

In the Matter of the Compensation of  
**ELDEN C. DEEL, Claimant**  
Own Motion No. 04-0480M  
OWN MOTION ORDER  
Unrepresented Claimant  
Liberty NW Ins Corp, Insurance Carrier

Reviewing Panel: Members Lowell and Biehl.

The insurer has submitted a “Carrier’s Own Motion Recommendation” form, indicating that claimant requests that it reopen his 1989 injury claim for a “worsening” of his previously accepted clavicle condition. *See* ORS 656.278(1)(a) (2001). The insurer recommends against reopening the claim.

Claimant sustained a compensable clavicle injury on October 16, 1989. Claimant’s aggravation rights have expired. The insurer issued a denial on December 16, 2004, 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 clavicle condition remains in denied status.<sup>1</sup>

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.<sup>2</sup>

IT IS SO ORDERED.

Entered at Salem, Oregon on March 10, 2005

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<sup>1</sup> Additionally, the insurer 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.

<sup>2</sup> 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