

Appeals Panel Decisions
(February 02, 2012 – April 20, 2012)

111732 - Decedent's death was a result of the compensable injury by virtue of carrier waiver pursuant to Rule 132.17(a) and (b), failure to file its dispute within 60 days of notice of the claim.

111775 - The hearing officer did not indicate the preponderance of the other medical evidence that she believed was contrary to the Designated Doctor. RSD/CRPS is ratable and the method to rate causalgia and RSD is found on page 3/56 of the AMA Guides.

111821 - Rating doctor failed to meet the requirements of Rule 130.1(c)(3) regarding his impairment rating assigned for the claimant's injuries by not documenting what clinical or objective findings would support the placement of claimant in a specific rating class other than his conclusory statement that she met the criteria of this class.

111825 – Doctors did not rate the entire compensable injury.

111826 – Whether the carrier is relieved from liability under the personal animosity exception. “[T]he purpose of the ‘personal animosity’ exception is to exclude from coverage of the Act those injuries resulting from a dispute which has been transported into the place of employment from the injured employee’s private or domestic life, at least where the animosity is not exacerbated by the employment.”

111840 – See how doctors should not certify impairment ratings.

111848 - Claimant's IPE and vocational rehabilitation program ended mid-quarter and Claimant did not make adequate job search efforts each week after that. Claimant was not entitled to SIBs for that quarter.

111849 – Three carriers – which one is the correct carrier?

111877 – Designated Doctor improperly rated eye injury. Claimant's doctor properly found MMI and properly rated the eye injury.

111881 – Report on extent was conclusory because it did not explain the osteophyte on the MRI. Report on MMI/impairment rating does not document clinical findings from an examination performed to assess impairment. The narrative simply contains a history and notes some of the records reviewed and then assesses impairment. Because the narrative report does not comply with Rule 130.1(c)(3), the doctor's assessment of impairment rating cannot be adopted.

111924 - Because the narrative reports did not comply with Rule 130.1(c)(3) or rate the entire injury, three different doctors' certifications were tossed.

111952 - Whether the carrier was, or was not, paying TIBs is immaterial to whether the claimant had disability

111965 – How to properly calculate bilateral carpal tunnel syndrome

112010 – Designated Doctor did not have all the records and his report failed to comply with Rule 130.1(c)(3).

120041 – The hearing officer found the preponderance of the evidence was contrary to the findings of the designated doctor however the Treating Doctor did not rule out or consider other causes of those same conditions. In this case, there is insufficient medical evidence that causally connects the lumbar and cervical MRI findings and specific claimed conditions to the work injury.

120068 - Dr. improperly assigned impairment for the claimant's radiculopathy solely on the results of the EMG. Further, the narrative signed by Dr. does not explain why the claimant met the criteria for DRE Lumbosacral Category V: Radiculopathy and Loss of Motion Segment Integrity. Therefore, the 25% IR in evidence from Dr. could not be adopted.

120071 - The question regarding the date of MMI was not whether the claimant actually recovered or improved during the period at issue, but whether based upon reasonable medical probability, material recovery or lasting improvement could reasonably be anticipated.

120090 - As a result of the waiver by the carrier, the claimant sustained a compensable injury.

120132 – Hearing officer incorrectly decided extent and incorrectly identified the Designated Doctor. Because extent was not resolved, MMI/impairment rating had to be remanded as well.

120180 - There are no certifications of MMI/IR in evidence that could be adopted. The hearing officer erred in failing to add the issue of the extent of the compensable injury regarding the claimed condition.

120191 – Reversed to determine disability.

120253 - The Supreme Court in Crump noted that “a medical causation expert need not ‘disprov[e] or discredit[] every possible cause other than the one espoused by him.’” The Supreme Court did not hold that the only method to establish expert medical causation evidence is by differential diagnosis.

120273 - Claimant was not injured while sleeping but rather while walking back to his work area.

120313- Claimant's injury includes sprain/strains.