WC Cases for 2026 IC Seminar

I. ***Coronado v. City of Boise*** (Idaho Supreme Court sub-Opinion 11/24/25)

a. Injuries: right hip (accepted), left hip (denied)

b. Issues:

i. (1) Does *Arreola v. Scentsy* (2023) apply retroactively?

1. Holding: Pursuant to § 72-434, only the Commission has the authority to resolve IME disputes and order the suspension of a claimant's compensation payments

ii. (2) Does an employer have the authority to file a complaint under JRP 3(a)?

c. Commission's Holding: First Petition was denied because Claimant did not have an actual controversy as her benefits were never denied; the *Arreola* analysis is irrelevant. Second Petition was denied because the Commission has jurisdiction to receive an employer's Complaint pursuant to § 72-707 ("consistent with the plain language of the JRP").

d. Supreme Court's Holding: First Petition is AFFIRMED; Second Petition is SET ASIDE

i. Attorneys' fees were not awarded because each party prevailed in part

e. Background: In 2019, Claimant was a police officer and was injured during a traffic stop. Claimant refused to attend an IME set by the employer on 6/10/2020, because she was not MMI and had pending treatment. As a result, the adjuster sent Claimant a letter threatening that if she did not attend, her benefits would be suspended under § 72-434. However, the adjuster never followed through on this threat and Claimant continued receiving full benefits. A second IME was scheduled for 5/25/21, which Claimant also did not attend. Employer filed its own Complaint with the Commission in order to determine Claimant's entitlement to benefits after failing to attend 2 IMEs.

f. Takeaways:

i. (1) N/A. *Arreola* does not apply because Claimant's benefits were never actually suspended, resulting in no justiciable controversy

ii. (2) No. Only employees can file workers' compensation Complaints with the Commission, not employers (de novo review)

1. §§ 72-706, -707, -712 must be read in context of the entire Act, not in isolation
2. Compensation benefits are remedies exclusively available to employee
3. "Claimant" under § 72-706 only refers to employees as entitled to such benefits
4. *Lockyard v. St. Maries Lumber Co.* (1954) provided that an employer could initiate proceedings, but was replaced by the legislature's enactment of § 72-706

II. ***Crawford v. Dennis and Delayne Keith, d/b/a DDK Construction, and Robert McKinnon, Jr.*** (Order issued on 1/29/26)

a. Injuries: back, pelvis and ribs – all denied (none of the defendants had work comp coverage)

b. Issues:

i. (1) Does the Commission have jurisdiction?

ii. (2) Was Claimant an employee of DDK Construction?

iii. (3) If Claimant was an employee of DDK Construction, did his injury arise out of and in the course of his employment?

iv. (4) Was Claimant a travelling employee of DDK Construction?

v. (5) Was Co-Defendant Rob a statutory employer?

vi. (6) Was Claimant an employee or an independent contractor for Rob?

vii. (7) Is Claimant subject to receive § 72-210 penalties for the Defendants being uninsured?

c. Holding: Multiple. In summary: Claimant was not entitled to workers' compensation benefits.

d. Background: Claimant was hired in Spring 2023 by Defendants Dennis and Delayne Keith, in Idaho, to travel to Alaska to help build a lodge and a personal cabin for one of the owners, Co-Defendant Rob. However, in May 2023, the lodge construction project was put on hold due the death of one of the joint owners. During that time, Dennis and Delayne formed DDK Construction in order to bid on a mine construction job, also in Alaska. The mine job was near their former lodge and Rob's private cabin. When DDK Construction was awarded the contract, they asked Claimant if he wanted to work the mine job and live by Rob's private cabin. The plan was then for Claimant to work the mine job in Alaska, and potentially work on Rob's private cabin (unpaid, voluntary work), so he went in July 2023. Upon arriving, Claimant helped Rob build a roof on his private cabin. Claimant was never paid and it was a way to "pass the time" before the mine work began. Claimant began working at the mine and completed the job 8/4/23. Because Claimant was bored, on 8/6/23, he voluntarily kept working on Rob's cabin roof, where he fell off a ladder. Only after Claimant approached Rob asking for payment (there was never an expectation of payment), was Claimant paid for the roof work. There was never an obligation for Claimant to work on Rob's cabin, although it was discussed before he left for Alaska that there was work that could be done on it.

