

In the Matter of the Compensation of
CHRISTOPHER L. ROWLES, Claimant

WCB Case No. 12-01543

ORDER ON REVIEW

Swanson Thomas & Coon, Claimant Attorneys

Sather Byerly & Holloway, Defense Attorneys

Reviewing Panel: Members Johnson, Weddell, and Somers.

Claimant requests review of those portions of Administrative Law Judge (ALJ) Ogawa's order that: (1) upheld the self-insured employer's denial of his new/omitted medical condition claim for left hip posttraumatic arthritis; (2) upheld the employer's denial of his current combined condition; (3) did not award an attorney fee for prevailing over a denial of a bilateral hip degenerative condition; and (4) did not award interim compensation. On review, the issues are compensability, interim compensation, and attorney fees. We affirm in part and reverse in part.

FINDINGS OF FACT

We adopt the ALJ's "Findings of Fact," with the following summary.

In August 2010, claimant was compensably injured when he slipped and fell on his right knee, with his legs both extending sideways in a "splits" position. Claimant experienced right knee and left hip symptoms. A June 2011 MRI showed "[a]dvanced, chronic osteoarthritis of the left hip with small joint effusion. No fracture or changes of avascular necrosis," and "[m]ild degenerative changes right hip." (Ex. 32). Dr. Rath, claimant's attending physician, referred him to Dr. Teed, an orthopedic surgeon, who recommended left hip total arthroplasty. (Ex. 35-2).

The employer accepted right posterior knee strain and left anterior hip strain and, on November 3, 2011, issued a Notice of Closure that awarded no permanent disability benefits. (Exs. 57, 58).

A November 21, 2011 form 827 included a checked "Request for acceptance of a new or omitted medical condition" box, but the space for identification of a new/omitted medical condition was left blank. (Ex. 63A). On January 27, 2012, the employer issued a denial of a "claim for the 11/21/11 omitted condition request," which it identified as a claim for a bilateral hip degenerative condition. (Ex. 75-1). Claimant requested a hearing.

On June 13, 2012, claimant filed a new/omitted medical condition claim for left hip posttraumatic arthritis. (Ex. 82). On June 19, 2012, the employer denied the claim for that condition. (Ex. 83-1).

On December 31, 2012, the employer modified its acceptance to include “otherwise compensable injury combined with left hip degenerative joint disease (aka degenerative arthritis).” (Ex. 93B-1). On January 4, 2013, the employer denied claimant’s combined condition. (Ex. 94-1).

CONCLUSIONS OF LAW AND OPINION

The ALJ concluded that the November 21, 2011 form 827 did not constitute a valid new/omitted medical condition claim. Accordingly, the ALJ did not award interim compensation. The ALJ also concluded that the January 27, 2012 denial was without legal effect.

Reasoning that claimant had not established that the claimed posttraumatic arthritis condition existed or was a separate condition from the accepted combined condition, the ALJ upheld the employer’s denial of that condition. Further reasoning that claimant’s hip strain had resolved and his continuing symptoms were due to the preexisting arthritis, the ALJ also upheld the employer’s combined condition denial.

On review, claimant seeks an assessed attorney fee for prevailing over the January 27, 2012 denial. He further requests interim compensation for the period preceding the January 27, 2012 denial. Claimant also contends that the medical evidence supports posttraumatic arthritis as a separate, compensable new/omitted medical condition. Finally, he asserts that the otherwise compensable injury did not cease to be the major contributing cause of the combined condition. For the reasons explained below, we award an attorney fee related to the January 27, 2012 denial and set aside the other denials.

We first address claimant’s requests for interim compensation and an attorney fee related to the November 21, 2011 form 827 and January 27, 2012 denial.

We adopt the ALJ’s reasoning that the November 21, 2011 form 827 did not properly initiate a new/omitted medical condition claim.¹ Accordingly, claimant was not entitled to interim compensation.²

¹ For purposes of new/omitted medical condition claims, a claimant must “clearly request formal written acceptance of a new medical condition or an omitted medical condition from the [carrier].” ORS 656.267; *see also* ORS 656.262(6)(d), (7)(a). Claimant does not specifically contest the ALJ’s conclusion, with which the employer agrees, that he did not clearly request formal written acceptance of a new/omitted medical condition by the November 21, 2011 form 827.

