BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

SAUNDRA PEGNATO,

Claimant,

v.

ENTRATA INC.,

Employer,

and

CONTINENTAL INSURANCE COMPANY,

Surety,
Defendants.

IC 2022-003547

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND RECOMMENDATION

FILED
NOVEMBER 5, 2025
IDAHO INDUSTRIAL COMMISSION

INTRODUCTION

Pursuant to Idaho Code § 72-506, the Idaho Industrial Commission assigned the above-entitled matter to Referee Douglas A. Donohue. He conducted a hearing on November 14, 2024. Andrew Adams represented Claimant. Chad Walker represented Defendants. The parties presented oral and documentary evidence and took post-hearing depositions. The matter came under advisement on June 23, 2025, and is ready for decision.

ISSUES

The issues to be decided at hearing:

1. Whether Claimant has complied with the notice and limitations requirements set forth in Idaho Code § 72-701 through Idaho Code § 72-706, and whether these limitations are tolled pursuant to Idaho Code § 72-604;

2. Whether Claimant has complied with the notice and limitations requirements set forth in Idaho Code § 72-449;

3. Whether Claimant suffered and injury caused by an accident arising out of and in the course of employment;

4. Whether the condition for which Claimant seeks benefits was caused by the alleged industrial accident;

5. Whether Claimant suffers from a compensable occupational disease;

6. Whether and to what extent Claimant is entitled to the following benefits:
   a. temporary partial and/or temporary total disability benefits (TPD/TTD);
   b. permanent partial impairment (PPI); and
   c. disability in excess of impairment (including total permanent disability)
   d. medical care; and
   e. attorney fees; and

7. Whether Claimant is entitled to permanent total disability pursuant to the odd-lot doctrine.

At hearing, Claimant withdrew the issues of total permanent disability by either the 100% method or odd-lot doctrine. In briefing, Defendants waived all notice and statute of limitations issues.

CONTENTIONS OF THE PARTIES

Claimant contends that she began working for Employer in July 2021 as a leasing agent and customer support team member. She performed telephone work with data entry at a computer as she received information from customers and others over the phone. She sought treatment for bilateral forearm pain in November 2021 and notified Employer on November 17, 2021. She filed this claim as a new injury on December 17, 2021. The initial billing was applied to a Utah claim with a prior employer (Sutter).

Claimant avers that while working in Utah for a prior employer performing telephone work with some data entry she developed bilateral shoulder and arm pain on May 24, 2021. Treatment continued through July 9, 2021. Claimant left the prior employer when she moved to Idaho later in July.

Claimant, in Idaho, worked for Employer without difficulty until bilateral forearm pain arose "really bad really quick" in about November 2021. These symptoms differed from the

symptoms experienced months earlier. Treatment began and continued through February 1, 2022, when she was given temporary work restrictions—a 4-hour limitation. Dr. Stuki recommended radial tunnel surgery. The claim was denied and Claimant was unable to afford surgery. She continued to work four hours per day through the date of hearing. She is entitled to unpaid medical care amounting to $6,542.83 and future medical care including diagnostic procedures. She is also entitled to temporary disability of $25,056.18 and attorney fees. Claimant is not medically stable so PPI and PPD are not ripe issues. Defendants' denial of her claim is unreasonable.

Finally, Claimant responds that the *Nelson* doctrine does not preclude her Idaho claim because her Utah symptoms did not establish a preexisting condition which has been aggravated. Therefore, the occurrence of an accident is not required for compensability of this occupational disease. Claimant was honest with her physicians. She has always believed that her condition related to her Utah claim had resolved and that her Idaho claim constituted a new injury. As seen from that point of view, Claimant's statements to physicians in which she denied prior pain do not suggest dissembling. With regard to the attorney fees issue, Defendants rely upon a hypertechnical and incorrect theory—not upon actual facts—to excuse their unreasonable denial of the Idaho claim.

