Under the Young decision, an employee can only obtain an IME at the employer's expense if an evaluation of permanent disability has been made by an employer-retained physician.

Iowa Code section 85.39 limits an injured worker to one IME. Larson Mfg. Co., Inc. v. Thorson, 763 N.W.2d 842 (Iowa 2009).

The Supreme Court, in Young noted that in cases where Iowa Code section 85.39 is not triggered to allow for reimbursement of an independent medical examination (IME), a claimant can still be reimbursed at hearing the costs associated with the preparation of the written report as a cost under rule 876 IAC 4.33. Young at 846-847.

Dr. Kuhnlein issued his report regarding claimant's permanent impairment on September 12, 2019. There is no prior opinion by an expert retained by defendants regarding claimant's permanent impairment. Given this record, claimant has failed to carry his burden of proof he is entitled to reimbursement for the IME under Iowa Code section 85.39. Records indicate Dr. Kuhnlein billed claimant $2,616.50 for preparation of the IME report. (Ex. 11) Claimant is due reimbursement of $2,616.50 as a cost under rule 876 IAC 4.33(6) for Dr. Kuhnlein's report. Costs are assessed at the discretion of this agency. Claimant prevailed on all issues in this case. Given this record, claimant is entitled to costs associated with Dr. LaHolt's and Dr. Duffy's report.

ORDER

THEREFORE, IT IS ORDERED:

That defendants shall pay claimant permanent total disability benefits at the rate of five hundred thirty-five and 00/100 ($535.00) dollars a week commencing on March 25, 2019 and continuing until claimant is no longer permanently and totally disabled.

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

That defendants shall be given credit for benefits previously paid.

That defendants shall pay two thousand six hundred sixteen and 50/100 ($2,616.50) dollars for the costs associated with preparing Dr. Kuhnlein's report.

That defendants shall pay costs as detailed above.

That defendants shall file subsequent reports of injury as required under rule 876 IAC 3.1(2).

Signed and filed this 1st day of July, 2020.

JAMES F. CHRISTENSON
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

Corey J. L. Walker (via WCES)

David Brian Scieszinski (via WCES)

Right to Appeal: This decision shall become final unless you or another interested party appeals within 20 days from the date above, pursuant to rule 876-4.27 (17A, 86) of the Iowa Administrative Code. The notice of appeal must be filed via Workers' Compensation Electronic System (WCES) unless the filing party has been granted permission by the Division of Workers' Compensation to file documents in paper form. If such permission has been granted, the notice of appeal must be filed at the following address: Workers' Compensation Commissioner, Iowa Division of Workers' Compensation, 150 Des Moines Street, Des Moines, Iowa 50309-1836. The notice of appeal must be received by the Division of Workers' Compensation within 20 days from the date of the decision. The appeal period will be extended to the next business day if the last day to appeal falls on a weekend or legal holiday.