BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

SHERI STEVENS, Claimant, v. ONYX BUILDING GROUP, INC., Employer, and ICW GROUP, Surety, Defendants.	**IC 2022-026397** **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND RECOMMENDATION** **FILED August 8, 2025** **IDAHO INDUSTRIAL COMMISSION**

INTRODUCTION

Pursuant to Idaho Code § 72-506, the Idaho Industrial Commission assigned the above-entitled matter to Referee Sonnet Robinson. A hearing was conducted on August 30, 2024, in Idaho Falls, Idaho. Claimant, Sheri Stevens, was represented by James Arnold of Idaho Falls. Neil McFeeley of Boise represented Defendants. The parties presented oral and documentary evidence. Post-hearing depositions were taken. The matter came under advisement on May 22, 2025 and is ready for decision.

ISSUES

1. Whether Claimant suffers from a compensable occupational disease; and,
2. Whether Claimant's condition is due in whole or in part to a pre-existing injury/condition.

CONTENTIONS OF THE PARTIES

Claimant contends she has proven all the elements of an occupational disease, and her carpal tunnel syndrome is compensable. Claimant did not know she had carpal tunnel syndrome until her physician informed her and therefore *Nelson*[1] is not a bar to recovery.

Defendants respond Claimant knew she had carpal tunnel syndrome and that her claim amounts to an aggravation of an occupational disease, specifically barred by *Nelson*. Moreover, Claimant has not met her burden of showing she was totally incapacitated by her occupational disease.

Claimant replies that wearing braces and telling her physician she suspected her pain was related to her work are inadequate to show "knowledge" as required. Further, Defendants' interpretation of totally incapacitated is contradicted by case law.

EVIDENCE CONSIDERED

The record in this matter consists of the following:

1. The Industrial Commission legal file;
2. Joint exhibits (JE) A-P;
3. The hearing testimony of Claimant, Sheri Stevens;
4. The post-hearing deposition of Vermon Esplin, MD, taken by Claimant.

All outstanding objections are OVERRULED.

After having considered the above evidence and the arguments of the parties, the Referee submits the following findings of fact and conclusions of law for review by the Commission.

[1] *Nelson v. Ponsness-Warren Idgas Enterprises*, 126 Idaho 129, 879 P.2d 592 (1994).

FINDINGS OF FACT

1. Claimant was born in Whittier, California on April 10, 1959 and was 65 years old at the time of hearing. JE M:500.

2. Claimant has predominantly worked in carpentry and drywall since 2000. *Id.* at 502; JE P:549-550. Claimant has experienced arm and hand pain since 2012 which would wax and wane: "when it started, it wasn't as severe. I didn't even realize that my job was affecting my arms." JE M:504-505. Claimant would work through the pain because she needed the money. She wore braces at night to help with the pain based on internet research and her daughter and mother's recommendation; she did not purchase braces, but was given them by her mother. JE A:1; JE M:504; HT 75:14-76:9. Prior to working for Employer, Claimant was employed in a supervisory role wherein she worked less with vibratory tools; Claimant testified her pain was not as severe while in that role. JE M:504.

3. Claimant was hired by Employer on October 25, 2021. JE P:548. Claimant's arm and hand pain dramatically increased while working for Employer: "it got tremendously bad to where I couldn't sleep… I couldn't even hold tools without dropping them." JE M:501.

4. Claimant kept a day calendar wherein she recorded her work hours, tasks, expenses, and life events. See JE F. On May 24, 2022, Claimant wrote "Patrick Dave came out walked job refreash [sic] test for INL. Told me I need to work hard cut 34' 16 ga studs 2 at a time. I can['t] hard lift them. Randal helped me. I cut alone beams." JE F:470. This is the first mention of difficulties with her job in her day calendar.

5. On June 10, 2022, Claimant presented to Joseph Liljenquist, MD, with bilateral hand pain. JE A:1. Claimant reported her hand pain had started in 2012: "the patient reports she has worked in construction for the past twenty years and her hands have continually gotten worse over

the years…she feels that her work is contributing to her symptoms due to the repetitive nature of her job." *Id.* Dr. Liljenquist suspected bilateral carpal and cubital tunnel syndrome and referred Claimant for an EMG. *Id.* at 2. This was the first time Claimant was ever treated for her arm and hand pain. JE M:504. Claimant continued working. *Id.* at 506.

