

In the Matter of the Compensation of
DAVID E. BROWN, Claimant
Own Motion No. 05-0084M
OWN MOTION ORDER
Unrepresented Claimant
Liberty NW Ins Corp, Insurance Carrier

Reviewing Panel: Members Biehl and Greig.

The insurer has submitted claimant's request for reopening of his Own Motion claim for a worsened condition. ORS 656.278(1)(a) (2001). Claimant's aggravation rights have expired. The insurer recommends reopening of claimant's 1995 claim.

Based on the record, we are persuaded that claimant meets the criteria necessary for his claim to be reopened for a "worsening" of his accepted conditions ("right shoulder strain, acute sprain of AC joint right shoulder w/secondary minor anterior impingement").¹ ORS 656.278(1)(a) (2001); *Jeffrey C. Davis*, 56 Van Natta 3279 (2004). Accordingly, we authorize the reopening of the claim for the insurer to process in accordance with law. When claimant's condition is medically stationary, the insurer shall close the claim pursuant to OAR 438-012-0055.²

IT IS SO ORDERED.

Entered at Salem, Oregon on April 15, 2005

¹ The record does not demonstrate that claimant has initiated a "post-aggravation rights" new or omitted medical condition claim. Under such circumstances, we have limited our review to the question of whether claimant's Own Motion claim should be reopened for a "worsening" of his accepted condition. ORS 656.278(1)(a) (2001).

If claimant wishes to initiate a new or omitted medical condition claim he may request formal written acceptance of the claim from the insurer. ORS 656.267(1). If the insurer chooses to accept that new or omitted medical condition, it must also either issue a voluntary reopening notice (Form 3501) or submit an Own Motion recommendation to the Board. *See* OAR 438-012-0030; *Arvin D. Lal*, 55 Van Natta 816 (2003). Should claimant be dissatisfied with the insurer's response under OAR 438-012-0020(1), he may seek Board Own Motion relief.

² Finally, 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