Defendants contend that Claimant's condition is related to her Utah claim. She filed a claim in Utah on July 8, 2021. She had been given a limited-duty work restriction and a referral for physical therapy. Claimant abandoned medical treatment there when she moved to Idaho less than three weeks later. Her story leaves insufficient time for her to have "healed" from her Utah claim before she alleged her Idaho claim. Claimant has failed to allege that an Idaho accident occurred, either as a cause of injury or of permanent aggravation of a pre-existing condition. The

Nelson doctrine precludes compensability. What she has described does not constitute an accident under Idaho Workers' Compensation Law. Under an occupational disease theory, Claimant has failed to establish that her condition arose from the nature of her employment or that the hazards of such disease are peculiar to her work. In Idaho, Claimant did not seek treatment until January 15, 2022. Some physicians' medical opinions rely upon Claimant's inaccurate and unbelievable reports to these physicians. Both the Utah and Idaho claims were administered by the same third-party adjustor who charged the initial Idaho treatment to the Utah claim. Defendants at all times acted reasonably in response to Claimant's actions.

EVIDENCE CONSIDERED

The record in the instant case includes the following:

1. The Idaho Industrial Commission legal file;
2. Oral testimony at hearing of Claimant;
3. Joint Exhibits 1 through 29; and
4. Post-hearing depositions of general practice physician Jacob Moss, M.D., J.D., and of osteopathic and orthopedic hand surgeon Jeffrey Stucki, D.O.

The Referee submits the following findings of fact and conclusions of law for the approval of the Commission and recommends it approve and adopt the same.

FINDINGS OF FACT

Work History and Industrial Accident

1. Claimant does not identify an event or mishap. Rather, Claimant asserted "repetitive motion" as the cause of her symptoms upon which she bases her Idaho Claim. Before she sought medical treatment, Claimant informed Employer of increasing pain "strictly related" to her work. She asked about how to file a workers' compensation claim. Employer promised to report it to Employer's Worker's Compensation carrier. When questioned about a date of injury

Claimant suggested November 17, 2021, because she reported it on December 17, 2021. On that date she had reported that symptoms began about one month earlier.

2. Claimant worked for another employer in Utah from October 2020 to July 2021. Claimant left Utah in July 2021 to move to Idaho where she began working for Employer. She secured this employment in Idaho before she moved here.

3. Around the time her symptoms arose in Idaho, Claimant worked as a leasing agent for Employer. She described her work as being like a call center. She worked from home. She took calls mostly from prospective tenants seeking an apartment and from current tenants with maintenance issues. She wore a headset and entered data on a computer about these phone conversations by keyboard and mouse.

4. Claimant's work week involves five working days. Originally, she worked 32 hours per week. As symptoms arose and worsened she reduced her weekly hours. In September 2022, at the time of her deposition, she was working 22 hours per week.

Initial Medical Care: 2022

Pocatello Community Care

5. On January 15, Claimant visited Pocatello Community Care. Scott Schaffer, FNP, took a history in which Claimant could not "pinpoint a specific injury" but reported bilateral shoulder and arm symptoms "going on since December" which had "gotten worse over time." Claimant ascribed these symptoms to her job of computer work from home. His examination found consistent subjective responses without objective signs. He prescribed a muscle relaxer and recommended physical therapy. He imposed temporary restrictions, most notably recommending frequent positional changes, sitting to standing to walking.

6. On January 22, Claimant returned and was treated by Matthew Ivie, PA. The muscle relaxer was not helpful. His examination showed full range of motion without weakness or tenderness—an improvement over Nurse Practitioner Schaffer's findings—and no objective signs.

7. On February 1, Derek Eddie, PA, examined Claimant and revised her temporary restrictions. At Claimant's suggestion, he limited her to 4 hours work per day but without the previous position-change restrictions. He noted physical therapy had not yet begun.

8. On March 1, PA Eddie again examined Claimant. Claimant reported continuing symptoms despite working only part time. He emphasized Claimant's need for physical therapy for "chronic neck pain."

9. On April 25, an unsigned letter identified Claimant's injury as "an over use injury" which "generally happens when the same repetitive movements are done on a daily basis." Without an indicator of who authored this note, it cannot be presumed to represent a physician's opinion.

10. On August 2, Amber Schroeder, PA, noted that Clamant reported that her recovery had plateaued and was requesting short term disability from work. PA Schroeder examined Claimant. Claimant reported that she had attended physical therapy but, upon denial of her Idaho Claim, she could not afford to continue. PA Schroeder provided a temporary restriction from all work until August 10 with only part-time work thereafter. PA Schroeder assessed Claimant's condition as "chronic arm pain" and "chronic high back pain."

