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In the Matter of the Compensation of  
**MICHAEL J. KEHOE, Claimant**  
Own Motion No. 07-0174M  
OWN MOTION ORDER  
Unrepresented Claimant  
Liberty NW Ins Corp, Carrier

Reviewing Panel: Members Biehl and Langer.

The insurer has submitted claimant's request for reopening of his Own Motion claim for a worsened condition. ORS 656.278(1)(a). Claimant's aggravation rights have expired. The insurer recommends reopening of claimant's 1993 claim under ORS 656.278(1)(a).

Based on the record, we are persuaded that claimant meets the criteria necessary for his claim to be reopened for a "worsening" of his previously accepted left knee conditions. ORS 656.278(1)(a); *Robert A. Boehm, Jr.*, 58 Van Natta 168 (2006). Accordingly, we authorize the reopening of the claim for the insurer to process in accordance with law.<sup>1</sup> When claimant's condition is medically stationary, the insurer shall close the claim pursuant to OAR 438-012-0055.<sup>2</sup>

IT IS SO ORDERED.

Entered at Salem, Oregon on December 24, 2007

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<sup>1</sup> On May 4, 2007, we authorized the reopening of claimant's claim for a "post-aggravation rights" new/omitted medical condition ("degenerative arthritis, particularly medial"). ORS 656.278(1)(b); *Michael J. Kehoe*, 59 Van Natta 1157 (2007). The new medical condition claim remains in reopened status. As explained in our prior order, when claimant's new medical condition is medically stationary and there is sufficient information to determine permanent disability for the new medical condition, the insurer shall close the claim pursuant to OAR 438-012-0055, including the payment of permanent disability compensation, if any, determined to be due under ORS 656.278(1)(b) and (2)(d) for the new medical condition.

<sup>2</sup> Finally, inasmuch as claimant is unrepresented, he may wish to consult the Workers' Compensation Ombudsman, whose job it is to assist injured workers. 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