6. On June 29, 2022, Claimant underwent an EMG with Gary Walker, MD, which found bilateral carpal tunnel syndrome. JE B:32. Around this time frame, Claimant's day calendar reflects she was repeatedly told to work faster but that she felt she could not keep up. See JE F: 474-478.

7. Claimant followed up with Dr. Liljenquist's PA, Chad Coon, on July 22, 2022. JE 1:4. PA Coon diagnosed Claimant with bilateral carpal tunnel syndrome after reviewing her EMG results. PA Coon recommended conservative treatment, which Claimant "elected to follow." *Id.* at 6. PA Coon issued restrictions of activity as tolerated: "use pain as guide." *Id.* at 6. Claimant testified that it was at this appointment where she was informed her condition was related to her work. HT 59:14-20.

8. On or about July 27, 2022, Claimant called Nicole Winfield, Employer's owner, to inquire about workers compensation. HT 52:3-53:1; JE F:478. On July 28, 2022, Claudia Garcia, the officer administrator for Employer, emailed Claimant an authorization form for her physician "per our phone conversation." JE H:486. Claimant kept working.

9. On August 11, 2022, Claimant was laid off due to a workforce reduction. JE K:492. Claimant testified it was normal in the industry to be laid off with some regularity due to the nature of the work: "when a job is getting near the end, you know that it's going to be a layoff time." JE M:502. Claimant applied for and received unemployment benefits for approximately four months. *Id.* at 503.

10. On November 9, 2022, Claimant returned to PA Coon and reported gabapentin made her feel "cloudy" and weak, and she wanted to proceed with surgery. JE A:8. Similar to her prior appointment, PA Coon once again restricted her activity as tolerated and to use "pain as guide." *Id.* at 9.

11. On November 30, 2022, Claimant underwent right-sided carpal tunnel surgery. JE C:35. On December 7, 2022, Claimant underwent left-sided carpal tunnel surgery. *Id.* at 152. Claimant started physical therapy shortly after surgery and was discharged on March 6, 2023 after reaching her therapeutic goals. JE D:261, 395. Claimant returned to her union hall to try to secure work, but none was available. JE M:508.

12. On April 20, 2023, Claimant had her final post-op appointment with PA Coon. JE A:24. She was still experiencing numbness and weakness, but that her hands were improving and "she feels the[y] are at 70%." *Id.* at 25. Claimant was instructed to continue with informal physical therapy and contact the office for a referral to formal physical therapy in Texas if she felt she wasn't making progress. *Id.* at 26.

13. On May 19, 2023, Claimant saw Vermon Esplin, MD, for an independent medical exam (IME) at her request. JE N:523. Dr. Esplin reviewed records, conducted a physical exam, and took a history from Claimant about her injury. *Id.* Dr. Esplin diagnosed bilateral carpal tunnel with persistent symptoms. *Id.* at 530. Dr. Esplin explained that vibratory tools are a well-known cause of carpal tunnel syndrome and that Claimant worked with vibratory tools frequently as a drywaller. He wrote that her symptoms started in 2012 but became unbearable in 2021 while working for Employer. Dr. Esplin concluded: "on a more probable basis than not her work as a carpenter/dry waller over the past 20 years has caused bilateral CTS with the work at [Employer's] severely aggravating this underlying condition." *Id.* at 530. Dr. Esplin issued restrictions and

assigned a 7% upper extremity impairment. *Id.* at 531.

14. On July 29, 2024, Dr. Esplin issued an additional report. JE O:534. This report summarized a case study which showed that vibratory exposure is an independent cause of CTS in the workplace and an editorial with similar conclusions. *Id.*

15. On November 20, 2024, Dr. Esplin was deposed at Claimant's request. Dr. Esplin is a retired orthopedic surgeon who specialized in hands. Esplin Depo. 5:8-7:8. He has practiced in Idaho since 2002. *Id.* Dr. Esplin explained that carpal tunnel syndrome does present as pain, but that it is a nerve pain, with features such as burning/numbness/tingling vs. deep or stabbing. *Id.* at 11:23-12:8. Dr. Esplin explained that an EMG wasn't always necessary but was advisable as "a lot of things [] can mimic carpal tunnel." *Id.* at 15:3-8. Splinting at night helps with daytime symptoms, but if the symptoms are severe, then surgery is the treatment. *Id.* at 16:2-17:20. Dr. Esplin reiterated that vibration is the most accepted cause of carpal tunnel syndrome over any other etiology studied. *Id.* at 19:7-14. Dr. Esplin confirmed that Claimant's occupation put her at more risk for developing CTS. *Id.* at 21:9-15. He would have assigned restrictions for her and others' safety in June when she first presented to Dr. Liljenquist. *Id.* at 25:4-15. Dr. Esplin did not recommend Claimant return to carpentry due to hand weakness and that she avoid vibratory type tools for life post-surgery. *Id.* at 33:8-35:13.

