

In the Matter of the Compensation of
JAMES W. BLACK, Claimant
Own Motion No. 05-0008M
OWN MOTION ORDER
Unrepresented Claimant
VavRosky MacColl Olson et al, Defense Attorneys

Reviewing Panel: Members Langer and Kasubhai.

The self-insured employer has submitted a “Carrier’s Own Motion Recommendation” form, indicating that claimant requests that it reopen his 1999 injury claim for a “worsening” of his previously accepted right knee conditions. *See* ORS 656.278(1)(a) (2001). The employer recommends against reopening the claim.

Claimant sustained a compensable right knee injury on August 9, 1999. Claimant’s aggravation rights have expired. The employer issued a denial on January 5, 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 right knee conditions 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 right knee conditions 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 March 17, 2005

¹ Additionally, the employer contended that claimant’s compensable conditions have not worsened requiring the requisite medical treatment. ORS 656.278(1)(a) (2001). In this particular case, this matters need not be addressed because even if the “medical treatment” issue was 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