e. Takeaways:

i. (1) Yes, under § 72-217, the Commission retains jurisdiction.

ii. (2) Yes, Claimant was an employee of DDK Construction to work the mine job.

iii. (3) No, Rob's cabin project was separate from the mine work that had already been completed. Fails at the "arising out of employment" prong because the ladder work on Rob's roof was not proximately caused by Claimant's employment with DDK Construction.

iv. (4) No, Claimant's employment agreement only included the mine work. Claimant's employment with DDK Construction ended when the mine job completed.

v. (5) No, Rob did not contract with Claimant to complete the cabin roof work.

vi. (6) N/A. While Claimant was closer to that of an independent contractor for Rob, this analysis is irrelevant and doesn't change the outcome of the case

vii. (7) No, Claimant failed to secure any compensation, so the 10% penalty does not apply

f. ***The Findings of Fact is quite long, with many details, many parties involved, and additional issues listed – I'd recommend reading over this closely***

III. ***Powell v. Horizon Air Industries, Inc***. (Order issued 7/17/26)

a. Injuries: Not listed
b. Issues:
    i. (1) Can the Commission enforce a mediation settlement agreement?
    ii. (2) Can the Commission draft settlement documents?
c. Holding: The Order to Enforce Mediation Settlement Agreement is DENIED. The Commission does not have the power to enforce a settlement agreement, nor can they draft one. Contract enforcement matters fall under the purview of the District Court.
d. Background: Claimant was injured on 5/12/21, and the parties participated in voluntary mediation on 9/12/25. Claimant alleges that the parties reached a settlement agreement, and that the Defendants were supposed to draft the agreement. Eight months passed and the Defendants still had not drafted the agreement, and no documents were filed with the Commission. Claimant filed a Motion to Enforce Mediation Settlement Agreement.
e. Takeaways:
    i. (1) No. Participation in mediation does not create a binding legal contract (JRP 17(A)). There was no binding (and filed) agreement entered into, leaving the claim open. There was simply no agreement to enforce under § 72-404(5).
    ii. (2) No. JRP 17(E) states that the Commission cannot draft settlement agreements for parties' post-mediation. If the Commission drafted a settlement agreement, it would violate confidentiality surrounding the mediation process (JRP 17(B); I.R.E. 507(3)). Also, it would remove the right for any party to move for reconsideration within 20 days (§ 72-718).

IV. ***Cunningham v. Joint Sch. Dist. No. 2*** (Order issued 8/4/26)

a. Injuries: Totality unknown, however, lower back and neck acknowledged
b. Issues:
    i. (1) Is Claimant entitled to ongoing care, and what is her PPI?
    ii. (2) What is Claimant's PPD rating?
c. Holding: Claimant is entitled to continued palliative care re: her lower back and neck. PPI and PPD assigned.
d. Background: Little detail is provided regarding the background of the case, other than focusing on Claimant's subsequent treatment. Following her accident, Claimant received an 8% whole person impairment rating with 4% apportioned to her pre-existing 2009 cervical fusion, by Dr. Gussner on 9/16/20. Next, Claimant was rated MMI by Dr. Montalbano on 8/17/21 and was rated 6% PPI. When deposed, Dr. Montalbano did not recommend additional treatment because anything causing Claimant pain "would have shown up on imaging". Dr. Montalbano agreed with Dr. Gussner's ratings. At Claimant's request, Dr. Gussner completed an IME, and assigned a 9% rating for her low back with no apportionment. Claimant also saw other physicians who issued varying recommendations, but none opined that she needed surgery.
    i. Claimant also retained vocational specialist Delyn Porter who estimated Claimant's PPD was 31.7%, and when weighted by loss of the labor market was 47.5%. Defendant retained vocational specialist Cali Eby who used a different job search/calculation process than Porter, issuing a weighted PPD of 38%.
e. Takeaways:
    i. (1) Yes. The Commission was persuaded by Dr. Gussner's opinions. Claimant does have a need for ongoing palliative care, and accepted the 9% impairment rating. Dr. Gussner had a much longer history treating Claimant than the other treaters.
    ii. (2) Eby's (Defendant's expert) formulations were more persuasive, largely because Claimant relocated from Boise to Las Vegas, and Porter's calculation did not completely account for those changes. Claimant is entitled to PPD of 35%.

