BEFORE THE KANSAS WORKERS COMPENSATION APPEALS BOARD

WILLIAM SIMON
Claimant,

v.

CS-00-0443-665
AP-00-0454-055

TYSON FRESH MEATS, INC.
Self-Insured Respondent.

ORDER

Claimant requests review of the November 2, 2020, Award issued by Administrative Law Judge (ALJ) Pamela J. Fuller.

APPEARANCES

Jo Shaw and Jonathan Voegeli appeared for Claimant. Frank Matande and Gregory D. Worth appeared for Self-Insured Respondent.

RECORD AND STIPULATIONS

The Appeals Board adopted the parties' stipulations and considered the record, consisting of the Transcript of Regular Hearing held August 4, 2020; the Continuation of Regular Hearing by Evidentiary Deposition held August 12, 2020; the Evidentiary Deposition of Pedro A. Murati, M.D., taken September 18, 2020, including Exhibits 1-2; the Evidentiary Deposition of Alexander Bollinger, M.D., taken August 25, 2020, including Exhibits 1-6; the Evidentiary Deposition via Video Conference of David W. Hufford, M.D., taken June 11, 2020, including Exhibits 1-5; the narrative reports of Dr. Hufford, dated January 18, 2020, and December 12, 2019, concerning his Court-ordered independent medical examination; and the pleadings and orders contained in the administrative file. The Appeals Board also considered the parties' briefs, and heard oral argument on February 11, 2021.

ISSUES

1. Did Claimant sustain personal injuries to the low back, left hip or left shoulder from repetitive trauma arising out of and in the course of his employment with Respondent?

2. What is the nature and extent of Claimant's disability?

3. The constitutionality of the Kansas Workers Compensation Act.

FINDINGS OF FACT

Claimant is 69 years of age, and worked for fifteen years as a Vacuum Machine 4 Operator for Respondent. Claimant's work required him to repetitively receive pieces of meat on a conveyer, put the pieces in a plastic bag, and placed the bag on a machine to remove air from the bag. Claimant used his arms and shoulders repetitively his entire shift, and he worked double shifts from 2008 through 2013. Claimant was subject to production quotas.

In 2009 or 2013, Claimant began to experience left shoulder pain. Claimant reported his left shoulder problems to Respondent's nursing station and ice was applied to the left shoulder. Claimant was taken off his usual duty for two weeks, and gradually returned to regular duty. No additional treatment was rendered. As Claimant performed his regular duty in 2009 or 2013, his left shoulder symptoms returned and he began using his right arm more. Claimant estimated he filled 300 bags with the left arm primarily, compared to 5300 bags with the right arm primarily, during a working day after 2013.

On July 2, 2018, Claimant's symptoms worsened when his work changed, and he was required to stuff beef into smaller bags. Claimant was required to use more force to fit the meat into the smaller bags, and he used his back more for leverage. Claimant experienced pain in his right wrist, left shoulder, left hip and left leg. Claimant reported his symptoms to his supervisor, and he was sent to the nurse's station for initial treatment. Claimant was referred to a physician for additional treatment, and ultimately was referred to an orthopedist for his right wrist, left shoulder and low back symptoms. Problems with the left wrist and right shoulder were denied.

Dr. Bollinger, an upper extremity orthopedic surgeon, provided treatment from October 9, 2018, through January 29, 2019. Claimant initially reported left shoulder pain, and the initial examination was notable for reduced range of motion of the left shoulder and findings at the right wrist consistent with carpal tunnel syndrome and deQuervain's tenosynovitis. X-rays were interpreted as showing advanced or likely end-stage degenerative arthritis at the right wrist, and degenerative arthritis at the left shoulder. Dr. Bollinger diagnosed arthritis at the left shoulder and right wrist, which was not work-related, and right-sided carpal tunnel syndrome and deQuervain's tenosynovitis. Claimant's work was thought to be the prevailing factor causing the carpal tunnel syndrome and deQuervain's tenosynovitis, taking into account either an acute injury or repetitive trauma. Dr. Bollinger recommended additional testing and treatment for the carpal tunnel syndrome and deQuervain's tenosynovitis, but did not recommend additional treatment for the left shoulder or right wrist arthritis because it was not work related. An injection was administered into the right wrist.

