OFFICE OF ADMINISTRATIVE COURTS
STATE OF COLORADO
WORKERS' COMPENSATION NO. WC 5-208-155-003

ISSUES

1. Whether Respondents have demonstrated by a preponderance of the evidence that Division Independent Medical Examination (DIME) physician Robert P. Mack, M.D. incorrectly assigned Claimant a 29% lower extremity permanent impairment rating as a result of his May 9, 2022 admitted industrial injuries.

2. Whether Respondents have proven by a preponderance of the evidence that Claimant is no longer entitled to receive medical maintenance benefits in the form of physical therapy.

FINDINGS OF FACT

1. This admitted claim involves a May 9, 2022 injury to Claimant's left knee. Claimant has worked for Employer for 30 years. On the date of injury, Claimant tripped over a cord, fell, and struck his knee on concrete. Left knee x-rays revealed a fractured patella.

2. On May 12, 2022 Claimant obtained medical treatment at Vail-Summit Orthopaedics & Neurosurgery. Max Seiter, M.D. recommended an open reduction and internal fixation (ORIF) procedure for Claimant's patella fracture. Dr. Seiter performed the left knee ORIF on the following day.

3. On May 19, 2022 Claimant began physical therapy (PT). Claimant has continued to participate in PT throughout this claim.

4. On July 20, 2022 Claimant followed up with Dr. Seiter. He recommended a second surgery. On August 26, 2022 Claimant underwent a left knee partial lateral meniscectomy, arthroscopic debridement and chondroplasty of the patella cartilage, arthroscopic lysis of adhesions, arthroscopic lateral release of the left patella, and manipulation under anesthesia.

5. On January 18, 2023 Claimant treated with Andrew Wood, M.D. at Denver Health and reported continued left knee pain and weakness. Dr. Wood injected Claimant's left knee. On April 17, 2023, Claimant returned to Dr. Wood for a repeat left knee injection.

6. On June 1, 2023 Claimant followed up with Dr. Seiter. He recommended a third left knee procedure. Dr. Seiter noted he would perform a prepatellar bursectomy and remove a small nodule of scar tissue or suture that was present in the prepatellar bursa. On August 4, 2023 Claimant underwent the proposed surgery.

7. On December 11, 2023 Claimant visited Darcy Selenka, M.D., at Denver Health. Dr. Selenka remarked that Claimant had a very poor healing patellar fracture.

Claimant noted ongoing left knee pain and symptoms, as well as functional limitations. Dr. Selenka commented that orthopedic surgery had released Claimant to activity as tolerated for the next six months. If he continued having pain and swelling, the surgeon recommended proceeding with a total knee replacement.

8. On February 2, 2024 Claimant treated at Denver Health for an injury that occurred one day earlier. Claimant slipped on ice at work and tweaked his left knee. He underwent x-rays that showed no acute fracture or dislocation. Dr. Selenka recommended Claimant elevate and apply a cold pack to his knee for 20 minutes, five times per day, and released Claimant back to work.

9. On April 2, 2024, Claimant treated at Denver Health with Spencer Tomberg, M.D. Dr. Tornberg determined Claimant had reached Maximum Medical improvement (MMI) with no permanent impairment for his left knee. He remarked that Claimant had no new limitations from "the Feb injury" and that he was clear for full duty work with no "new" restrictions.

10. On May 16, 2024 Respondents filed a Final Admission of Liability (FAL) regarding Claimant's May 9, 2022 industrial injury based on Dr. Tomberg's April 2, 2024 medical report. Respondents did not acknowledge any permanent impairment but admitted for maintenance medical treatment.

11. On May 23, 2024 Claimant objected to the FAL and requested a Division Independent Medical Examination (DIME).

12. On June 5, 2024 Claimant returned to Dr. Seiter for an examination. He injected Claimant's left knee and commented that Claimant was at MMI. Dr. Seiter recommended medical maintenance treatment in the form of PT as needed.