V. ***Westfall v. Symm's Fruit Ranch*** (Order issued 1/21/26)

a. Injuries: Not listed
b. Issue: Has the standard been met for the Commission to issue a declaratory ruling regarding whether or not an employee-employer relationship existed between Claimant and Defendants?
c. Holding: Commission DECLINED Petition for Declaratory Ruling.
d. Background: Claimant was injured while under the control of the IDOC, while engaged in a work program. Defendants filed a Petition for Declaratory Judgement, seeking an order stating that an employer-employee relationship did not exist pursuant to *Crawford v. Dept. of Correction* and *In Re Ord. Certifying Question to Idaho Supreme Ct.*
e. Takeaway: No. The Commission cannot issue a declaratory ruling because there was no "actual controversy" required of JRP 15. Petitioner was asking the Commission to make a factual determination, not interpret a statute.

VI. ***Cullinane v. Airco Aviation Services, LLC*** (Order issued 3/10/26)

a. Injuries: left ankle (required surgery)
b. Issues:
    i. (1) Has the standard been met for the Commission to issue a declaratory ruling?
    ii. (2) Does a finding of unreasonable denial or delay of benefits under § 72-804 require the forfeiture of subrogation rights under § 72-223?
c. Holding: Commission GRANTED Petition for Declaratory Ruling. Defendants are not precluded from seeking subrogation. The Commission chose not to expand on § 72-223's requirements.
d. Background: Claimant was injured on 1/14/20 and underwent left ankle surgery. After the surgery did not improve Claimant's condition, Claimant continued to treat. Surety denied continued medical care in August 2021. Claimant separately pursued a third-party malpractice claim against her ankle surgeon at St. Luke's, which settled in 2025. On 7/24/25, the Commission awarded Claimant reimbursement for all medical care and discontinuation of benefits (and attorneys' fees) in her workers' compensation matter. Defendants notified Claimant of their intent to pursue subrogation. Claimant filed a Petition for Declaratory Ruling Pursuant to JRP 15.
e. Takeaways:
    i. (1) Yes. Claimant proved that there was an "actual controversy over the construction… of a statute." It was not a question of fact.
    ii. (2) No. Case law does not support the theory that a delay or denial or benefits equates to employer negligence. Even though *Maravilla v. J.R. Simplot Co.* affirmed that if the employer is at fault for the workers' injury, and as a result is not allowed to pursue subrogation, an unreasonable delay or denial of benefits under § 72-804 does not amount to negligence. The Commission chose not to expand upon the statute.