Claimant returned to Dr. Bollinger after undergoing a nerve conduction study. Claimant reported relief of his symptoms for two weeks after the injection administered at

the first visit. Dr. Bollinger noted the nerve conduction study was normal, but the accompanying ultrasound indicated carpal tunnel syndrome. Dr. Bollinger recommended surgery. On December 14, 2018, Claimant underwent carpal tunnel release and first dorsal compartment release surgery by Dr. Bollinger. Claimant's post-operative recovery was unremarkable, and Claimant reported improvement in numbness, tingling and pain. On January 29, 2019, Dr. Bollinger noted minimal pain and greatly improved numbness and tingling compared to before surgery. Range of motion was full and Claimant's sensation was intact. Dr. Bollinger declared Claimant at maximum medical improvement for the carpal tunnel syndrome and deQuervain's tenosynovitis, and released Claimant with instructions to return if needed. No additional treatment was recommended.

Dr. Bollinger subsequently issued a rating report at the request of Respondent. Dr. Bollinger confirmed Claimant reached maximum medical improvement for his right-sided carpal tunnel syndrome and deQuervain's tenosynovitis, and did not require permanent restrictions. Under the *AMA Guides to the Evaluation of Permanent Impairment*, Fourth Edition (*AMA Guides,* Fourth Edition), Claimant's impairment was rated at 5% of the right upper extremity. Under the *AMA Guides to the Evaluation of Permanent Impairment*, Sixth Edition (*AMA Guides*, Sixth Edition), Dr. Bollinger rated Claimant's impairment at 2% of the right upper extremity. With regard to the rating rendered under the *AMA Guides*, Sixth Edition, Dr. Bollinger conceded he did not perform a QuickDASH analysis to determine applicable grade modifiers to his rating, because he did not believe it was necessary for every patient, and Dr. Bollinger did not use a pain disability questionnaire. Dr. Bollinger also disagreed with the use of Table 16 from the *AMA Guides*, Fourth Edition, in rating Claimant's carpal tunnel syndrome, and based his rating under the *AMA Guides*, Fourth Edition, on his expertise and professional judgment.

With regard to his opinions on causation, Dr. Bollinger confirmed he did not evaluate the left hip or low back. Dr. Bollinger also confirmed Clamant's work for Respondent was not the prevailing factor causing Claimant's osteoarthritis in this left shoulder or right wrist. Dr. Bollinger thought other factors causing Claimant's osteoarthritis were his age and body-mass index of 37.6.

In 2019, Claimant obtained treatment on his own for his left hip and low back. Claimant confirmed Dr. Bollinger said he required treatment for the left shoulder, but not under workers compensation. Claimant underwent left hip replacement surgery by a different physician in November 2019. Claimant also received treatment on his own for the low back. Permanent work restrictions were imposed due to the left hip and low back consisting of no lifting over ten pounds, no bending more than 90 degrees, no long walks and periodic sit-down periods to rest. Respondent placed Claimant in a different position performing clean-up work in a locker room due to those work restrictions, and Claimant experienced a reduction in earnings. Claimant previously underwent a right hip replacement in 2014.

Claimant testified he cannot elevate the left arm above the shoulder, but can use his left arm from the elbow. Claimant also testified his right wrist pain was the same as before the surgery. Claimant's low back remains symptomatic and he recently underwent an injection for ongoing low back pain. Claimant testified he experiences numbness in the back running down the left leg, with swelling and pain in the left leg and pain in the left foot and toes. Claimant moves and adjusts position to relieve his back pain.

Dr. Murati evaluated Claimant on August 8, 2019. Claimant described his work as constantly working at a line using a machine to suck the air out of bags containing meat. Dr. Murati was familiar with Claimant's work duties based on his experience. Claimant reported right wrist pain, numbness and tingling; pain and decreased range of motion of the left shoulder; low back pain; left knee and hip pain preventing him from bending and stooping; and bilateral leg swelling. Claimant's course of medical treatment was reviewed by Dr. Murati. An MRI of the left shoulder was interpreted as showing glenohumeral degeneration and AC arthritis. Dr. Murati thought Claimant's repetitive work was the prevailing factor causing Claimant's right wrist condition and need for surgery, as well as the degeneration and arthritis of the left shoulder. Dr. Murati also noted a radiologist interpreted an MRI of the low back as showing bulging discs squeezing the nerve roots, resulting in radiculopathy. Dr. Murati thought Claimant's repetitive work caused the pathology in the low back, but also testified Claimant's work caused bulging discs to worsen to the point they pressed on the nerve roots. Dr. Murati diagnosed Claimant with left frozen shoulder syndrome, preexisting with current aggravation; post-right-sided carpal tunnel release and first dorsal compartment release; myofascial pain of the left shoulder extending into the cervical and thoracic paraspinal muscles; lumbar radiculopathy and left sacroiliac joint dysfunction.