16. On cross-examination, Dr. Epslin agreed that working with carpal tunnel syndrome for a long time would tend to cause permanent damage: "it's a balance between time and pressure. And a small amount of pressure over a long period of time can have some permanent effects. And a lot of pressure over a short period of time can have permanent effects." Esplin Depo. 39:19-40:19. Dr. Esplin agreed that there can be gradual improvement after carpal tunnel surgery, but that it depended on the patient on how gradual. *Id.* at 49:14-17.

17. **Condition at Hearing.** Claimant moved to Texas to be near her daughter in approximately June of 2023 and at the time of hearing, was working for Walmart because the local Texas union did not have carpentry work for her. HT 62:18-25. Claimant testified she had minimal issues with her hands, mostly weakness, but doesn't think she could return to carpentry. *Id.* at 62:7-14; 65:21-22.

18. **Credibility.** Claimant frequently expressed her difficulty with her memory, specifically dates, at deposition and at hearing. See JE M; HT. Where Claimant's testimony contradicts the medical record, the medical record will be relied upon. However, Claimant testified credibly.

DISCUSSION

19. A worker's compensation claimant has the burden of proving, by a preponderance of the evidence, all the facts essential to recovery. *Evans v. Hara's, Inc.*, 123 Idaho 473, 849 P.2d 934 (1993). Claimant must adduce medical proof in support of his claim, and he must prove his claim to a reasonable degree of medical probability. *Dean v. Dravo Corporation*, 95 Idaho 558, 511 P.2d 1334 (1973).

20. **Occupational Disease.** An occupational disease is defined as "a disease due to the nature of an employment in which the hazards of such disease actually exist, are characteristic of, and peculiar to the trade, occupation, process or employment …." Idaho Code § 72-102(21)(a). The other operative statutes in an occupational disease case are: Idaho Code §§ 72-437, 72-438, and 72-439. Specifically, Idaho Code § 72-437 provides: When an employee of an employer suffers an occupational disease and is thereby disabled from performing his work in the last occupation in which he was injuriously exposed to the hazards of such disease, or dies as a result of such disease, and the disease was due to the nature of an occupation or process in which he was employed within

the period previous to his disablement as hereinafter limited, the employee, or, in case of his death, his dependents shall be entitled to compensation. To summarize the statutory scheme:

> [T]hose with occupational disease claims must demonstrate (1) that they were afflicted by the disease; (2) that the disease was incurred in, or arose out of and in the course of, their employment; (3) that the hazards of such disease actually exist and are characteristic of and peculiar to the employment in which they were engaged; (4) that they were exposed to the hazards of such non-acute disease for a minimum of 60 days with the same employer; and (5) that as a consequence of such disease, they became actually and totally incapacitated from performing their work in the last occupation in which they were injuriously exposed to the hazards of such disease.

Boutwell v Spears Manufacturing, IIC 2017-011374 (Issued May 3, 2019).

21. Defendants do not dispute the first four elements of Claimant's *prima facie* case and Claimant has met her burden regarding those elements. Claimant has shown: (1) she is afflicted by bilateral carpal tunnel syndrome (CTS); (2) that it arose out of and in the course of her employment as a carpenter; (3) per Dr. Esplin's testimony and report, vibratory tools are an independent cause of CTS in the workplace; (4) and she was employed by Employer for more than 60 days.

22. Per Idaho Code § 72-102(21)(c) disablement for purposes of an occupational disease is defined as follows: "means the event of an employee's becoming actually and totally incapacitated because of an occupational disease from performing his work in the last occupation in which injuriously exposed to the hazards of such disease; and "disability" means the state of being so incapacitated." "Totally incapacitated" does not mean unable to perform any work, but unable to "perform[] the particular tasks that induced such incapacity." *Blang v. Liberty Northwest Ins. Corp.*, 125 Idaho 275, 869 P.2d 1370 (1994).

