

In the Matter of the Compensation of
FRED R. WALTER, Claimant
Own Motion No. 05-0023M
OWN MOTION ORDER
Unrepresented Claimant
SAIF Legal Salem, Defense Attorneys

Reviewing Panel: Members Lowell and Biehl.

The SAIF Corporation has submitted a “Carrier’s Own Motion Recommendation” form, indicating that claimant requests that it reopen his 1994 injury claim for a “worsening” of his previously accepted low back condition. *See* ORS 656.278(1)(a) (2001). SAIF recommends against reopening the claim.

Claimant sustained a compensable low back injury on February 9, 1994. Claimant’s aggravation rights have expired. SAIF issued a denial on January 18, 2005, contending that claimant’s need for treatment for his current condition was not compensable. No hearing has been requested regarding that denial. Thus, the denial is final by operation of law. ORS 656.319(1). Consequently, claimant’s medical services claim for his accepted low back condition remains in denied status.¹

Under such circumstances, we are unable to authorize the reopening of the claim for a worsening of claimant’s previously accepted clavicle condition under ORS 656.278(1)(a) (2001). *Stephen P. Angermayer*, 56 Van Natta 3796 (2004). Accordingly, the request for claim reopening is denied.²

IT IS SO ORDERED.

Entered at Salem, Oregon on April 15, 2005

¹ Additionally, SAIF contended that claimant’s compensable condition has not worsened requiring the requisite medical treatment and resulting in an “inability to work.” ORS 656.278(1)(a) (2001). In this particular case, these matters need not be addressed because even if the “medical treatment” and “inability to work” issues were found in claimant’s favor, the claim would still not qualify for reopening under ORS 656.278(1)(a) (2001) for the reasons expressed above.

² Inasmuch as claimant is unrepresented, he may wish to consult the Workers’ Compensation Ombudsman, whose job it is to assist injured workers in such matters. He may contact the Workers’ Compensation Ombudsman, free of charge, at 1-800-927-1271, or write to:

WORKERS’ COMPENSATION OMBUDSMAN
DEPT OF CONSUMER & BUSINESS SERVICES
PO BOX 14480
SALEM, OR 97309-0405