On cross-examination, Dr. Murati confirmed the MRI of the left shoulder revealed severe degenerative changes from osteoarthritis preceding July 2, 2018, and Claimant's repetitive work would have aggravated Claimant's preexisting condition. Dr. Murati thought the MRI of the right wrist revealed a TFCC tear and scaphoid cysts, but he confirmed marked degenerative changes throughout the wrist were noted in the MRI report, which would have preceded July 2, 2018. Dr. Murati testified Claimant's work caused, as well as aggravated, the degeneration in the right wrist. Dr. Murati did not believe Claimant had degeneration in the right shoulder, which would be consistent with systemic, age-related arthritis, because Claimant did not report symptoms in the right shoulder. With regard to the bulging discs in the low back, Dr. Murati testified most people over the age of 60 would have bulging discs, but Claimant's work produced his pathology. Dr. Murati also diagnosed cervical and thoracic myofascial pain syndrome based on Claimant's subjective presentation. Dr. Murati conceded an EMG study was interpreted as normal without evidence of radiculopathy, and no radiologic evidence confirmed a cervical or thoracic injury.

Dr. Murati issued two impairment ratings. Under the *AMA Guides*, Fourth Edition, Dr. Murati rated Claimant's right upper extremity at 10%, which converted to 6% of the body as a whole; 5% of the body as a whole for cervical impairment classified as DRE II; 5% of the body as a whole for thoracic impairment classified as DRE II; and 10% of the body as a whole for lumbar impairment classified as DRE III, which converted to a global impairment rating of 23% of the body as a whole. Under the *AMA Guides*, Sixth Edition, Dr. Murati rated Claimant's right upper extremity at 8%, which converted to 5% of the body as a whole; 2% of the body as a whole for cervical impairment; 2% of the body as whole for thoracic impairment; and 12% of the body as a whole for lumbar impairment, which converted to a global impairment rating of 20% of the body as a whole. Dr. Murati also thought Claimant would require future medical treatment for his work-related injuries.

Dr. Hufford performed a Court-ordered independent medical examination of Claimant on December 12, 2019. Dr. Hufford's report documents a history of Claimant working eight to sixteen hours per day, and initially experiencing left shoulder pain in 2009. Claimant subsequently reported left shoulder, right upper extremity, low back and left hip pain on July 2, 2018. Dr. Hufford reviewed Claimant's course of treatment by Dr. Bollinger for the right upper extremity, and noted Claimant underwent a left hip replacement one month before Dr. Hufford's examination. Examination of the left shoulder was notable for diffuse tenderness, limited range of motion and signs of rotator cuff injury. Examination of the right shoulder was unremarkable, and there were no signs of medial nerve entrapment, first compartment tenosynovitis or triggering at the wrist and hand. Myofascial tenderness was noted at the lumbar spine with a positive straight-leg raise test finding on the left side. An antalgic gait was noted due to the recent hip replacement surgery. Dr. Hufford interpreted the MRI scans of the left shoulder and lumbar spine as showing degenerative changes, with no EMG evidence of radiculopathy. Dr. Hufford diagnosed Claimant with work-related carpal tunnel syndrome and deQuervain's tenosynovitis, for which Claimant had reached maximum medical improvement and required no additional treatment. Dr. Hufford also diagnosed severe degenerative arthritis at the left shoulder without direct rotator cuff pathology, which he did not relate to work activities performed to July 2, 2018. Dr. Hufford considered whether the left shoulder was related to work performed in 2009 to be a separate issue. Dr. Hufford thought Claimant suffered from degenerative disc disease at L5-S1 and spinal stenosis unrelated to work. Finally, Dr. Hufford believed Claimant's need for the left hip replacement was due to degeneration, and not from work activities.