23. Defendants dispute that Claimant was incapacitated from performing carpentry work as required. Defendants argue Claimant continued performing carpentry work after she sought care on June 10, she continued working after being diagnosed with CTS related to her work on July 22, and only stopped working when she was laid off. She certified she was ready and able to work

to receive unemployment benefits and waited until unemployment ran out to seek surgery. Therefore, Claimant was not incapacitated; or if she was, it was not until November 9, which is more than 60 days after manifestation meaning she did not provide timely notice. Defendants argue this case is controlled by *Tupper v. State Farm Insurance*, 932 P.2d 1161, 131 Idaho 724 (1998) because the claimant there missed no work and was not found to be incapacitated.

24. Claimant responds that Idaho Code § 72-448 requires notice within 60 days of manifestation, not incapacitation, which Claimant clearly met by providing notice to Ms. Winfield on July 27, 2022. Further, there is no requirement for manifestation and incapacitation to occur simultaneously. She was diagnosed with work-related CTS July 22, was laid off August 11, and returned to Dr. Liljequist to request surgery on November 9. Claimant pursued conservative treatment for her CTS while she continued working (gabapentin) and only when conservative treatment failed, did she become incapacitated and seek surgery. Further, she continues to be incapacitated as she cannot return to work with vibratory tools per Dr. Esplin. *Tupper* is dissimilar because that claimant's occupational disease resolved with conservative treatment and she could not show incapacitation because she never missed work and continued her regular duties answering telephone with a headset.

25. Claimant is correct that manifestation and incapacitation do not have to occur simultaneously. In *Blang*, *supra*, the claimant worked trimming potatoes in 1983. In 1985, she discontinued trimming potatoes due to symptoms of carpal tunnel syndrome and began working as a janitor. In 1989, the claimant began experiencing severe pain from her CTS because of her janitorial duties and eventually was totally incapacitated from performing janitorial work. Her second employer argued that she was already incapacitated when she went to work for them based on her prior CTS symptoms. The Court disagreed:

> the condition of disability is more than the pain and discomfort that may and often does arise from an occupational disease. Disability is therein defined as the state of becoming "actually and totally incapacitated" from further performing the particular tasks that induced such incapacity. The record discloses that Blang was not disabled, as that term is defined, between 1985 and 1988. Undoubtedly she was beset during that time by occasional pain and discomfort as a result of her carpal tunnel syndrome, but nevertheless she was able to perform the janitorial tasks of her employment with Basic American Foods. American Motorist errs in equating the symptoms which do not incapacitate an employee with the state of disability.

Id. at 277, 1372. Therefore, Defendants' argument that she was not really incapacitated because she continued to work after her diagnosis fails; Claimant did have symptoms and pain, but was still able to perform her job duties. Per *Blang*, the mere fact that she continued to work through her symptoms does not mean she could not later become incapacitated by those same symptoms. Claimant became incapacitated when she failed conservative treatment and sought surgery on November 9, 2022.

26. Claimant is also correct that *Tupper* is factually distinct. In *Tupper*, the claimant alleged an occupational disease, namely that her job answering phones caused her shoulder pain. Claimant stipulated she had missed no work and was still able to perform her job duties with a headset. The Commission found and the Supreme Court affirmed that claimant had not demonstrated incapacity. Defendants' argument that Claimant was not incapacitated because she missed no work ignores the other relevant factual distinction which is that the claimant in *Tupper* was still able to perform her job duties. The facts surrounding Claimant's incapacity do not involve continued work because work was not available. The Claimant here "missed no work" because she was laid off. The Claimant here became unable to perform her duties when she failed conservative treatment and sought surgery on November 9, 2022.

27. Defendants also argue Claimant was not incapacitated because she received unemployment benefits, which in Idaho generally require that a claimant be available, able, and

looking for work. However, the only evidence on this point is Claimant's testimony and it is unhelpful to Defendants' argument that Claimant either intentionally mispresented herself to receive benefits or was able to work and not incapacitated. Claimant was generally unfamiliar with the Idaho unemployment rules because unemployment works through her union[2] and she generally worked in Utah and in Nevada prior to that. Her understanding was she gets on a work list and if work is available, the union will contact her, and she is allowed to turn down three jobs. See HT 78:4-82:20. No one offered her work and Claimant explained that she would have turned down work while seeking surgery; in other words, had work been offered after November 9, Claimant would not have accepted it because she was, in reality, incapacitated by her CTS from performing carpentry work. There is no evidence Claimant was intentionally misrepresenting herself or that she was able to perform carpentry tasks after November 9.