VII. ***Noble v. Industrial Ventilation, Inc.*** (Order issued 8/4/26)

a. Injuries: Not listed
b. Issue: Has Claimant met the standard for a declaratory ruling under JRP 15, challenging the Referee's procedural decision to bifurcate the issues?
c. Holding: Commission DENIED Petition for Declaratory Ruling. Standard not met under JRP 15.
d. Background: Claimant was injured on 3/26/19. The claim was accepted and benefits were paid until 5/21/21, following the opinion of one of Claimant's physicians. After Claimant filed his Complaint in 2024, Defendants sought ISIF contribution. On 4/21/26, the Referee entered an Order granting the Defendants' Motion to Implead ISIF, resetting a telephone conference for 5/1/26, noting that the ISIF apportionment would be heard at a later date. Claimant then petitioned the Commission to challenge the Referee's procedural decision to bifurcate the proceedings, requesting that one hearing take place to determine all issue.
e. Takeaway: No. A declaratory ruling is the improper procedural vehicle. Declaratory judgments are for questions of law regarding statutory interpretation, not to challenge a procedural determination. The correct procedure for requesting an interlocutory review would have been if Claimant had filed a Motion for Reconsideration. Regardless, under JRP 1, the Referee had the inherent power to bifurcate the issues, and the decision was not an abuse of their discretion.

The Estate of Weeks v. Oneida County., Idaho Supreme Court Docket No. 52031 (November 14, 2025)

Appeal to Idaho Supreme Court involving the compensability a COVID-19 death.

Facts: The wife of William Weeks brought this claim for death benefits following the passing of her husband from COVID-19. Mr. Weeks worked for the Oneida County's Road and Bridge Department and generally began each workday with a crew meeting in the breakroom. On September 17, 2021, a coworker of Mr. Weeks called in sick and did not return until September 28, 2021 (the coworker assumed he had COVID-19 but did not test and only returned after symptoms resolved). On September 29, 2021, Mr. Weeks traveled with two other coworkers to Preston and began to feel ill that night. He made the same trip the next day despite feeling ill. Mr. Weeks tested positive for COVID-19 the next day, and his wife tested positive a few days later. Unfortunately, Mr. Weeks passed away due to complications from COVID-19. Mrs. Weeks claimed death benefits contending Mr. Weeks contracted the virus at the morning meetings.

The competing experts disagreed on transmission timing: the employer's expert (Dr. Coffman) used a rigid 3–7 day incubation model to argue Weeks was likely exposed September 23–26 (mostly non-work days), and that transmission from the coworker on September 16 or 28 was medically implausible. The claimant's expert (Dr. Nathan) argued a more flexible incubation window and assumed Weeks had no non-work contacts besides his wife, however there was also evidence that Weeks also visited a lumber store, a parts store, and convenience stores, and may have worked with his uncle or a neighbor on his ranch during the relevant period.

The Idaho Industrial Commission denied benefits, finding it "impossible to prove on a more likely than not basis" that Weeks contracted COVID-19 at work, given the numerous plausible non-work exposure sources.

Holding: The Idaho Supreme Court affirmed the Commission's denial, rejecting Mrs. Weeks's arguments:

1. The Commission applied the correct legal standard: The Commission's use of the word "impossible" was a legal conclusion that the claimant couldn't meet her burden, not an improperly heightened "beyond a reasonable doubt" standard. The preponderance-of-the-evidence standard was properly applied.

2. There is no "balance tipping standard" for occupational diseases: That doctrine applies only to workplace accidents (discrete events), not occupational diseases, which can arise from many possible exposures over time.

3. The Commission did not err regarding gas station visits: The record showed these visits also occurred on days off or in Weeks's personal vehicle, so the "going and coming" and "personal comfort" doctrines did not apply.

The Court also held the Commission's factual findings were supported by substantial and competent evidence.

Takeaways:

- The Commission's weighing of competing expert testimony is given strong deference on appeal; the Court will not reweigh evidence or substitute its own judgment on credibility.

- Practical implication for COVID-19/infectious disease WC claims: Given community prevalence and asymptomatic transmission, proving work-based causation is especially difficult unless the claimant can show

near-total isolation from non-work exposure during the relevant incubation window. Even then, it can be a challenge.

Miklos v. L& W Supply Corp., Idaho Supreme Court Docket No. 52032, (January 6, 2026)

This is an appeal to the Idaho Supreme Court concerning compensable consequences and applicability of § 72-710.