Dr. Hufford issued a supplemental report, dated January 28, 2020, rating Claimant's permanent impairment. Dr. Hufford did not rate Claimant's left shoulder, low back or left hip because he did not believe those conditions were work related. With regard to the right upper extremity, Dr. Hufford did not believe Claimant sustained permanent impairment with regard to the deQuervain's tenosynovitis or for triggering fingers under the *AMA Guides*, Sixth Edition. Dr. Hufford stated he was unable to provide a rating for Claimant's carpal tunnel syndrome under the *AMA Guides*, Sixth Edition, because no EMG study assessing

nerve conduction was performed confirming the presence of carpal tunnel syndrome. During his deposition, Dr. Hufford testified if the diagnostic tests Claimant underwent confirmed the presence of carpal tunnel syndrome, Claimant's permanent impairment would be either 3% of the right upper extremity under 1B Classification from Table 15-21, or 5% of the right upper extremity under 1C Classification. Dr. Hufford rated Claimant's permanent impairment under the *AMA Guides*, Fourth Edition, at 4% of the right upper extremity for his carpal tunnel syndrome. Dr. Hufford noted Claimant's right forearm displayed signs of a prior work-related injury resulting in no impairment.

ALJ Fuller issued the Award on November 2, 2020, finding and concluding Claimant's compensable injuries were limited to the right-sided carpal tunnel syndrome and deQuervain's tenosynovitis. ALJ Fuller found the alleged injuries to the left shoulder, left hip and low back were caused by a personal, degenerative condition unrelated to Claimant's work activities. ALJ Fuller also found Dr. Hufford did not provide an impairment rating for the right upper extremity based on the *AMA Guides*, Sixth Edition, and Dr. Bollinger's impairment rating of 2% of the right upper extremity was adopted. Future medical treatment was denied because Dr. Bollinger did not recommend future medical and Dr. Murati only recommended future medical for Claimant's non-compensable left shoulder condition. Claimant appeals.

CONCLUSIONS OF LAW AND ANALYSIS

It is the intent of the Legislature the Workers Compensation Act be liberally construed only for the purpose of bringing employers and employees within the provisions of the Act.[1] The provisions of the Workers Compensation Act shall be applied impartially to all parties.[2] The burden of proof shall be on the employee to establish the right to an award of compensation, and to prove the various conditions on which the right to compensation depends.[3]

1. The Appeals Board cannot rule on the constitutionality of provisions of the Kansas Workers Compensation Act, and the constitutional issue is reserved for a court of competent jurisdiction.

Claimant contests the constitutionality of the Kansas Workers Compensation Act. The Appeals Board does not possess authority to review independently the constitutionality

[1] *See* K.S.A. 44-501b(a).

[2] *See id*.

[3] *See* K.S.A. 44-501b(c).

of the Kansas Workers Compensation Act.[4] Therefore, the Board cannot address the constitutional issue raised by Claimant, and reserves the issue for a court of competent jurisdiction.

2. Claimant met his burden of proving his right-sided carpal tunnel syndrome and deQuervain's tenosynovitis was caused by repetitive trauma arising out of and in the course of his employment with Respondent, but Claimant failed to prove the remaining alleged injuries were compensable.

It is undisputed Claimant sustained compensable carpal tunnel syndrome and deQuervain's tenosynovitis on account of his work-related repetitive trauma. Claimant argues he also sustained compensable injuries to the left shoulder, left hip and low back from the work-related repetitive trauma, while Respondent maintains ALJ Fuller's findings and conclusions regarding compensability and causation should be affirmed.

An injury by repetitive trauma shall be compensable only if employment exposes the worker to an increased risk of injury, the employment is the prevailing factor in causing the repetitive trauma and the repetitive trauma is the prevailing factor in causing the medical condition.[5] Moreover, the repetitive nature of the injury must be demonstrated by diagnostic or clinical tests.[6] "Prevailing factor" is defined as the primary factor compared to any other factor, based on consideration of all relevant evidence.[7] An injury occurring as a result of the natural aging process is not considered to arise out of and in the course of employment.[8]

In this case, the greater weight of the credible evidence in the record establishes Claimant's work-related repetitive trauma was not the prevailing factor causing injuries to the left shoulder, left hip or low back. Claimant testified he initially felt left shoulder symptoms while working in 2009 and received treatment at Respondent's first aid department. The records from Respondent's first aid department are not in evidence, and the state of Claimant's left shoulder from that time is unknown. Claimant also testified he developed left hip and low back symptoms when he performed more difficult tasks in 2018. Claimant also underwent a prior right hip replacement procedure, which was unrelated to his work activities and due to a personal condition. Claimant is 69 years of age, and the

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[4] *See, e.g., Pardo v. United Parcel Service*, 56 Kan. App. 2d 1, 10, 422 P.3d 1185 (2018).