Physical Therapy

11. On June 1, Claimant began physical therapy. The therapist reported slow but steady progress across visits. The final visit is dated July 29. It is a discharge summary which does not anticipate additional therapy but which did suggest Claimant continue exercise at home.

Jeffrey Stucki, DO

12. On August 22, hand surgeon Dr. Stucki released Claimant to return to work without restrictions. Claimant reported that she had returned to work. She initially denied any relevant then-current symptoms. Then she reported that her symptoms "come and go." Her chief complaint at that visit was bilateral forearm pain. Examination revealed no objective findings, although she reported tenderness upon palpation and a range-of-wrist-motion test. X-rays were negative. Dr. Stucki diagnosed radial tunnel syndrome with possible "subtle" lateral epicondylitis. Dr. Stucki suggested treatment including steroid injections and wrist braces. He candidly questioned any relationship between her symptoms and her work. However, she denied having symptoms before she began the Idaho job, and on that basis he accepted overuse as being likely an aggravating factor. Injections were performed.

13. Curiously, Dr. Stucki disclaimed any exactness in his August 22 exam note within the note itself. He reserved interpretation of its contents to his own—potentially later expressed—explanation or opinion. This disclaimer appears as boilerplate in notes of succeeding visits.

14. On September 12, Dr. Stucki noted that Claimant reported that she had received significant partial relief from symptoms for three days after the injections despite performing her regular duties. He considered surgery.

15. On September 26, after Claimant consulted her attorney Dr. Stucki reaffirmed his opinion that her symptoms were likely related to her repetitive activities at work. He recommended an additional regimen of physical therapy before performing the recommended surgery.

Medical Care: 2023

16. On February 6, Claimant returned to Dr. Stucki. Claimant requested a release from work to see if her symptoms would abate. Dr. Stucki reaffirmed his opinion that her bilateral radial tunnel syndrome was likely related to repetitive gripping and grasping at work. He provided an eight-week release from work.

17. On March 27, Claimant reported that despite being off work her symptoms remained without improvement. She reported that she still performed "a fair amount" of typing at her home computer. Examination showed subjective symptoms and a positive impingement sign. Dr. Stucki added "some bilateral shoulder bursitis" as a diagnosis along with bilateral radial tunnel syndrome. Dr. Stucki opined, "I do think that there is some correlation with her work that causes some of her symptoms." He cited continuing symptoms despite being off work as "something more than just work that is causing her symptoms."

18. On April 24, after examination, Dr. Stucki opined that only surgery would likely improve her symptoms. He noted that Claimant's symptoms had not improved despite the fact that she was not performing significant typing nor much gripping and grasping. He deemed her symptoms as self-limiting, but he accommodated her request that he impose specific limitations.

19. Clamant next visited Dr. Stucki on November 6. Claimant requested new work restrictions from Dr. Stucki. He obliged.

Medical Care: 2024

20. On February 19, Dr. Stucki in written correspondence with Claimant's attorney admitted he was unaware of Claimant's medical history before her first visit on August 22, 2022. He repeated that Claimant's condition was likely related to repetitive gripping and grasping on her job. He reconfirmed that his diagnosis was bilateral radial tunnel syndrome.

21. On March 15, Tina Guedes, FNP, continued ongoing treatment for shoulder pain, bilateral hip joint pain, chronic low back pain, and obesity.

22. On March 21, hip X-rays showed mild arthritis. Bilateral shoulder X-rays showed an old posttraumatic deformity with moderate acromioclavicular arthritis. Lumbar X-rays showed mild degeneration L4-S1 with "subtle" scoliotic curvature.

23. On March 22, Jacob Moss, M.D., reviewed records dated on or after January 22, 2022, answered written questions, and conducted a virtual forensic examination via Zoom of Claimant at Claimant's request. In deposition he testified that he believed that he had reviewed some earlier records, but that he did not deem them relevant or important enough to list or consider in his written report.

24. In his written report, Dr. Moss deemed Claimant to be medically stable with a 2% PPI for soft tissue elbow pain. He opined that radial tunnel syndrome was not separately ratable for PPI. He recommended permanent restrictions including an ergonomic keyboard and "short intermittent breaks" and limiting "hand work, grasping, carrying, and lifting more than 10 pounds" occasionally. He opined it likely that Claimant required additional pain management, physical therapy, and surgery. He opined Claimant's condition was likely related to "the industrial accident on 11/17/2021." Claimant denied prior upper extremity pain.