28. Claimant has met her burden to show she was totally incapacitated from performing work with vibratory tools as required. Claimant has met her burden to show she incurred an occupational disease.

29. **Pre-existing Condition.** The *Nelson* doctrine, as it is commonly referred to in the field of workers' compensation, stems from the case of *Nelson v. Ponsness-Warren Idgas Enterprises*, 126 Idaho 129, 879 P.2d 592 (1994), which held that a preexisting condition aggravated or worsened by work exposures is not compensable as an occupational disease. For purposes of aggravation of a pre-existing occupational disease, an occupational disease exists under the workers' compensation law when it first manifests. *Sundquist v. Precision Steel & Gypsum*, 17 141 Idaho 450, 454, 111 P.3d 135, 139 (2005). "[M]anifestation" occurs when the claimant knows

[2] "So when you're in a union, you get on an out-of-work list, and you don't have to [] report to unemployment that you're seeking work because they [the union] will call you when the work is available." HT 80:12-16.

he has an occupational disease or is so informed by a physician. *Id*. at 455, 111 P.3d at 140; see also Idaho Code § 72-102(18). "The question of when a claimant's medical condition becomes 'manifest' and 'preexisting' relative to later events is a question of fact." *Id*. at 453, 111 P.3d at 138. This factual finding is dependent on the claimant's subjective knowledge. *Id*. at 454, 111 P.3d at 139. Knowledge of symptoms is not synonymous with knowledge the symptoms are caused by an occupational disease. *Boyd v. Potlatch Corp.*, 117 Idaho 960, 793 P.2d 192 (1990).

30. The Industrial Commission has identified three conditions that must all be true for a worker to "know" that he has an occupational disease: (1) the person believes it to be true; (2) the person must have justifying reasons for believing it to be true, and (3) it must in fact be true. *Lowery v. Kuykendall Logging*, 560 P.3d 1069 (2024), quoting *Dahlke v. Ash Grove Cement Co.*, IC 2012-016998 (April 25, 2014). These holdings form an affirmative defense against the claim of aggravation of an occupational disease by normal work duties if a claimant "knows" they have a manifested occupational disease.

31. Defendants argued that Claimant knew she had work-related carpal tunnel syndrome from her job duties prior to her work for Employer. Claimant wore wrist braces, discussed her condition with her daughter, a surgical nurse, and suspected that her work was contributing to her arm and hand symptoms. Per her own reports to Dr. Liljenquist, Claimant's disease first manifested in 2012. Further, Claimant's symptoms abated when she was doing less arduous work just prior to working for Employer. Essentially, Claimant had to have known she had carpal tunnel syndrome.

32. Claimant responds Defendants' arguments are speculative. None of this evidence demonstrates Claimant "knew" she had work-related carpal tunnel syndrome before working for Employer.

33. Any inquiry regarding what a claimant "knows" depends on their subjective knowledge and understanding per *Sundquist* and *Dahlke*. There is no evidence that Claimant knew the signs and symptoms of carpal tunnel syndrome. Claimant knew she had arm and hand pain, and treated it with braces:

> Q: [Mr. McFeeley] Okay. And it appears that even before you went in to Dr. Liljenquist that you had bought braces and had been using braces on your hands.
>
> A: Yes. Because I -- you know, the glory of the Internet has told me don't sleep on your hands like that. My daughter being a surgical nurse told me, "Mom, don't sleep on your arms like that. That could be part of it," you know. My mom, she said try braces. I mean, I was, like, okay. I just want to have a comfortable night of sleeping… it was not something I wore continuously, like at work or at night or - - I just tried it out. It's like when you have a sore muscle, you put Ben-Gay on it.

HT 75:14-23; 75:6-9.

34. Claimant did not purchase wrist braces to treat work-related carpal tunnel syndrome, she borrowed (or purchased) wrist braces because she had arm pain that she was trying to treat; knowledge of symptoms is not synonymous with knowledge of an occupational disease. *Boyd*, *supra*. The claimant in *Sundquist*, *supra*, also purchased wrist braces prior to manifestation to treat his symptoms, but was not found to have "knowledge." Claimant credibly testified she utilized wrist braces as one would use any over-the-counter pain relief, not to specifically treat work-related carpal tunnel syndrome.

