

In the Matter of the Compensation of  
**CARLTON R. BONE, Claimant**  
Own Motion No. 08-0038M  
OWN MOTION ORDER  
Unrepresented Claimant  
Liberty NW Ins Corp, Carrier

Reviewing Panel: Members Lowell and Biehl.

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 1997 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 facial 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 April 2, 2008

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<sup>1</sup> The record does not demonstrate that claimant has initiated a "post-aggravation rights" new medical condition claim. Thus, any consideration of "unclaimed" conditions would be premature. See ORS 656.267(3); ORS 656.278(1)(b). Instead, our decision is limited to a review of claimant's worsening claim for his previously accepted facial conditions.

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 receives such a claim, and the claim is "determined to be compensable," it must be processed according to the Board's rules. See OAR 438-012-0001(4); OAR 438-012-0030(1); *James W. Jordan*, 58 Van Natta 34, 37 (2006).

<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