[5] *See* K.S.A. 44-508(f)(2).

[6] *See* K.S.A. 44-508(e).

[7] *See* K.S.A. 44-508(g).

[8] *See* K.S.A. 44-508(f)(3)(A).

testifying physicians agreed it would not be unusual to find degeneration in a patient of Claimant's age.

Dr. Bollinger, the authorized treating orthopedist, testified Claimant developed arthritis in the left shoulder and right wrist, and Claimant's work for Respondent was not the prevailing factor causing his arthritis. Dr. Bollinger based his causation opinion on a single accident date, as well as a repetitive-trauma mechanism of injury, and he also considered Claimant's age and body-mass index as factors. Dr. Bollinger, however, did not evaluate the left hip or low back.

Dr. Murati, Claimant's examining physician, thought Claimant's repetitive work for Respondent was the prevailing factor for left frozen shoulder syndrome, but he also stated Claimant's frozen shoulder was preexisting with a current aggravation. Dr. Murati also thought Claimant developed myofascial pain in the left shoulder girdle extending into the cervical and thoracic paraspinals, which Claimant did not describe, as well as lumbar radiculopathy in the absence of an EMG study confirming the diagnosis and left sacroiliac dysfunction, on account of repetitive work activities. On cross-examination, Dr. Murati indicated he did not think there was much degeneration at the right wrist, but acknowledged the MRI report confirmed marked degenerative changes throughout the wrist. Dr. Murati testified Claimant's work caused the degeneration in the right wrist, but also aggravated the degeneration. Dr. Murati also admitted the disc bulging he identified in Claimant's lumbar spine was preexisting, but produced "pathology" on account of repetitive work activities. Dr. Murati's opinions on cause of Claimant's alleged injuries and medical condition are equivocal and contradictory.

Dr. Hufford, the Court-appointed examining physician, evaluated Claimant's left shoulder, left hip and low back, as well as the right upper extremity. Dr. Hufford considered Claimant's history of repetitive work for Respondent, as well as Claimant's personal health history. Dr. Hufford believed Claimant's prior right hip replacement was evidence Claimant had a personal propensity for developing degenerative osteoarthritis necessitating joint replacement surgery. Dr. Hufford did not identify signs of repetitive-trauma injury in the left shoulder, such as a significant rotator cuff pathology, or in the lumbar spine, such as significant disc changes or radiculopathy. Instead, Dr. Hufford diagnosed significant degenerative arthritis of the left shoulder, degenerative disc disease at the lumbar spine with evidence of stenosis unrelated to work activities, and a recent left hip replacement due to degeneration unrelated to work activities. Dr. Hufford conceded Claimant's work activities may have rendered Claimant's arthritis symptomatic, but would not have increased the level of arthritis present in Claimant's body.

Having considered the varying medical opinions, the Appeals Board finds the opinions of Dr. Hufford, the Court-appointed physician, the most credible. Dr. Bollinger, as the authorized treating orthopedist, would normally be given some deference as the treating physician, but he did not evaluate Claimant's left hip or low back. Dr. Murati,

Claimant's examining physician, rendered contradictory opinions on the cause of Claimant's condition, undermining the credibility of his opinions. Dr. Hufford, the neutral evaluating physician, consistently stated the pathologies in Claimant's left shoulder, left hip and low back were degenerative, rather than work-related injuries. At most, Claimant's work activities either aggravated or produced symptoms in a previously asymptomatic condition. Based on Dr. Hufford's opinions, the Appeals Board finds the alleged injuries to Claimant's left shoulder, left hip and low back were caused by a personal, degenerative condition, and Claimant's work activities, at most, aggravated Claimant's degenerative conditions. Because aggravations of preexisting conditions are not compensable injuries,[9] the Appeals Board concludes Claimant did not meet his burden of proving he sustained compensable injuries to the left shoulder, left hip or low back.

3. Claimant is entitled to permanent partial disability compensation based on 5% functional impairment of the right forearm under the *AMA Guides*, Sixth Edition.