35. The argument that Claimant reported that her symptoms began in 2012 runs into the same problem as Defendants' arm brace argument: knowledge of symptoms is not synonymous with knowledge of an occupational disease. Claimant testified that initially she did not suspect her work had anything to do with her arm problems. Further, she testified that her symptoms waxed and waned and that her arm braces were sometimes effective at managing her symptoms.

36. Claimant's testimony supports that she started suspecting her arm problems were

caused by work after she started working for employer because her symptoms waned when she was doing more safety/supervisory work and then dramatically increased while working for Employer. In other words, performing the two jobs back-to-back were the clue that led Claimant to tell Dr. Liljenquist she suspected her arm pain was related to her work. Claimant was already working for Employer when her suspicions began, not before. Again, prior to this, she just knew her arms hurt on and off sometimes and that her arm braces were sometimes effective. It wasn't until the dramatic increase in symptoms and pain on a crunched schedule that the lightbulb went off that Claimant's work was contributing to her symptoms.

37. Similarly, there is no evidence that Claimant's daughter, a surgical nurse, told Claimant she had work-related carpal tunnel syndrome or otherwise gave her the requisite justifying reasons to meet the *Dahlke* standard.

38. *Dahlke* is an extremely demanding standard. Here, Claimant knew something was wrong with her hands, she thought her work might be contributing, and she was right. For Defendants to show knowledge, Claimant had to believe she had work-related carpal tunnel syndrome, have adequate justifying reasons, and then be right. Defendants have not shown Claimant believed she had an occupational disease, just suspected, nor that she had adequate justifying reasons for that belief.

39. Defendants have not shown Claimant knew she had carpal tunnel syndrome prior to her work for Employer. Defendants have not established an affirmative defense under *Nelson*.

CONCLUSIONS OF LAW

1. Claimant has proven she incurred a compensable occupational disease under Idaho Code;

2. Defendants have not proven her current condition is non-compensable as a pre-existing condition;

3. All other issues are moot.

RECOMMENDATION

Based upon the foregoing Findings of Fact and Conclusions of Law, the Referee recommends that the Commission adopt such findings and conclusions as its own and issue an appropriate final order.

DATED this 21st day of July, 2025.

INDUSTRIAL COMMISSION

Sonnet Robinson

Sonnet Robinson, Referee

CERTIFICATE OF SERVICE

I hereby certify that on the __8th____ day of _August_____, 2025, a true and correct copy of the foregoing **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND RECOMMENDATION** was served by regular United States Mail and *E-mail transmission* upon each of the following:

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BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

SHERI STEVENS, Claimant, v. ONYX BUILDING GROUP, INC., Employer, and ICW GROUP, Surety, Defendants.	**IC 2022-026397** **ORDER** **FILED AUGUST 8, 2025** **IDAHO INDUSTRIAL COMMISSION**

Pursuant to Idaho Code § 72-717, Referee Sonnet Robinson submitted the record in the above-entitled matter, together with her recommended findings of fact and conclusions of law, to the members of the Idaho Industrial Commission for their review. Each of the undersigned Commissioners has reviewed the record and the recommendation of the Referee. The Commission concurs with these recommendations. Therefore, the Commission approves, confirms, and adopts the Referee's proposed findings of fact and conclusions of law as its own.

Based upon the foregoing reasons, IT IS HEREBY ORDERED that:

1. Claimant has proven she incurred a compensable occupational disease under Idaho Code;

2. Defendants have not proven her current condition is non-compensable as a pre-existing condition;

3. All other issues are moot.

4. Pursuant to Idaho Code § 72-718, this decision is final and conclusive as to all matters adjudicated.

DATED this 9th day of August, 2025.

INDUSTRIAL COMMISSION

Claire Sharp

Claire Sharp, Chair

Aaron White, Commissioner

Thomas E. Limbaugh, Commissioner

ATTEST:

Kamerron Slay

Commission Secretary

CERTIFICATE OF SERVICE

I hereby certify that on the _8th_____ day of __August_____ 2025, a true and correct copy of the foregoing **ORDER** was served by *E-mail transmission* and by regular United States Mail upon each of the following:

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