13. On September 27, 2024 Claimant underwent a DIME with Robert Mack, M.D. Dr. Mack agreed with Dr. Seiter that Claimant had reached MMI on June 5, 2024 and assigned a 29 percent scheduled left lower extremity impairment rating. The rating consisted of the following: (1) a five percent impairment for a lateral meniscectomy under Table 40 of the *American Medical Association Guides for the Evaluation of Permanent Impairment Third Edition (Revised)* (*AMA Guides*); (2) a 15 percent impairment for arthritis and chondromalacia under Table 40 of the *AMA Guides*; and (3) an 11 percent range of motion impairment based on flexion limited to 120 degrees. Dr. Mack also recommended maintenance treatment including a 1-year gym membership, frequent sessions with an athletic trainer, and follow ups with Dr. Seiter on an as-needed basis to include repeat injections in his left knee.

14. On December 17, 2024 Claimant underwent an Independent Medical Examination (IME) with John Burris, M.D. Dr. Burris assigned Claimant a 10% left lower extremity impairment rating. He initially explained that Dr. Mack's 29% rating should have been calculated as 28% based on the combined values chart. Moreover, Table 40 #5 of the *AMA Guides* allows for arthritis with a maximum lower extremity value of 0-20% for

the entire knee. However, Claimant's work-related injury was confined to the patellofemoral compartment or 1/3 of the knee joint. Dr. Burris explained that the maximum #5 work-related rating is 1/3 of 20% or 7%, and not the 15% assigned by Dr. Mack. Furthermore, even if Claimant's meniscal tear was work-related, Dr. Seiter's operative note described the tear as involving only 5% of the meniscus. However, Table 40 #2 allows 0-10% impairment for one meniscus. For a 5% involvement of the meniscus, the maximum value would thus be 5%x10% or 0.5%, and not the 5% assigned by Dr. Mack. Finally, Dr. Mack's range of motion measurements were inconsistent with Dr. Seiter's. Dr. Burris agreed that Claimant had reached MMI on June 5, 2024, but noted that no maintenance care was warranted.

15. Claimant testified at hearing that prior to this work injury, he had no left knee problems. He was able to engage in his physically demanding job of coaching skiing. Claimant still works as a ski instructor and coach but can no longer demonstrate drills like he did prior to his injury. Moreover, Claimant can no longer engage in hobbies including cycling, skiing, and surfing.

16. Claimant also addressed his February 2024 intervening incident. He stated that he only visited the clinic once for that event so he could get cleared to work. When he was placed at MMI by Dr. Tomberg on April 2, 2024, Claimant believed he had reached MMI for the minor February injury. Claimant remarked that since he has been placed at MMI, he has undergone physical therapy approximately every other week, as well as several cortisone injections.

17. At hearing, Dr. Burris testified consistently with his report. He explained that the knee is commonly divided into the following three compartments: (1) the patellofemoral compartment; (2) the medial compartment; and (3) the lateral compartment. Dr. Burris remarked that Claimant's patellofemoral compartment was the only compartment within Claimant's knee that should have been rated. Although Claimant underwent surgery that addressed synovitis in other compartments of the knee, the synovitis was not arthritis but swelling inside the joint capsule. Based on the single compartment, Claimant should have received a 7% permanent impairment rating. In conjunction with a 3% rating for range of motion deficits, Dr. Burris reiterated that Claimant should be awarded a 10% lower extremity permanent impairment rating. Dr. Burris remarked that Dr. Mack arbitrarily assigned an excessive 15% lower extremity rating under Table 40.

18. Second, Dr. Burris believed the 5% rating assigned by Dr. Mack for the partial meniscectomy was erroneous because it was not clear there was any causal relationship between the meniscus tear and Claimant's work-related event. Moreover, even if the meniscus tear was work related, it involved only five percent of the meniscus.