25. In an April 8 letter to Claimant's attorney Dr. Stucki had viewed certain 2021 medical records. He opined that he "would not necessarily classify someone as disabled" because surgery could resolve Claimant's symptoms.

Relevant Prior Medical Care and Conditions

26. On September 30, 2021, Claimant sought ongoing treatment for seasonal allergy, abdominal colic, generalized anxiety disorder, and moderate major depression. She also described bilateral elbow pain and paresthesias radiating into her wrists. She reported inability to type and to lift a gallon of milk because of the pain. She attributed this to her work with computers and called it an "over use injury." She also reported mid-back pain. Nurse Practitioner Tina Guedes examined Claimant and referred her to a hand surgeon.

Utah Claim

27. Claimant identified her date of injury as May 24, 2021, for a repetitive motion injury doing computer work. Documentation indicates that the physical requirements of her work for Sutter were very similar to her work for Employer.

Vocational Facts

28. Born on October 13, 1968, Claimant was 56 years of age at the time of hearing.

29. Claimant has performed various office administrative, receptionist, and similar office work for a pharmacy, a medical office, a law office, and as self-employment in her and her husband's business.

30. From September 2011 through May 2019 Claimant worked in Utah for Sutter doing similar office work.

31. Claimant testified that Sutter encouraged her to file a workers' compensation claim for right forearm pain. She did. She sought medical care including physical therapy. The

claim was denied. Sutter fired her. After working for another employer Claimant returned to Sutter in October 2020. She worked from home for a different Sutter department, again doing similar office work. She denied having any symptoms in the October 2020-July 2021 timeframe.

32. The documentary record does not support the testimony set forth in the preceding paragraph. The documentary record does not show a Utah claim except for the one Claimant filed related to the rise of pain in May 2021.

33. In deposition Claimant denied any connection between low back symptoms or reduced ability to walk and her Idaho claim. Her back issues are from an old personal injury.

Physicians' Opinions

34. In post-hearing deposition, Dr. Stucki affirmed that he was unaware of any of Claimant's medical care or records before August 2022 when he began treating her. He opined that Claimant's reported symptoms were consistent with radial tunnel syndrome. He acknowledged a possible "overlap" of indicators of tennis elbow tendonitis. Moreover, the temporary relief Claimant reported after the cortisone injection was consistent with and supportive of the radial tunnel syndrome diagnosis. Surgery is the most usually reliable solution to ameliorate symptoms. He opined that her radial tunnel syndrome was due to her employment and repetitive gripping and grasping aggravated the condition. He acknowledged that he did see a July 2021 medical record in which right forearm symptoms therein described—although diagnosed as a strain—were "very similar" to radial tunnel syndrome. Her shoulder symptoms were not; they do not correlate with radial tunnel syndrome. He acknowledged that he believed that he was the first physician to diagnose radial tunnel syndrome. He did not recall whether Claimant mentioned having a Utah claim or mentioned having received prior treatment.

35. In post-hearing deposition, Dr. Moss acknowledged that he is not a surgeon. He was unable to conduct an examination since he met and conversed with Claimant only over Zoom. He characterized a radial tunnel diagnosis as "tricky." He noted that the *Guides* requires nerve conduction studies before a diagnosis of radial tunnel syndrome can be a source for rating a permanent impairment. He finds fault with the *Guides* for that approach.

36. Dr. Moss further opined that the medical records describe "an inciting event" that caused her condition. He opined that a PPI is "appropriate." He averred that his work restrictions were based on "clinical experience," meaning, he explained, that other authorities suggest common restrictions based on similar diagnoses in other patients. On cross-examination he acknowledged that his report stated that the records showed a cumulative condition rather than an inciting incident. He opined her condition was more likely an occupational exposure rather than an accident and injury. He opined that these kinds of conditions come and go depending upon activity. He approved of Dr. Stucki's try-conservative-measures-before-cutting approach to his surgical recommendation.

37. Dr. Moss opined that Claimant did not have a preexisting condition because he found no IME and no PPI rating associated with the Utah claim. He opined that the Utah claim probably involved a soft tissue strain which had reached MMI before Claimant moved to Idaho.