Because claimant had not made a new/omitted medical condition claim for a bilateral hip degenerative condition at the time of the employer's January 27, 2012 denial, the denial was premature and invalid. *Altamirano v. Woodburn Nursery, Inc.*, 133 Or App 16, 19-20 (1995) (a denial issued in the absence of a claim is a legal nullity); *Barbara J. Ferguson*, 63 Van Natta 2253, 2258 (2011).

The employer asserts that although its January 27, 2012 denial has been found invalid, claimant's attorney should not receive an assessed fee under ORS 656.386(1) for prevailing over the denial, because there was no "claim for compensation" that had been denied.³ However, based on *Cervantes v. Liberty Northwest Ins. Corp.*, 205 Or App 316 (2006), we conclude that an attorney fee award is warranted under ORS 656.386(1).

In *Cervantes*, the carrier had issued a denial that we found void because it did not relate to a claim. *Tony Cervantes, Jr.*, 56 Van Natta 2054, 2056 (2005). On appeal, the *Cervantes* court reasoned that the ultimate conclusion that the denial "denied nothing and, accordingly, was void or without effect" did not necessarily mean that the case did not involve a "denied claim." 205 Or App at 323. The court reasoned that the denial would have stood unchallenged if the claimant had not requested a hearing, and that it was reasonable for the claimant to believe that it was necessary to request a hearing on the denial. *Id.* The court

² Interim compensation is paid on receipt of notice of a claim and an attending physician's authorization for the payment of disability compensation until the claim is accepted or denied. ORS 656.262(4)(a); see *Jones v. Emanuel Hosp.*, 280 Or 147, 151 (1977); *Metin Basmaci*, 54 Van Natta 465 (2002), *aff'd*, *Basmaci v. The Stanley Works*, 187 Or App 337 (2003). Interim compensation is not due for a new/omitted medical condition unless the claim for that condition was properly initiated. *David L. Cross*, 59 Van Natta 191, 197 (2007).

³ ORS 656.386 provides, in relevant part:

"(1)(a) In all cases involving denied claims where a claimant finally prevails against the denial in an appeal to the Court of Appeals or petition for review to the Supreme Court, the court shall allow a reasonable attorney fee to the claimant's attorney. In such cases involving denied claims where the claimant prevails finally in a hearing before an Administrative Law Judge or in a review by the Workers' Compensation Board, then the Administrative Law Judge or board shall allow a reasonable attorney fee. * * *

"(b) For purposes of this section, a 'denied claim' is:

"(A) A claim for compensation which an insurer or self-insured employer refuses to pay on the express ground that the injury or condition for which compensation is claimed is not compensable or otherwise does not give rise to an entitlement to any compensation[.]"

concluded that “the terms of the statute [ORS 656.386(1)(b)(A)] do encompass circumstances where a denial is eventually determined to be void and, consequently, we conclude that this case did involve a ‘denied claim.’” *Id.*

The employer contends that *Cervantes* is distinguishable because that case was based on a valid claim for compensation, whereas, in this case, there was no claim denied by the January 27, 2012 denial. However, the *Cervantes* court based its holding on the denial’s contention that it was refusing to pay a claim for compensation, not on what compensation the denial refused to pay. *Id.*

Here, as in *Cervantes*, the denial appeared to deny compensation related to a condition, and it was reasonable for claimant to believe that the denial would have stood if he had not requested a hearing to have it set aside. Although the denial was void because claimant had not initiated a claim, the denial purported to deny a claim for compensation. Under such circumstances, we conclude that claimant prevailed in a case involving a “denied claim” by obtaining a finding that the denial was void. Such circumstances support an attorney fee award under ORS 656.386(1). *Robyn E. Stein*, 62 Van Natta 290 (2010).