19. Third, Dr. Burris commented that Dr. Mack erred in assigning an 11% range of motion impairment. Dr. Mack failed to normalize the range of motion testing in conjunction with Claimant's unaffected knee. He also did not account for the discrepancy in Claimant's range of motion as compared to the testing documented in the medical

records. Notably, the *AMA Guides* specify that the impairment rating physician should try to reconcile a discrepancy from the medical records.

20. Respondents have failed to demonstrate it is more probably true than not that Dr. Mack incorrectly assigned Claimant a 29% lower extremity permanent impairment rating as a result of his May 9, 2022 admitted industrial injuries. Initially, because Claimant received a scheduled impairment rating for his left knee injuries, Dr. Mack's DIME opinion is not entitled to presumptive weight. Claimant has undergone extensive conservative treatment as well as three surgeries because of his left patellar fracture. Dr. Mack agreed with Dr. Seiter that Claimant had reached MMI on June 5, 2024 and assigned a 29 percent scheduled left lower extremity impairment rating. The rating consisted of the following: (1) a five percent impairment for a lateral meniscectomy under Table 40 of the *AMA Guides*; (2) a 15 percent impairment for arthritis and chondromalacia under Table 40 of the *AMA Guides*; and (3) an 11 percent range of motion impairment. Regarding maintenance treatment, Dr. Mack recommended a 1-year gym membership, frequent sessions with an athletic trainer, and follow ups with Dr. Seiter on an as-needed basis to include repeat injections in his left knee.

21. In contrast, Dr. Burris explained that Claimant's patellofemoral compartment was the only one of three compartments within Claimant's left knee that should have been rated. Although Claimant underwent surgery that addressed synovitis in other compartments of the knee, the synovitis was not arthritis and was swelling inside the joint capsule. Based on the single compartment, Claimant should have received a 7% permanent impairment rating. In contrast, Dr. Mack's 15% Table 40 rating was excessive. Second, Dr. Burris explained that the 5% rating for the partial meniscectomy assigned by Dr. Mack was erroneous because the meniscus tear was not work-related. Furthermore, even if the meniscus tear was work related, it involved only five percent of the structure. Finally, Dr. Burris commented that Dr. Mack erred in assigning an 11% range of motion impairment. Accordingly, based on the 7% rating for surgery on a single knee compartment, in conjunction with a 3% rating for range of motion deficits, Dr. Burris reasoned that Claimant should receive a 10% lower extremity permanent impairment rating.

22. Despite Dr. Burris' opinion, Respondents have failed to demonstrate by a preponderance of the evidence that Dr. Mack incorrectly assigned Claimant a 29% lower extremity permanent impairment rating. Nevertheless, Dr. Burris correctly explained that Dr. Mack's 29% rating should have been calculated as 28% based on the combined values chart. Aside from the minor clerical calculation error, Dr. Mack's opinion was within his discretion pursuant to the *AMA Guides* and the Division of Workers Compensation Impairment Rating Tips. Importantly, because Dr. Seiter performed a meniscus repair Dr. Mack was permitted to assign an impairment rating for the procedure. Importantly, because Table 40 #2 allows 0-10% impairment for a meniscus, the 5% rating Dr. Mack assigned was within his discretion. Furthermore, Table 40 #5 of the *AMA Guides* allows for arthritis with a maximum lower extremity value of 0-20% for the entire knee. Dr. Mack exercised his discretion in assigning a 15% rating for Claimant's arthritis and

chondromalacia. Finally, Dr. Mack awarded an 11 percent range of motion impairment based on flexion limited to 120 degrees.

23. Although Dr. Burris was critical of Dr. Mack's impairment rating, his comments are insufficient to overcome Dr. Mack's impairment rating by a preponderance of the evidence. Based on the anatomical structures involved with the injuries sustained, coupled with the extent of objective pathology, it more probable than not that Claimant would have ongoing subjective complaints as described at hearing. Based on Claimant's extensive treatment and functional limitations, Dr. Mack properly determined he suffered a 28% whole person permanent impairment as a result of his May 9, 2022 admitted industrial injuries.