Facts: Christopher Miklos worked as a drywall delivery employee for L&W Supply Corporation. On October 28, 2019, he twisted his right ankle carrying drywall sheets up a stairway. The employer/surety accepted the claim as compensable and paid for medical care and temporary disability benefits. An MRI in March 2020 revealed a high-grade partial tear of the peroneus brevis tendon, and Dr. Nixon performed extensive surgery in May 2020. Miklos's recovery was slow — his pain improved from 10/10 to 4/10 over several months but never fully resolved, and Dr. Nixon administered a steroid injection eight months post-surgery to address ongoing symptoms.

In January 2021, an independent medical examination (IME) by Dr. Nanos concluded Miklos had reached maximum medical improvement with a 3% whole-person impairment. The surety immediately terminated benefits. When Miklos continued reporting pain, Dr. Nixon recommended a magnetic resonance arthrogram (MRA), but the surety denied coverage. After lengthy procedural delays (including an apparently denied request for calendaring, a status conference with disputed discussions, and the surety approving an MRA for the wrong foot) the MRA was finally performed in August 2022, nearly 18 months after being first requested. It revealed a recurrent tear of the same peroneal tendon, now larger than the original tear. Miklos's new physician, Dr. Hirose, recommended re-repair surgery, but the surety denied coverage, relying on Dr. Nanos's unchanged opinion.

At hearing, despite giving "no weight" to Dr. Nanos's opinions, the Commission found Miklos failed to prove the 2019 accident caused the 2022 recurrent tear. Miklos filed a Motion for Reconsideration arguing: 1) failure to hold a timely hearing regarding the MRA violated his due process rights, and 2) the compensable consequences doctrine from *Sharp v. Thomas Brothers Plumbing* applied to the situation making the claim compensable. The Commission denied this motion and the case was appealed.

Holding: The Idaho Supreme Court reversed and remanded, finding the Commission applied an incorrect legal standard, and the compensable consequences doctrine applied. The Court held this was in fact an aggravation case, not a "new injury" case requiring fresh causation proof. Under *Sharp*, once a claimant shows a "demonstrable causal connection" between an accepted compensable injury and a later aggravation, consequences flowing from that injury are presumptively compensable.

The Court awarded attorney fees awarded to Miklos under Idaho Code § 72-804, because the surety's prolonged denial of the MRA, its erroneous approval for the wrong foot, and its reliance on an IME opinion the Commission itself found unpersuasive were "without reasonable grounds."

The Court declined to reach Miklos's separate procedural due-process argument (failure to timely hold a hearing under § 72-712) since the causation ruling was dispositive but noted in dicta the Commission's failure to record several hearings, emphasizing the statutory duty under § 72-710 to transcribe proceedings for adequate appellate review.

Takeaways:

- Aggravation vs. new injury is a critical framing question. Where symptoms from an accepted work injury never fully resolves and a later injury occurs in the same anatomical location it could be analyzed under

the compensable consequences doctrine. Once causal connection to the original injury is shown, the burden shifts to the employer to prove reckless/rash conduct by the employee (not to the claimant to eliminate every alternative explanation.) A "mystery" cause does not defeat the claimant when no reckless conduct is shown.

- Delay and denial patterns can support fee awards. Prolonged, unjustified delays in authorizing diagnostic imaging (compounded by administrative errors) and undue reliance on a later-discredited IME can constitute unreasonable grounds for denial under § 72-804, exposing employers/sureties to attorney fee liability.

- The Court used this case to remind the Commission of its statutory duty to record all hearings under § 72-710.

Perez v. Virginia Transformer Corp., IC 2021-033756, April 17, 2026

This is an Industrial Commission case involving application of *Neel* and attorney fees.

Facts: Ida Perez began working for Virginia Transformer Corp. in April 2021 in a role requiring repetitive hand activities. By December 2021, she developed intermittent numbness, tingling, and discomfort in both hands and was diagnosed with bilateral carpal tunnel syndrome. The surety initially accepted the claim. Dr. Miller performed a right and left carpal tunnel release in March 2022 and May 2022, respectively. By July 2022, Dr. Miller released her to return to work without restrictions, though his notes reflected she still had occasional soreness and nerve symptoms.