After considering the factors set forth in OAR 438-015-0010(4) and applying them to this issue, we find that a reasonable fee for claimant’s attorney’s services at the hearing level regarding the void January 27, 2012 denial is \$3,000, payable by the employer. In reaching this conclusion, we have particularly considered the time devoted to the issue (as represented by the hearing record and the parties’ respective positions), the complexity of the issue, the value of the interest involved, and the risk that counsel may go uncompensated.⁴

We turn to the employer’s denial of claimant’s new/omitted condition claim for left hip posttraumatic arthritis. Claimant bears the initial burden to show that the left hip posttraumatic arthritis condition exists and that the work accident was a material contributing cause of his disability or need for treatment of that condition. *See* ORS 656.005(7)(a); ORS 656.266(1); *Knaggs v. Allegheny Techs.*, 223 Or App 91 (2008). If claimant makes that showing, but the otherwise compensable injury combined with a preexisting condition, the employer may prove that the combined condition was not compensable by showing that the otherwise compensable injury was not the major contributing cause of the disability or need for treatment of the combined condition. ORS 656.005(7)(a)(B); ORS 656.266(2)(a); *Jack G. Scoggins*, 56 Van Natta 2534, 2535 (2004).

⁴ Claimant’s attorney is not entitled to a fee on review regarding the attorney fee issue. *Amador Mendez*, 44 Van Natta 736 (1992).

The causation issue presents a complex medical question that must be resolved by expert medical opinion. *See Uris v. State Comp. Dep't*, 247 Or 420, 426 (1967); *Barnett v. SAIF*, 122 Or App 279, 283 (1993). When presented with disagreement among experts, we give more weight to those opinions that are well reasoned and based on complete information. *Somers v. SAIF*, 77 Or App 259, 263 (1986).

Claimant does not dispute that the claimed posttraumatic arthritis condition combined with preexisting left hip arthritis. Compensability of left hip posttraumatic arthritis is supported by Dr. Teed, Dr. Schmitt, a medical arbiter, Dr. Puziss, a consulting physician, and Dr. Gritzka, a worker-requested medical examiner.

Dr. Teed acknowledged that claimant had preexisting left hip arthritis. (Ex. 89-1). Dr. Teed identified genetics as the primary cause of degenerative osteoarthritis. (Ex. 92-25). Nevertheless, he opined that the work injury disrupted the arthritic joint, causing inflammation that worsened the arthritis. (Ex. 89-2). He described this process as an acute posttraumatic arthritis condition, as distinguished from a chronic posttraumatic arthritis that develops long after an injury. (Ex. 89-2).

Dr. Teed reasoned that claimant had been asymptomatic before the work injury, and was dramatically worse after the work injury. (Ex. 89-1-2). Dr. Teed also considered it significant that claimant's left hip arthritis was worse than his right hip arthritis. (Ex. 92-16). Dr. Teed opined that if claimant's hip arthritis were solely genetic, he would expect it to be roughly symmetrical in both hips. (*Id.*)

Dr. Teed speculated that claimant could have suffered a subchondral fracture, but acknowledged that the exact mechanism of the damage caused by the work injury could not be determined. (Ex. 92-12). Dr. Teed also acknowledged that the extent to which claimant's left hip arthritis changed after the work injury could not be determined. (Ex. 92-17). Nevertheless, Dr. Teed opined that the work injury was the major contributing cause of claimant's disability and need for treatment. (Ex. 92-31).

Dr. Schmitt also acknowledged that claimant suffered from significant preexisting degenerative arthritis, to which she attributed 20 percent to 40 percent of claimant's left hip problems. (Ex. 91-23, -39). Nevertheless, she opined that claimant's work injury was a "fairly traumatic insult," particularly considering his age and size, which worsened his arthritis. (Ex. 91-45, -49). She opined that the

sharp and persistent nature of claimant's symptoms suggested a higher probability of a tear, fragment, or similar problem. (Ex. 91-44). Additionally, she opined that the "massive" arthritic changes revealed by post-injury imaging studies were inconsistent with claimant's pre-injury level of functioning. (Ex. 91-42).

Like Dr. Teed, Dr. Schmitt acknowledged that the extent to which claimant's left hip arthritis accelerated and worsened following the work accident could not be determined from objective data. (Ex. 93-32). She also acknowledged that she did not know whether the arthritis had been worsened by the strain or an "other pathway that we don't have information on." (Ex. 91-50). Nevertheless, she maintained her opinion that the posttraumatic component of claimant's arthritis was responsible for 60 percent to 80 percent of his left hip problems. (Ex. 91-23, -39).

Dr. Puziss also noted that claimant had preexisting osteoarthritis, which was asymptomatic until the work injury. (Ex. 85A-6-7). He opined that there was probably a traumatic arthritic component to claimant's left hip condition because his preexisting arthritis would otherwise probably not have been aggravated. (Ex. 85A-8). He stated that one could only speculate as to when the preexisting, asymptomatic arthritis would have worsened to become symptomatic and require treatment if claimant had not been injured. (Ex. 87A-2).