24. Respondents have failed to prove it is more probably true than not that Claimant is no longer entitled to receive medical maintenance benefits in the form of PT. Respondents filed a FAL acknowledging medical maintenance treatment. In their October 21, 2024 Application for Hearing, Respondents endorsed maintenance medical care as an issue for hearing. Although endorsed, Respondents did not raise the issue at hearing, but asserted in their Position Statement that they are only challenging continued PT. Because Respondents filed a FAL acknowledging medical maintenance benefits and now seek to terminate PT, it is their burden to prove Claimant is no longer entitled to receive the treatment.

25. The record reveals Respondents have continued to provide Claimant with medical maintenance benefits. Claimant's treating providers, as well as DIME Dr. Mack, have all recommended continued maintenance treatment. Notably, on June 5, 2024 Dr. Seiter recommended PT as needed. DIME Dr. Mack did not specifically mention PT, but recommended a 1-year gym membership, frequent sessions with an athletic trainer, and follow ups with Dr. Seiter on an as-needed basis to include repeat injections in his left knee. Moreover, even Dr. Burris stated that injections have been helpful for Claimant to maintain function and delay his need for a total knee replacement. A one-year gym membership was also a "good idea." Although Dr. Burris noted it would be appropriate to transition from formal PT to a home exercise program, his comments are insufficient to terminate Claimant's continued treatment. The bulk of the evidence thus reflects that Claimant is entitled to receive continued medical maintenance care including PT. Accordingly, Respondents have failed to present substantial evidence to support a determination that future medical treatment in the form of continued PT is no longer reasonable or necessary to relieve the effects of Claimant's industrial injury or prevent further deterioration of his condition.

CONCLUSIONS OF LAW

1. The purpose of the "Workers' Compensation Act of Colorado" (Act) is to assure the quick and efficient delivery of disability and medical benefits to injured workers at a reasonable cost to employers, without the necessity of any litigation. §8-40-102(1), C.R.S. A claimant in a Workers' Compensation claim has the burden of proving entitlement to benefits by a preponderance of the evidence. §8-42-101, C.R.S. A

preponderance of the evidence is that which leads the trier-of-fact, after considering all of the evidence, to find that a fact is more probably true than not. *Page v. Clark*, 197 Colo. 306, 592 P.2d 792 (1979); *People v. M.A.*, 104 P.3d 273, 275 (Colo. App. 2004). The facts in a Workers' Compensation case are not interpreted liberally in favor of either the rights of the injured worker or the rights of the employer. §8-43-201, C.R.S. A Workers' Compensation case is decided on its merits. §8-43-201, C.R.S.

2. The Judge's factual findings concern only evidence that is dispositive of the issues involved; the Judge has not addressed every piece of evidence that might lead to a conflicting conclusion and has rejected evidence contrary to the above findings as unpersuasive. *See Magnetic Engineering, Inc. v. Indus. Claim Appeals Off.,* 5 P.3d 385, 389 (Colo. App. 2000).

3. When determining credibility, the fact finder should consider, among other things, the consistency or inconsistency of the witness's testimony and actions; the reasonableness or unreasonableness (probability or improbability) of the testimony and actions; the motives of the witness; whether the testimony has been contradicted; and bias, prejudice, or interest. *See Prudential Insurance Co. v. Cline*, 98 Colo. 275, 57 P.2d 1205 (1936); CJI, Civil 3:16 (2007).

Overcoming the DIME on Lower Extremity Impairment

4. In ascertaining a DIME physician's opinion, the ALJ should consider all of the DIME physician's written and oral testimony. *Lambert & Sons, Inc. v. Indus. Claim Appeals Off.,* 984 P.2d 656, 659 (Colo. App. 1998). A DIME physician's determination regarding MMI and permanent impairment consists of his initial report and any subsequent opinions. *In Re Dazzio,* W.C. No. 4-660-149 (ICAO, June 30, 2008); *see Andrade v. Indus. Claim Appeals Off.,* 121 P.3d 328 (Colo. App. 2005).