Perez continued having wrist problems and sought a second opinion from Dr. Fields. Perez and the adjuster discussed this treatment via email, and the "adjuster made it clear such treatment was not authorized and the Claimant was responsible for such treatment." Eventually Dr. Fields performed repeat carpal tunnel surgeries. Perez was discharged from Dr. Fields's care in May 2023 with improved but not fully resolved symptoms.

Perez hired Dr. Esplin to conduct an IME and assign a PPI rating, and vocational consultant Cali Eby to assess PPD. Defendants initially denied responsibility for the second round of surgeries but conceded compensability only about a week before the August 2025 hearing, though they contested payment at the *Neel* rate.

Holding: Under *Neel v. Western Construction* and *Millard v. ABCO Construction*, a claimant must prove both that (1) the claim was denied and (2) it was later deemed compensable by the Commission. The referee found because Defendants conceded compensability before hearing (rather than the Commission deciding the issue), and because the record did not clearly establish a "formal denial" of the Dr. Fields treatment, Perez failed to meet either prong. She was entitled to reimbursement only at the standard fee schedule rate.

Perez was awarded 22 days of TTD, 7% whole person PPI, and 35% PPD. In addition, the referee granted attorney fees for the "unreasonable delay in accepting Claimant's claim for medical care provided by Dr. Fields…."

In an Order issued August 4, 2026, the Commission granted 30% attorney fees on "the total recovery," including "the amounts Surety paid as a result of Dr. Fields's surgeries."

Takeaways:

- The referee indicated that since the surety had rolled over at the 11th hour, there was no dispute as to the compensability of the treatment, and therefore, the Commission did not (and would not) decide the issue. However, was the issue inherently decided by the award of attorney fees? (See § 72-804 and *Salinas v. Bridgeview Estates*, 162 Idaho 91, 394 P.3d 793 (2017)).

- The referee seemed to infer a "formal denial" was required for *Neel* to apply. Will this dissuade adjusters from issuing any denial of treatment? Many private health insurers will not pick up the treatment unless an official denial is issued. If this is the rule going forward, I can see the need for more requests for emergency/bifurcated hearings

- I understand this is on appeal, so we may be getting guidance from the Court in the future.

Matte v. David R. Bates, d.b.a. Portable Cedar Cabins, IC 2024-022682, (March 10, 2026)

This is an Industrial Commission case involving an uninsured employer and *Neel*.

Facts: The parties previously had a hearing in 2025 on the issue of whether Matte was an employee or independent contractor, in which Matte prevailed. Matte cut his fingers in the course and scope of his employment on May 24, 2024. Employer did not possess workers' compensation coverage. Matte incurred significant medical bills (which he sought at *Neel* amounts), about 3 months of TTDs, 10% PPI, additional PPD in excess, and § 72-210 penalties including attorney fees.

Defendant did not dispute most of the claimed benefits but argued some of the medical treatment was for an unrelated infection and *Neel* does not apply as Defendant was not a surety and never denied any treatment.

Holding: All related medicals (including from the infection) were awarded along with the TTD, 10% PPI, and 15% PPD inclusive of PPI. The referee found *Neel v. Western Construction* did apply as Defendant essentially denied the benefits by not paying (although he testified he did not have the ability to pay). The referee indicated that his hands were tied on the *Neel* issue and it was the province of the Court to amend the doctrine. Since Defendant was uninsured, the penalties in § 72-210 applied to all benefits.

In an Order Denying Reconsideration and Order on Attorney Fees issued June 26, 2026, the Commission upheld the prior decision and ordered Defendant to pay benefits of $178,772.97, 10% penalty of $17,877.30, and attorney fees of $58,995.08.

Takeaways:

- *Neel* applies to uninsured employers barring any change to the doctrine by the Court.
- The penalties in § 72-210 apply to all benefits, including *Neel* amounts.