Dr. Puziss opined that, considering claimant's age and size, the work accident, involving "doing the splits," would probably cause direct damage to the articular surfaces, ligaments, or labrum, and could have caused a subcapital fracture. (Ex. 85A-8). He opined that the work accident also involved more inflammation. (Ex. 93-41).

Dr. Puziss was unable to quantify the degree to which claimant's left hip arthritis developed after the work injury. (Ex. 93-28). Nevertheless, he was "sure" there was a posttraumatic component to the arthritis. (Ex. 93-42). He opined that the work injury pathologically worsened the underlying degenerative arthritis to cause symptoms and accelerate the need for treatment. (Ex. 93-30, -39-40). He opined that the posttraumatic component of the arthritis was the major contributing cause of claimant's need for treatment "because it turned a functioning asymptomatic arthritic hip into a disabled hip that requires treatment." (Ex. 87A-2).

Dr. Gritzka also agreed that claimant had preexisting left hip osteoarthritis that was "at least substantial," but was asymptomatic before the work injury. (Exs. 90-13, 96-26). Based on an initial history that claimant heard a "pop," followed by an inability to get upright and bear weight on the left hip, he

concluded that there was probably at least a partial subluxation, or even a traumatic dislocation, of the left hip. (Ex. 90-13). Dr. Gritzka later stated that a revised history that claimant did not hear a “pop,” but instead felt it go out of joint, was also consistent with that mechanism of injury.⁵ (Ex. 96-43).

Dr. Gritzka opined that the subluxation of claimant’s hip involved structural damage, probably a labral tear or worsening, and that the structural damage accelerated the preexisting osteoarthritic changes. (Ex. 90-14). He also opined that claimant had a previously existing femoral acetabular impingement syndrome, which contributed to the arthritic condition, and that the work injury worsened the femoral acetabular impingement syndrome, thereby accelerating the arthritic condition. (Exs. 90-16, 96-13). He reasoned that the arthritic worsening could have accelerated in the 10 months between the work injury and the MRI, and probably did so in this case, although the posttraumatic component could not be quantified. (Ex. 90-14). Based on this mechanism of injury, he concluded that claimant had “acute” posttraumatic osteoarthritis. (Ex. 96-48-49).

Dr. Gritzka also stated that hip anatomy is usually bilateral, and opined that claimant’s left and right hips would probably have similar degrees of osteoarthritis, but for the work injury. (Ex. 96-46-47). Additionally, he stated that symptom history was very important in determining causation, and that claimant’s history of the sudden onset of symptoms, which did not improve, in a previously asymptomatic hip, instead of a gradual worsening of joint pain over time, indicated that the work accident was causally important. (Ex. 96-45-46).

The opinions of Drs. Teed, Schmitt, Puziss, and Gritzka explained how the work injury could have caused a posttraumatic component to claimant’s arthritic condition. They further explained why they concluded that it actually, rather than merely possibly, did so in this case. They also explained that, although they could not define the proportion of the arthritic condition that was posttraumatic, the work injury caused claimant’s disability and need for treatment by causing the previously asymptomatic arthritic condition to worsen, becoming symptomatic and requiring arthroplasty. Their opinions are well reasoned and persuasive, and establish that the work injury was at least a material contributing cause of claimant’s disability or need for treatment.

⁵ Claimant testified that he did not hear a loud pop in his left hip, but felt like his hip might have popped out and was torn. (Tr. 27, 29-30).

Further, we do not find the opinions of Drs. Grossenbacher, Leadbetter, and Jones, employer-arranged medical examiners, and Dr. Morgan, a radiologist, to persuasively weigh against compensability.

Dr. Grossenbacher opined that claimant suffered from preexisting arthritis and the imaging findings did not show evidence of injury. (Ex. 51-9-10). However, he could not determine whether there was a pathological worsening of claimant's preexisting arthritic condition because there were no pre-injury imaging studies. (Ex. 51-9). His opinion does not persuasively dispute the existence of a posttraumatic arthritic condition. Further, even if his opinion could be interpreted to address the major contributing cause of the combined arthritic condition itself, it does not persuasively evaluate the major contributing cause of claimant's disability or need for treatment of the combined condition. *See SAIF v. Nehl*, 148 Or App 101, 106, *recons*, 149 Or App 309 (1997). We give his opinion little weight.