5. A DIME physician is required to rate a claimant's impairment in accordance with the *AMA Guides*. §8-42-107(8)(c), C.R.S.; *Wilson v. Indus. Claim Appeals Off.,* 81 P.3d 1117, 1118 (Colo. App. 2003). However, deviations from the *AMA Guides* do not mandate that the DIME physician's impairment rating was incorrect. *In Re Gurrola,* W.C. No. 4-631-447 (ICAO, Nov. 13, 2006). Instead, the ALJ may consider a technical deviation in determining the weight to be accorded the DIME physician's findings. *Id.* Whether the DIME physician properly applied the *AMA Guides* to determine an impairment rating is generally a question of fact for the ALJ. *In Re Goffinett,* W.C. No. 4-677-750 (ICAO, Apr. 16, 2008).

6. A DIME physician's opinions concerning MMI and impairment carry presumptive weight pursuant to §8-42-107(8)(b)(III), C.R.S. *See Yeutter v. Indus. Claim Appeals Off.*, 487 P.3d 1007, 1012 (Colo. App. 2019). The statute provides that "[t]he finding regarding [MMI] and permanent medical impairment of an independent medical examiner in a dispute arising under subparagraph (II) of this paragraph (b) may be overcome only by clear and convincing evidence." *Id.* Both determinations require the DIME physician to assess, as a matter of diagnosis, whether the various components of the claimant's medical condition are causally related to the industrial injury. *See Eller v.*

Indus. Claim Appeals Off., 224 P.3d 397 (Colo. App. 2009); *Qual-Med, Inc. v. Indus. Claim Appeals Off.*, 961 P.2d 590 (Colo. App. 1998). Consequently, when a party challenges a DIME physician's determination of MMI or impairment rating, the finding on causation is also entitled to presumptive weight. *Egan v. Indus. Claim Appeals Off.*, 971 P.2d 664 (Colo. App. 1998).

7. However, the increased burden of proof required by the DIME procedures is not applicable to scheduled injuries. Section 8-42-107(8)(a), C.R.S. states that "when an injury results in permanent medical impairment not set forth in the schedule in subsection (2) of this section, the employee shall be limited to medical impairment benefits calculated as provided in this subsection (8)." Therefore, the procedures set forth in §8-42-107(8)(c), C.R.S., which provide that the DIME findings must be overcome by clear and convincing evidence, are applicable only to non-scheduled injuries. The heightened burden of proof does not apply to the whether the claimant proved functional impairment beyond the schedule. *Parra v. Spectrum Retirement Communities, LLC*, WC 5-052-120-005 (ICAO, May 6, 2021). It is only after the ALJ determines the claimant sustained whole person impairment that the DIME physician's impairment rating becomes entitled to presumptive effect under § 8-42-107(8)(c), C.R.S. *Id.*; *see Egan v. Indus. Claim Appeals Off.*, 971 P.2d 664 (Colo. App. 1998) (noting that DIME provisions do not apply to the rating of scheduled injuries).

8. The *AMA Guides* provide the rating physician with discretion when determining the extent of an injured worker's permanent medical impairment rating. The phrase "based on" in the revised third edition of the *AMA Guides* reflects that they are the starting point, not the exclusive source, for impairment rating methodology. The preceding wording allows doctors some leeway and discretion in determining a patient's final impairment rating. *Fisher v. Indus. Claim Appeals Off.*, 484 P.3d 816, 819 (Colo. App. 2021).