DISCUSSION AND FURTHER FINDINGS OF FACT

38. The provisions of the Idaho Workers' Compensation Law are to be liberally construed in favor of the employee. *Haldiman v. American Fine Foods*, 117 Idaho 955, 956, 793 P.2d 187, 188 (1990). The humane purposes which it serves leave no room for narrow, technical construction. *Ogden v. Thompson*, 128 Idaho 87, 88, 910 P.2d 759, 760 (1996).

Facts, however, need not be construed liberally in favor of the worker when evidence is conflicting. *Aldrich v. Lamb-Weston, Inc.*, 122 Idaho 361, 363, 834 P.2d 878, 880 (1992). A claimant must prove all essential facts by a preponderance of the evidence. *Evans v. Hara's, Inc.*, 123 Idaho 472, 89 P.2d 934 (1993).

39. Uncontradicted testimony of a credible witness must be accepted as true, unless that testimony is inherently improbable, or rendered so by facts and circumstances, or is impeached. *Pierstorff v. Gray's Auto Shop*, 58 Idaho 438, 447–448, 74 P.2d 171, 175 (1937). *See also Dinneen v. Finch*, 100 Idaho 620, 626–27, 603 P.2d 575, 581–82 (1979); *Wood v. Hoglund*, 131 Idaho 700, 703, 963 P.2d 383, 386 (1998).

40. Claimant's demeanor was entirely credible. She appeared to be mild mannered and not demonstrative or hyperbolic. She provided testimony of detailed accuracy on examination. Her answers were direct and brief on cross examination.

41. There is a disconnect between a portion of Claimant's deposition testimony about the timing of her Utah claim and her work for Sutter vis-à-vis the Utah claim documents. At one point Claimant denied symptoms during her second stint with Sutter, but the Utah claim documents show this second stint was the time when she was symptomatic and made the Utah claim. Indeed, in other portions of her testimony Claimant testified consistently with medical records about the timing of her symptoms which gave rise to her Utah claim. The nearness in time between the Utah and Idaho claims is evidenced by the fact that Claimant's earliest treatment at Community Care Pocatello was thought to be and billed by the physician as part of her Utah Claim. Ambiguous deposition testimony suggesting the contrary is deemed to have arisen from a misunderstanding of the line of questioning and not an attempt at misrepresentation.

Accident versus Occupational Disease Theories

42. A claim for workers' compensation benefits may arise from an accident and injury. An accident means an unexpected, undesigned, and unlooked for mishap, or untoward event. Idaho Code § 72-102(17). Where the physical stress of work suddenly overcomes the natural resistance of a worker's body it can be deemed an untoward event. *Wynn v. J.R. Simplot Co.*, 105 Idaho 102, 666 P.2d 629 (1983). However, hard work does not constitute an accident. *Konvalinka v. Bonneville County*, 140 Idaho 477, 95 P.3d 628 (2004).

43. Here, Claimant does not allege a mishap or untoward event. She does not allege an occurrence in which the physical stress of her work overcame the natural resistance of her body.

44. In *Konvalinka* a court reporter experienced bilateral upper extremity pain after a lengthy trial in which she worked more than full time over a few weeks. The Court held that this work did not constitute an accident and that the pain did not constitute a new injury.

45. Like *Konvalinka*, Claimant has reported a repetitive-use or overuse condition. Unlike *Konvalinka*, Claimant was working less than full time when symptoms arose. *A fortiori*, Claimant's gradual rise of symptoms which she reported in December 2021 unaccompanied by an event—not even a period of overtime work—does not constitute an accident. Claimant did not suffer an accident. Moreover, the mere rise of pain does not constitute a new injury. As in *Konvalinka*, a consideration of an occupational disease theory becomes relevant for Claimant's Idaho claim.

46. A claim may alternatively arise from an occupational disease. An occupational disease must arise due to the nature of an employment in which the hazards of such disease actually exist, are characteristic of, and peculiar to the work. Idaho Code § 72-102(21). An

occupational disease does not manifest until the worker knows or is informed by a physician that the worker's condition is related to work. *Sundquist v. Precision Steel & Gypsum, Inc.*, 141 Idaho 450, 111 P.3d 135 (2005). A preexisting occupational disease must be aggravated, exacerbated, or accelerated by an accident to be compensable. *Nelson v. Ponsness-Warren Idgas Enterprises*, 126 Idaho 129, 879 P.2d 592 (1994). A worker's ability to identify a period of time in which a pre-existing condition was aggravated does not, without an inciting event, constitute an accident for purposes of *Nelson* analysis. *Konvalinka, supra.*

47. Claimant alleges that her "completely new injury" is an occupational disease. She alleges that the *Nelson* doctrine does not apply where the occupational disease was not preexisting. Claimant relies, in part, upon the *Sunquist* definition of "manifest" to show that her condition was not preexisting.