Dr. Leadbetter also opined that claimant suffered from preexisting arthritis and that the imaging findings did not show evidence of injury. (Ex. 88-7). He opined that the work injury "simply made symptomatic" the preexisting condition. (*Id.*) He opined that it was "not unusual" for "some inciting event" to make an underlying arthritis symptomatic. (Ex. 88-9). Because the arthritis preexisted, and was simply made symptomatic, by the work injury, he opined that there was no posttraumatic arthritis. (Ex. 88-8).

Whereas the opinions of Drs. Teed, Schmitt, Puziss, and Gritzka explained why they concluded that the arthritic condition was made symptomatic because the injury caused a posttraumatic component to the arthritis, Dr. Leadbetter's opinion does not persuasively explain how the injury could have precipitated claimant's symptoms without causing a posttraumatic component of the condition. His conclusion that the claimed posttraumatic arthritis condition does not exist is less persuasive. Further, his opinion does not persuasively address the major contributing cause of claimant's disability or need for treatment of the combined condition. Accordingly, we give it little weight.

Dr. Jones also opined that claimant suffered from preexisting arthritis and that the imaging findings would be expected to show evidence of injury if the arthritis were posttraumatic. (Ex. 84-9). Based on the imaging findings, which did not show such evidence of injury, he could not "say with medical probability" that any of claimant's arthritis was posttraumatic. (*Id.*)

Dr. Jones described theories regarding other possible mechanisms of injury as speculative and without objective evidence. (Ex. 93A-4-5). He opined that the work injury probably irritated the preexisting osteoarthritis, but that the

osteoarthritis was sufficiently severe that claimant would have become symptomatic and needed total hip replacement regardless of any work injury. (Exs. 84-11, 93A-5). Thus, he acknowledged that the work injury caused the claimant's arthritis to become symptomatic, but believed that the preexisting condition was the major contributing cause. (Ex. 93A-5).

Dr. Jones's opinion did not address the fact, noted by Drs. Teed and Gritzka, that claimant's arthritis was significantly worse in the left hip than in the right. Drs. Teed and Gritzka explained why this finding suggested a posttraumatic component to the development of claimant's left hip arthritis, and Drs. Puziss and Schmitt, as well as Teed and Gritzka, explained how the hip injury could have made such a contribution. In light of this contrary evidence, we do not find Dr. Jones's opinion to persuasively support the employer's burden of proof.

Finally, Dr. Morgan opined that the imaging studies showed long-standing abnormalities, all of which took years to develop, and none of which would be caused by an injury. (Ex. 86-2). However, his opinion addresses only the imaging studies and does not address the opinions of Drs. Teed, Gritzka, Schmitt, and Puziss that the work injury could have contributed to the arthritic condition in ways that were not visible on the imaging studies, and that claimant's symptoms indicate that it did so in this case. We give his opinion little weight.

After reviewing this evidence, we conclude that claimant has established the existence of left hip posttraumatic arthritis and shown that the work accident was a material contributing cause of his disability and need for treatment of that condition. Further, we conclude that the employer has not shown that the otherwise compensable injury was not the major contributing cause of the disability or need for treatment of the combined condition. ORS 656.266(2)(a).

The employer also contends that even if there is a compensable left hip posttraumatic arthritis condition, claimant must prove that it is distinct from the accepted combined condition of "otherwise compensable injury combined with left hip degenerative joint disease (aka degenerative arthritis)."

If a new/omitted medical condition claim is for a condition that has been accepted, it is not a claim for a condition that is "new" or "omitted." Under such circumstances, a denial of the claim will be upheld. *Michael L. Long*, 63 Van Natta 2134, 2135, *recons*, 63 Van Natta 2300 (2011). However, here, the employer did not accept the combined condition until December 31, 2012. Thus, that condition had not been accepted when claimant filed his June 13, 2012 new/omitted medical condition claim for left hip posttraumatic arthritis. (Exs. 82,

93B-1). Further, the employer continues to dispute the compensability of the claimed left hip posttraumatic arthritis condition. Finally, for the reasons expressed above, the record persuasively supports the compensability of the claimed left hip condition.