9. As found, Respondents have failed to demonstrate by a preponderance of the evidence that Dr. Mack incorrectly assigned Claimant a 29% lower extremity permanent impairment rating as a result of his May 9, 2022 admitted industrial injuries. Initially, because Claimant received a scheduled impairment rating for his left knee injuries, Dr. Mack's DIME opinion is not entitled to presumptive weight. Claimant has undergone extensive conservative treatment as well as three surgeries because of his left patellar fracture. Dr. Mack agreed with Dr. Seiter that Claimant had reached MMI on June 5, 2024 and assigned a 29 percent scheduled left lower extremity impairment rating. The rating consisted of the following: (1) a five percent impairment for a lateral meniscectomy under Table 40 of the *AMA Guides*; (2) a 15 percent impairment for arthritis and chondromalacia under Table 40 of the *AMA Guides*; and (3) an 11 percent range of motion impairment. Regarding maintenance treatment, Dr. Mack recommended a 1-year gym membership, frequent sessions with an athletic trainer, and follow ups with Dr. Seiter on an as-needed basis to include repeat injections in his left knee.

10. As found, in contrast, Dr. Burris explained that Claimant's patellofemoral compartment was the only one of three compartments within Claimant's left knee that should have been rated. Although Claimant underwent surgery that addressed synovitis

in other compartments of the knee, the synovitis was not arthritis and was swelling inside the joint capsule. Based on the single compartment, Claimant should have received a 7% permanent impairment rating. In contrast, Dr. Mack's 15% Table 40 rating was excessive. Second, Dr. Burris explained that the 5% rating for the partial meniscectomy assigned by Dr. Mack was erroneous because the meniscus tear was not work-related. Furthermore, even if the meniscus tear was work related, it involved only five percent of the structure. Finally, Dr. Burris commented that Dr. Mack erred in assigning an 11% range of motion impairment. Accordingly, based on the 7% rating for surgery on a single knee compartment, in conjunction with a 3% rating for range of motion deficits, Dr. Burris reasoned that Claimant should receive a 10% lower extremity permanent impairment rating.

11. As found, despite Dr. Burris' opinion, Respondents have failed to demonstrate by a preponderance of the evidence that Dr. Mack incorrectly assigned Claimant a 29% lower extremity permanent impairment rating. Nevertheless, Dr. Burris correctly explained that Dr. Mack's 29% rating should have been calculated as 28% based on the combined values chart. Aside from the minor clerical calculation error, Dr. Mack's opinion was within his discretion pursuant to the *AMA Guides* and the Division of Workers Compensation Impairment Rating Tips. Importantly, because Dr. Seiter performed a meniscus repair Dr. Mack was permitted to assign an impairment rating for the procedure. Importantly, because Table 40 #2 allows 0-10% impairment for a meniscus, the 5% rating Dr. Mack assigned was within his discretion. Furthermore, Table 40 #5 of the *AMA Guides* allows for arthritis with a maximum lower extremity value of 0-20% for the entire knee. Dr. Mack exercised his discretion in assigning a 15% rating for Claimant's arthritis and chondromalacia. Finally, Dr. Mack awarded an 11 percent range of motion impairment based on flexion limited to 120 degrees.

12. As found, although Dr. Burris was critical of Dr. Mack's impairment rating, his comments are insufficient to overcome Dr. Mack's impairment rating by a preponderance of the evidence. Based on the anatomical structures involved with the injuries sustained, coupled with the extent of objective pathology, it more probable than not that Claimant would have ongoing subjective complaints as described at hearing. Based on Claimant's extensive treatment and functional limitations, Dr. Mack properly determined he suffered a 28% whole person permanent impairment as a result of his May 9, 2022 admitted industrial injuries.