48. This Referee well remembers Mr. Sundquist's case. He was a journeyman drywall taper in the true sense of the word "journeyman." He worked for various employers from job to job over the years. He developed some elbow pain over time through the course of working for various employers which he believed was due to his work taping drywall joints. His belief was founded on the fact that other drywallers whom he knew had also complained of elbow pain. When he finally sought medical care for it his physician informed him it was an occupational disease caused by repetitive-use required by his work. The Commission held that his surmise of causation was not sufficient to show he "knew." His correct guess did not meet the standard required to constitute "manifestation" of the occupational disease under Idaho Workers' Compensation Law. The Commission noted that claimants often guess wrong despite sincerely held beliefs and that Sundquist should not be ineligible for benefits just because he happened to have guessed right. Manifestation did not occur until his physician opined that his

condition was caused by his repetitive-use work. The Supreme Court agreed that his occupational disease was not manifest until he sought medical care and had been informed by a physician as to causation.

49. Here, Claimant sought medical care in Utah and had been informed by a physician that her symptoms were an over-use or repetitive-use type of condition. The mere fact that the condition was diagnosed as a "strain" in Utah whereas it was diagnosed as radial tunnel syndrome in Idaho is not dispositive. Claimant's symptoms in Utah were variable from visit to visit, but they were deemed by a physician as related to her work. She did not complete a significant course of treatment before she moved to Idaho. Her symptoms in Idaho were variable from visit to visit, but they were deemed by a physician as related to her work. Radial tunnel syndrome was not the initial Idaho diagnosis. It took a significant course of treatment before Dr. Stucki made the diagnosis. Claimant herself represented to Idaho physicians that her symptoms "come and go" and wax and wane with greater symptoms sometimes in her forearms versus shoulders and sometimes in her neurologic sensation, etc. Even now, Drs. Stucki and Moss express uncertainty about the extent to which epicondylitis may be added to or may complicate the diagnosis of radial tunnel syndrome. It is unsurprising that her abrupt move from Utah to Idaho which terminated her medical care in Utah halted the thoroughness or the observation over time upon which a complete diagnosis might have been developed as compared to the initial impression of "strain."

50. The point here is that her condition was manifest in Utah. As such it was a preexisting condition. It was not given time or treatment enough to resolve before she moved to Idaho. This is supported by the fact that it gradually arose again after treatment was

discontinued. The fact that the gradual rise in Idaho symptoms was not related to an accident means that the *Nelson* doctrine does apply.

51. Claimant failed to show that her preexisting occupational disease was aggravated by an accident.

Causation

52. A claimant must prove that the condition for which she seeks benefits arose out of and in the course of employment. *Seamans v. Maaco Auto Painting*, 128 Idaho 747, 751, 918 P.2d 1192, 1196 (1996). Proof of a possible causal link is not sufficient to satisfy this burden. *Beardsley v. Idaho Forest Industries*, 127 Idaho 404, 406, 901 P.2d 511, 513 (1995). A claimant must provide medical testimony that supports a claim for compensation to a reasonable degree of medical probability. *Langley v. State, Industrial Special Indemnity Fund*, 126 Idaho 781, 785, 890 P.2d 732, 736 (1995). Magic words are not necessary to show a doctor's opinion is held to a reasonable degree of medical probability; only their plain and unequivocal testimony conveying a conviction that events are causally related. *Jensen v. City of Pocatello*, 135 Idaho 406, 412-13, 18 P.3d 211, 217-18 (2001).

53. Here, Claimant complained of and sought treatment for the same or similar symptoms in Utah. In Idaho she worked 32 hours per week. Working less than full time, it seems incongruous that physicians termed this an "over use" injury. Moreover, Dr. Stucki emphasized that "gripping and grasping" were the significant functional causes for radial tunnel syndrome. Claimant's testimony described telephone work and computer data entry without describing how her work involved repetitive gripping and grasping. Further, Dr. Stucki acknowledged that Claimant's symptoms did not abate significantly when her work hours were reduced to 20 or 22 hours per week. He suggested that the presence and intensity of her

symptoms would be expected to lessen significantly with this reduction of work hours. His notes show equivocation about causation.