Ballengee v. Swire Pacific Holdings, Inc., Order Denying Request for Reconsideration, IC 2025-008212 (August 4, 2026)

This is a denial of reconsideration of an order granting Claimant's request for expedited or bifurcated hearing.

Facts: Claimant moved for an expedited hearing on May 7, 2026, citing financial hardship. Defendants objected to setting a hearing and indicated counsel would not be available until after October 13, 2026. On June 16, 2026, Referee Rauschendorfer granted the request following a telephonic conference with the parties. Defendants subsequently filed a Motion for Reconsideration. In his response, Ballengee requested sanctions and attorney fees arguing Defendants only filed the motion for reconsideration to unduly delay.

Holding: The Commission found no basis to grant the order. Defendants did not present any extraordinary circumstances for reconsideration. Financial stability is specifically detailed in JRP 8(D) as a basis for an expedited hearing. Further, Defendants did not show the referee abused her discretion in the setting of the hearing.

Similarly, Ballengee could not show any Defendants pursued the motion improperly, so no attorney fees or sanctions were awarded.

Takeaways:

- When asking to reconsideration from the full Commission on interlocutory procedural matters, make sure you detail "extraordinary circumstances."

Estate of Ronald Sharrah v. Crash Champions, LLC, IC 2023-012325 (October 21, 2025)

This is Industrial Commission case involving a claimant who died for reasons unrelated to the industrial injury prior to MMI.

Facts: Ronald Sharrah, a large man (6'10", 300+ lbs) with significant preexisting bilateral foot conditions, sprained his right ankle at work stepping over a pallet on April 27, 2023, and was fitted with a CAM boot, which he continued wearing while working.

On May 12, 2023, while walking to the employer's office as part of his job duties (still wearing the CAM boot), Sharrah felt a "popping" sensation and pain in his left foot. His treating orthopedic surgeon, Dr. Roser, diagnosed a complete tear of the peroneus longus tendon, a split tear of the peroneus brevis tendon, and other chronic ligament damage. Dr. Roser attributed the injury to an altered gait caused by the CAM boot's height differential, which shifted excess force onto Sharrah's left foot (aggravated by his weight and preexisting deformity) and recommended a complex ten-procedure reconstructive surgery to durably repair the tendon and prevent retearing.

The surety sent Sharrah for an IME with Dr. Dawson, who agreed the reconstruction surgery was medically appropriate but opined it was unrelated to any work injury. Sharrah underwent the surgery in August 2023, made a good recovery, and returned to work by January 2024, but died on March 28, 2024, from unrelated causes before reaching maximum medical improvement (MMI). His estate pursued the claim.

Holding: The referee adopted Dr. Roser's opinion that the CAM boot on the right leg created more exertional force on the left foot resulting in the need for treatment (compensable consequences). Claimant's estate was entitled to all treatment from the left foot surgery and recovery payable at the *Neel* rate. Additionally, TTD benefits were awarded for August 10, 2023, through October 9, 2023 (the recovery period after previously paid TTD benefits ended, through Sharrah's return to work), subject to a wage credit.

PPI and PPD benefits were denied. Two independent problems doomed this claim: (a) Sharrah died before reaching MMI, and Dr. Roser's proposed 3–5% impairment range was explicitly a "guess" rather than a post-MMI evaluation, making any rating speculative; and (b) both physicians agreed Sharrah's foot was objectively more functional after surgery than before, i.e. there was no anatomical or functional loss to rate. The claimant could not establish a compensable impairment where the medical evidence showed net improvement rather than a residual deficit.

Takeaways:

- The compensable consequences doctrine can extend to a different body part than the originally injured one, where a causal mechanical chain (e.g., an assistive device altering gait and shifting load) connects the accepted injury to the new injury.

- This case emphasizes the challenges with claims were the Claimant has passed away from reasons unrelated to the injury before PPI or PPD is determined.