Finally, the Appeals Board addresses the nature and extent of permanent disability resulting from Claimant's compensable right upper extremity injury. Claimant's compensable right wrist injuries consist of carpal tunnel syndrome and deQuervain's tenosynovitis requiring surgery, but do not include his osteoarthritis. It is undisputed the injury and resulting disability to the right upper extremity occurred at the right wrist. Under the Kansas Workers Compensation Act, an injury to the wrist entails a maximum permanent partial disability benefit period of 200 weeks.[10]

Claimant testified he continues to experience right wrist pain at the same level he did before he underwent surgery. Claimant performs different work for Respondent due to his noncompensable left hip condition. Claimant's testimony concerning his ongoing right wrist pain is contradicted by Dr. Bollinger, who noted Claimant reported minimal pain on January 29, 2019. Dr. Bollinger rated Claimant's impairment at 2% of the right upper extremity, but he did not follow the procedure mandated by the *AMA Guides*, Sixth Edition. Dr. Murati noted additional symptoms of right wrist numbness and tingling, which Claimant did not testify to experiencing, and Dr. Murati believed Claimant's compensable injuries included osteoarthritis. Dr. Murati rated Claimant's right upper extremity at 8% based on the *AMA Guides*, Sixth Edition, but this appears to consider Claimant's noncompensable osteoarthritis and additional symptoms. The Court-ordered evaluating physician, Dr. Hufford, initially stated Claimant's right upper extremity could not be rated under the *AMA Guides*, Sixth Edition, because a nerve conduction test did not confirm entrapment neuropathy. Dr. Hufford also testified, however, if the diagnostic testing Claimant

[9] *See* K.S.A. 44-508(f)(2).

[10] *See* K.S.A. 44-510d(b)(12); K.A.R. 51-7-8(c)(4).

underwent confirmed entrapment neuropathy, Claimant's impairment would be 3% of the right upper extremity based on a 1B classification, or 5% of the right upper extremity based on a 1C classification.

Having considered the record as a whole, the Appeals Board finds Claimant's functional impairment to the right upper extremity is 5% based on the *AMA Guides*, Sixth Edition. Dr. Bollinger did not follow the methodology mandated by the *AMA Guides*, Sixth Edition, which undermines the credibility of his opinions. Dr. Murati's rating takes into account a noncompensable, degenerative condition and possibly additional symptoms Claimant did not testify to experiencing, which undermines the credibility of Dr. Murati's opinions. Dr. Hufford initially stated he could not rate Claimant's impairment, but later testified Claimant's impairment was 3% or 5% if Claimant's diagnostic tests confirmed peripheral neuropathy. Although a formal nerve conduction study did not confirm peripheral neuropathy, Claimant underwent a diagnostic study, particularly an ultrasound, confirming carpal tunnel syndrome, which led to surgery. The Board finds Claimant's diagnostic studies confirmed the presence of peripheral neuropathy, and under the *AMA Guides*, Sixth Edition, Claimant's permanent impairment is 5% of the right forearm due to his carpal tunnel syndrome and deQuervain's tenosynovitis. The award of permanent partial disability compensation benefits should be modified accordingly.

CONCLUSION

The issue of the constitutionality of the Kansas Workers Compensation Act is reserved for a court of competent jurisdiction. Claimant did not meet his burden of proving the work-related repetitive trauma was the prevailing factor causing his alleged injuries to the low back, left hip and left shoulder. Claimant's compensable injuries are limited to the right forearm. The ALJ's determination of the functional impairment to the right upper extremity caused by carpal tunnel syndrome and de Quervain's tenosynovitis is modified, and Claimant is entitled to permanent partial disability compensation based on 5% functional impairment of the right forearm under the *AMA Guides*, Sixth Edition.

AWARD

WHEREFORE it is the finding, decision and order of the Board the Award of ALJ Pamela J. Fuller, dated November 2, 2020, is modified.

Claimant is entitled to permanent partial disability compensation for 10 weeks based on 5% functional impairment to the right forearm, for carpal tunnel syndrome and deQuervain's tenosynovitis, at $510.03 per week, totaling $5,100.30. As of the date of this Award, there are due and owing 10 weeks of permanent partial disability compensation at $510.03 per week, totaling $5,100.30, which is ordered paid in one lump sum, less any amounts previously paid.

In all other respects, the Award issued by ALJ Pamela J. Fuller, dated November 2, 2020, is affirmed.

IT IS SO ORDERED.

Dated this _____ day of March, 2021.

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

c: (Via OSCAR)

Jo Shaw
Jonathan Voegeli
Frank Matande
Gregory D. Worth
Hon. Pamela J. Fuller