54. Claimant ignored or minimized her Utah symptoms when she described the onset of her condition to Idaho physicians. This complicated the amount of weight that could be ascribed to the causation opinions of these doctors.

55. The intensity of Claimant's subjective symptoms waxed and waned without correlation to how much she did or did not work. Nevertheless, all physicians who commented considered her symptoms to be related to her data entry work. Dr. Stucki's opinion was sufficient to meet her *prima facie* burden of establishing that her condition was related to her work. Defendants offer no contrary opinion.

56. Unfortunately for Claimant, her failure to acknowledge to her Idaho physicians the nature and extent of her Utah work, symptoms, and treatment undercuts the weight that might be assigned to any question about whether her condition was related *only* to her Idaho, and not her Utah, work activities. Dr. Moss's written report gave no hint that he was aware of Utah medical records. His deposition testimony was vague about whether he actually saw any or gave them any consideration if he even did see them.

57. As a result, the issues of benefits for medical care, temporary disability, and permanent impairment and disability are moot upon Claimant's failure to establish her Idaho claim as being compensable.

58. No finding or conclusion herein should bear weight with regard to any aspect of compensability for Claimant's Utah claim.

CONCLUSIONS OF LAW

1. Claimant failed to establish that she suffered an accident;
2. Claimant showed she suffered an aggravation of a preexisting occupational disease without any accident having caused that aggravation;
3. The *Nelson* doctrine precludes separate compensability for her condition under this Idaho claim;
4. All issues regarding benefits, including attorney fees, are moot as to this Idaho claim; and
5. These findings and conclusions do not support or undercut any proposition related to Claimant's Utah claim.

DATED this 23rd day of September 2025.

INDUSTRIAL COMMISSION

Douglas A. Donohue, Referee

CERTIFICATE OF SERVICE

I hereby certify that on the 5th day of November 2025, a true and correct copy of the foregoing was served by regular United States mail and Electronic Mail upon each of the following:

ANDREW ADAMS
598 N CAPITAL AVE
IDAHO FALLS, ID 83402
office@curtisandporter.com
crystal@curtisandporter.com

H CHAD WALKER
PO BOX 1007
BOISE, ID 83701-1007
cwalker@bowen-bailey.com
swalker@bowen-bailey.com
bperkins@bowen-bailey.com

dc Debra Cupp

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

SAUNDRA PEGNATO, Claimant, v. ENTRATA INC., Employer, and CONTINENTAL INSURANCE COMPANY, Surety, Defendants.	**IC 2022-003547** **ORDER** **FILED** **NOVEMBER 5, 2025** **IDAHO INDUSTRIAL COMMISSION**

Pursuant to Idaho Code § 72-717, Referee Douglas Donohue submitted the record in the above-entitled matter, together with his 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 recommendations 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 failed to establish that she suffered an accident;
2. Claimant showed she suffered an aggravation of a preexisting occupational disease without any accident having caused that aggravation;
3. The *Nelson* doctrine precludes separate compensability for her condition under this Idaho claim;
4. All issues regarding benefits, including attorney fees, are moot as to this Idaho claim; and

5. These findings and conclusions do not support or undercut any proposition related to Claimant's Utah claim.

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

DATED this __5th____ day of __November______________, 2025.

INDUSTRIAL COMMISSION

Claire Sharp, Chair

Aaron White, Commissioner

ATTEST:

Assistant Commission Secretary

CERTIFICATE OF SERVICE

I hereby certify that on the __5th____ day of __November____________, 2025, a true and correct copy of the foregoing **ORDER** was served by regular United States mail and Electronic Mail upon each of the following:

ANDREW ADAMS
598 N CAPITAL AVE
IDAHO FALLS, ID 83402
office@curtisandporter.com
crystal@curtisandporter.com

H CHAD WALKER
PO BOX 1007
BOISE, ID 83701-1007
cwalker@bowen-bailey.com
swalker@bowen-bailey.com
bperkins@bowen-bailey.com

dc Debra Cupp