Medical Maintenance Benefits

13. Generally, to prove entitlement to medical maintenance benefits, a claimant must present substantial evidence to support a determination that future medical treatment will be reasonably necessary to relieve the effects of the industrial injury or prevent further deterioration of his condition. *Grover v. Industrial Comm'n.,* 759 P.2d 705, 710-13 (Colo. 1988). However, when respondents file a final admission of liability acknowledging medical maintenance benefits pursuant to *Grover* they can seek to terminate their liability for ongoing maintenance medical treatment. *See* §8-43-201(1), C.R.S.; *Snyder v. Industrial Claim Appeals Office*, 942 P.2d 1337 (Colo. App. 1997). When the respondents contest liability for a particular benefit, the claimant must prove

that the challenged treatment is reasonable, necessary and related to the industrial injury. *Id.* However, when respondents seek to terminate all post-MMI benefits, they shoulder the burden of proof to terminate liability for maintenance medical treatment. *In Re Claim of Arguello*, W.C. No. 4-762-736-04 (ICAO, May 3, 2016); *In Re Claim of Dunn*, W.C. No. 4-754-838 (ICAO, Oct. 1, 2013); *see* §8-43-201(1), C.R.S. (stating that "a party seeking to modify an issue determined by a general or final admission, a summary order, or a full order shall bear the burden of proof for any such modification."

14. As found, Respondents have failed to prove by a preponderance of the evidence that Claimant is no longer entitled to receive medical maintenance benefits in the form of PT. Respondents filed a FAL acknowledging medical maintenance treatment. In their October 21, 2024 Application for Hearing, Respondents endorsed maintenance medical care as an issue for hearing. Although endorsed, Respondents did not raise the issue at hearing, but asserted in their Position Statement that they are only challenging continued PT. Because Respondents filed a FAL acknowledging medical maintenance benefits and now seek to terminate PT, it is their burden to prove Claimant is no longer entitled to receive the treatment.

15. As found, the record reveals Respondents have continued to provide Claimant with medical maintenance benefits. Claimant's treating providers, as well as DIME Dr. Mack, have all recommended continued maintenance treatment. Notably, on June 5, 2024 Dr. Seiter recommended PT as needed. DIME Dr. Mack did not specifically mention PT, but recommended a 1-year gym membership, frequent sessions with an athletic trainer, and follow ups with Dr. Seiter on an as-needed basis to include repeat injections in his left knee. Moreover, even Dr. Burris stated that injections have been helpful for Claimant to maintain function and delay his need for a total knee replacement. A one-year gym membership was also a "good idea." Although Dr. Burris noted it would be appropriate to transition from formal PT to a home exercise program, his comments are insufficient to terminate Claimant's continued treatment. The bulk of the evidence thus reflects that Claimant is entitled to receive continued medical maintenance care including PT. Accordingly, Respondents have failed to present substantial evidence to support a determination that future medical treatment in the form of continued PT is no longer reasonable or necessary to relieve the effects of Claimant's industrial injury or prevent further deterioration of his condition.

ORDER

Based upon the preceding findings of fact and conclusions of law, the Judge enters the following order:

1. Claimant suffered a 28% left lower extremity impairment rating because of his May 9, 2022 admitted industrial injuries.

2. Claimant shall continue to receive medical maintenance benefits, including PT, as recommended by his treating physicians and DIME physician Dr. Mack.

3. Any issues not resolved in this Order are reserved for future determination.

If you are a party dissatisfied with the Judge's order, you may file a Petition to Review the order with the Denver Office of Administrative Courts, 1525 Sherman Street, 4th Floor, Denver, Colorado, 80203. You must file your Petition to Review within twenty (20) days after mailing or service of the order, as indicated on certificate of mailing or service; otherwise, the Judge's order will be final. You may file the Petition to Review by mail, as long as the certificate of mailing attached to your petition shows: (1) That you mailed it within twenty (20) days after mailing or service of the order of the Judge; and (2) That you mailed it to the above address for the Denver Office of Administrative Courts. *For statutory reference, see section 8-43-301(2), C.R.S. (as amended, SB09-070). For further information regarding procedures to follow when filing a Petition to Review, see Rule 26, OACRP. You may access a form for a petition to review at http://www.colorado.gov/dpa/oac/forms-WC.htm.*

DATED: April 2, 2025.

DIGITAL SIGNATURE:

Peter J. Cannici

Peter J. Cannici
Administrative Law Judge
Office of Administrative Courts
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