

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

<div style="border-bottom: 1px solid black; margin-bottom: 10px; min-height: 20px;"></div> <div style="text-align: right; padding-right: 20px;">Claimant,</div> <div style="text-align: center; padding: 20px 0;">vs.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; min-height: 20px;"></div> <div style="text-align: right; padding-right: 20px;">Employer,</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; min-height: 20px;"></div> <div style="text-align: right; padding-right: 20px;">Insurance Carrier,</div> <div style="padding-top: 20px;">SECOND INJURY FUND OF IOWA</div> <div style="text-align: right; padding-right: 20px;">Defendant(s).</div>	,	<div>File No(s).: <div style="border-bottom: 1px solid black; width: 100%; min-height: 20px;"></div></div> <div style="border-bottom: 1px solid black; width: 100%; min-height: 20px;"></div> <div style="text-align: center; padding-top: 40px;"> <h2 style="margin: 0;">Hearing Report</h2> </div>
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Under Rule 876 IAC 4.19(3)(f), the parties in the above-captioned case jointly submit this Hearing Report, which defines the claims, defenses, and issues submitted to the presiding deputy commissioner.

## 1. EMPLOYER-EMPLOYEE RELATIONSHIP.

(a) The existence of an employer-employee relationship at the time of the alleged injury.

## 2. INJURY.

\_\_\_\_\_ (a) Claimant sustained an injury, which arose out of and in the course of employment, on the following date(s): \_\_\_\_\_.

### 3. CAUSATION TO DISABILITY.

(a) The alleged injury is a cause of temporary disability during a period of recovery.

(b) The alleged injury is a cause of permanent disability.

#### 4. ENTITLEMENT TO TEMPORARY DISABILITY AND/OR HEALING PERIOD BENEFITS.

☐ No longer in dispute.

Claimant is seeking either temporary total disability, temporary partial disability, or healing period benefits for the following time period(s): \_\_\_\_.

\_\_\_\_\_ (a) If defendant(s) are liable for the alleged injury, claimant is entitled to benefits for this period of time.

\_\_\_\_ (b) Although entitlement cannot be stipulated, claimant was off work during this period of time.

## 5. ENTITLEMENT TO PERMANENT PARTIAL DISABILITY BENEFITS.

☐ No longer in dispute.

\_\_\_\_\_ (a) Claimant is entitled to permanent disability benefits for \_\_\_\_\_ weeks for a \_\_\_\_\_ % loss of use of the \_\_\_\_\_ or a \_\_\_\_\_ % loss of earning capacity.

If the injury is found to be a cause of permanent disability,

\_\_\_\_\_ (b) The disability is a scheduled member disability to the \_\_\_\_\_.

\_\_\_\_\_ (c) The disability is an industrial disability.

\_\_\_\_\_ (d) The commencement date for permanent partial disability benefits, if any are awarded, is \_\_\_\_\_.

## 6. RATE OF COMPENSATION.

At the time of the alleged injury,

\_\_\_\_\_ (a) Claimant's gross earnings were \$\_\_\_\_\_ per week.

\_\_\_\_\_ (b) Claimant was:

☐ Married.

☐ Single.

\_\_\_\_\_ (c) Claimant was entitled to \_\_\_\_\_ exemptions.

The parties believe the weekly rate to be \$\_\_\_\_\_ based on the above.

## 7. AFFIRMATIVE DEFENSES.

\_\_\_\_\_ (a) Defense of \_\_\_\_\_ under Iowa Code section 85.16.

\_\_\_\_\_ (b) Lack of timely notice under Iowa Code section 85.23.

\_\_\_\_\_ (c) Untimely claim under Iowa Code section 85.26.

\_\_\_\_\_ (d) Other: \_\_\_\_\_

## 8. MEDICAL BENEFITS.

☐ No longer in dispute.

Claimant seeks:

☐ Payment of medical expenses. An itemized list of medical expenses is in \_\_\_\_\_ Exhibit(s) \_\_\_\_\_.

☐ Independent medical examination (IME) under Iowa Code section 85.39.



☐ Alternate care under Iowa Code section 85.27.

With reference to the disputed medical expenses:

- \_\_\_\_\_ (a) The fees or prices charged by providers are fair and reasonable.
- \_\_\_\_\_ (b) The treatment was reasonable and necessary.
- \_\_\_\_\_ (c) Although disputed, the medical providers would testify as to the reasonableness of their fees and/or treatment set forth in the listed expenses and defendants are not offering contrary evidence.
- \_\_\_\_\_ (d) The listed expenses are causally connected to the work injury.
- \_\_\_\_\_ (e) Although causal connection of the expenses to a work injury cannot be stipulated, the listed expenses are at least causally connected to the medical condition(s) upon which the claim of injury is based.
- \_\_\_\_\_ (f) The requested expenses were authorized by defendant(s).

#### 9. CREDITS AGAINST ANY AWARD.

☐ No longer in dispute.

- \_\_\_\_\_ (a) Prior to hearing, claimant was paid \_\_\_\_\_ weeks of compensation at the rate of \$ \_\_\_\_\_ per week.
- \_\_\_\_\_ (b) Defendant(s) are entitled to credit under Iowa Code section 85.38(2) for payment of:
- ☐ Sick pay/disability income in the amount of \$ \_\_\_\_\_.  
☐ Medical/hospitalization expenses in the amount of \$ \_\_\_\_\_.

#### 10. SECOND INJURY FUND (SIF).

- \_\_\_\_\_ (a) Claimant sustained a prior qualifying loss to the \_\_\_\_\_ on \_\_\_\_\_.  
\_\_\_\_\_ (b) The functional loss from the prior qualifying loss is of \_\_\_\_\_ % of the \_\_\_\_\_.  
\_\_\_\_\_ (c) Claimant sustained a compensable loss to the \_\_\_\_\_ on \_\_\_\_\_.  
\_\_\_\_\_ (d) The functional loss from the second qualifying loss is \_\_\_\_\_ % to the \_\_\_\_\_.  
\_\_\_\_\_ (e) Claimant believes the commencement date of SIF benefits, if any are awarded, is \_\_\_\_\_.  
If disputed, SIF believes the commencement date for PPD benefits, if any are awarded, is \_\_\_\_\_.  
\_\_\_\_\_ (f) SIF is entitled to credit under Iowa Code section 85.64 for \_\_\_\_\_.



### 11. ADDITIONAL ISSUES, STIPULATIONS, AND/OR EXPLANATION.

Click here to add additional issues, stipulations, and/or explanation

### 12. DISPUTED COSTS.

☐ Claimant wishes specific taxation of costs in the decision. An itemized list of costs and proof of payment is in \_\_\_\_\_ Exhibit(s) \_\_\_\_\_.

\_\_\_\_\_ (a) The costs listed in \_\_\_\_\_ Exhibit(s) \_\_\_\_\_ have been paid.

### 13. AGREEMENT AND SIGNATURES.

The parties agree that the hearing report fully and accurately defines the claims, defenses, and issues submitted to the presiding deputy commissioner.

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Signature of Attorney for Claimant

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Signature of Attorney for \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Signature of Attorney for \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_