Accordingly, we set aside the employer's denial of claimant's new/omitted medical condition claim for left hip posttraumatic arthritis.

We turn to the employer's January 4, 2013 denial of claimant's combined condition. A carrier may deny an accepted combined condition if the "otherwise compensable injury" ceases to be the major contributing cause of the disability or need for treatment of the combined condition. ORS 656.262(6)(c); *Brown v. SAIF*, 262 Or App 640, 647 (2014). The "combined condition" consists only of the "otherwise compensable injury" and statutory preexisting conditions. *Vigor Indus., LLC v. Ayres*, 257 Or App 795, 806 (2013). The "otherwise compensable injury" is the "work-related injury incident," and is not limited by the conditions listed in the Notice of Acceptance. *Brown*, 262 Or App at 656.

Here, we have concluded that claimant suffered a posttraumatic arthritic condition, which combined with his preexisting arthritic condition. Drs. Teed, Schmitt, Puziss, and Gritzka persuasively opined that the otherwise compensable injury remains the major contributing cause of claimant's disability and need for treatment of the combined condition. (Exs. 87A-2, 90-15, 91-23, -39, 92-30).

For the reasons discussed above, we have concluded that the opinions of Drs. Grossenbacher, Leadbetter, and Jones are less persuasive in their evaluation of claimant's hip condition. In light of the contrary evidence, their opinions do not persuasively establish that claimant's otherwise compensable injury ceased to be the major contributing cause of claimant's disability and need for treatment of the combined condition. Accordingly, we set aside the employer's denial of that condition.

Claimant's attorney is entitled to an assessed fee for services at the hearing level and on review regarding the denial of his new/omitted medical condition claim for posttraumatic arthritis and the combined condition denial.⁶ ORS 656.386(1). After considering the factors set forth in OAR 438-015-0010(4) and applying them to this case, we find that a reasonable fee for claimant's attorney's services at hearing and on review is \$26,000, payable by the employer. In reaching

⁶ Claimant is not entitled to an attorney fee for services related to the amount of the assessed fee award. *Steven R. Cummings*, 57 Van Natta 2223, 2231 n 3 (2005).

this conclusion, we have particularly considered the time devoted to the issues (as represented by the hearing record and claimant's appellate briefs), the complexity of the issues, the values of the interest involved, the experience and skill of the attorneys, and the risk that counsel may go uncompensated.

Although claimant did not claim the new/omitted medical condition until June 2012, the record establishes that the parties were preparing to litigate the compensability of that condition much earlier, in relation to the void January 2012 denial. There were 129 exhibits, including five depositions. The 64-minute hearing yielded a 39 page transcript, including testimony from four witnesses. Extensive written closing arguments were submitted, and the record closed on November 5, 2013, upon receipt of claimant's reply argument.

This record establishes claimant's attorney was required to devote an unusually large amount of time to the new/omitted medical condition denial and combined condition denial. Further, the legal and medical complexity of those issues was relatively high, compared with otherwise comparable cases.

Finally, claimant is awarded reasonable expenses and costs for records, expert opinions, and witness fees, if any, incurred in finally prevailing over the denials, to be paid by the employer. *See* ORS 656.386(2); OAR 438-015-0019; *Nina Schmidt*, 60 Van Natta 169 (2008); *Barbara Lee*, 60 Van Natta 1, *recons*, 60 Van Natta 139 (2008). The procedure for recovering this award, if any, is prescribed in OAR 438-015-0019(3).

ORDER

The ALJ's order is affirmed in part and reversed in part. Those portions of the ALJ's order that upheld the employer's denial of claimant's new/omitted medical condition claim for left hip posttraumatic arthritis and the employer's combined condition denial are reversed. The employer's denials are set aside and the claim is remanded to the employer for processing according to law. The remainder of the ALJ's order is affirmed. For services at the hearing level regarding the January 27, 2012 denial, claimant's attorney is awarded an assessed fee of \$3,000, payable by the employer. For services at the hearing level and on Board review regarding the denial of claimant's new/omitted medical condition claim for posttraumatic arthritis and the combined condition denial, claimant's attorney is awarded an assessed fee of \$26,000, payable by the employer. Claimant is awarded reasonable expenses and costs for records, expert opinions, and witness fees, if any, incurred in finally prevailing over the denials, to be paid by the employer.

Entered at Salem, Oregon on August 21, 2014