

**STATE OF VERMONT  
DEPARTMENT OF LABOR**

Jennifer Chase

Opinion No. 03-15WC

v.

By: Phyllis Phillips, Esq.  
Hearing Officer

State of Vermont

For: Anne M. Noonan  
Commissioner

State File No. EE-60203

**OPINION AND ORDER**

Hearing held in Montpelier on June 18, 2014

Record closed on July 21, 2014

**APPEARANCES:**

Heidi Groff, Esq., for Claimant

William Blake, Esq., for Defendant

**ISSUES PRESENTED:**

1. Are Claimant's right knee, shoulder, hip, lower back and/or coccyx injuries causally related to her February 25, 2013 fall at work and if so, to what workers' compensation benefits is she entitled?
2. What is the permanent impairment attributable to Claimant's compensable right ankle injury?
3. Is Claimant entitled to reimbursement for various minerals and supplements recommended by her naturopathic physician as treatment for any or all of the conditions causally related to her compensable work injury?

**EXHIBITS:**

Joint Exhibit I: Medical records

Claimant's Exhibit 1: *Curriculum vitae*, George White, Jr., M.D., M.S.

Claimant's Exhibit 2: Wage Statement (Form 25), Certificate of Dependency (Form 10),  
First Report of Injury (Form 1)

Claimant's Exhibit 3: Videotaped deposition of Richard Gagnon, M.D., June 12, 2014

Claimant's Exhibit 4: Medical bills

Claimant's Exhibit 5: Billing spreadsheet

Defendant's Exhibit A: *Curriculum vitae*, Jonathan Sobel, M.D.

**CLAIM:**

Temporary total and/or temporary partial disability benefits pursuant to 21 V.S.A. §§642 and 646  
Permanent partial disability benefits pursuant to 21 V.S.A. §648  
Medical benefits pursuant to 21 V.S.A. §640  
Interest, costs and attorney fees pursuant to 21 V.S.A. §§664 and 678

**FINDINGS OF FACT:**

1. At all times relevant to these proceedings, Claimant was an employee and Defendant was her employer as those terms are defined in Vermont's Workers' Compensation Act.
2. Judicial notice is taken of all relevant forms and correspondence contained in the Department's file relating to this claim.
3. Between March 2012 and June 2014 Claimant worked for the State of Vermont as a court docket clerk. Her duties included responding to both in-person and telephone inquiries, filing documents and proofreading judicial orders.

*Claimant's Prior Medical History*

4. Claimant has a prior medical history of hip pain dating back at least to August 2011. Given both her complaints of generalized joint pain and a family history of rheumatoid arthritis, her primary care physician, Dr. Kraus, initially theorized that she might be suffering from an inflammatory disease. Subsequent lab tests failed to reveal any evidence of either inflammatory arthritis or other connective tissue disorder, however.
5. Ultimately Claimant was referred to Dr. Gagnon, a board certified orthopedic surgeon, who diagnosed chronic trochanteric bursitis in her right hip. The bursa is a specialized tissue at the bony prominence on the outside of the hip. It produces a lubricating fluid, which allows the iliotibial tendon, or IT band, to slide over the bone without rubbing. From there, the IT band runs down the outside part of the thigh bone and connects just below the knee.
6. In Claimant's case, tightness in her IT band had caused it to rub against the bursa, which in turn had caused the bursa to become inflamed. As treatment, in April 2012 she underwent hip surgery, during which Dr. Gagnon both excised the bursa and lengthened the IT band. The surgery was successful, and she was able to resume normal activities without pain thereafter.
7. Concurrently with her hip pain, at various times in 2011 Claimant complained of right thigh and knee pain, which Dr. Gagnon credibly attributed to the tightness in her IT band. She also complained of pain in her lower back and tailbone associated with long car rides as a "hockey mom." Last, she complained of right shoulder pain dating back to an incident while walking a large dog in 2010. Claimant was not actively treating for any of these conditions at the time of her work injury.



Claimant's Work Injury and Subsequent Medical Course

8. On Friday, February 15, 2013 Claimant slipped and fell on ice and snow in the courthouse parking lot. Her right ankle twisted beneath her and she landed on her right hand while trying to break her fall. As she could neither stand up nor bear weight on her ankle, a sheriff assisted her to his cruiser and then drove her to the hospital.
9. Upon examination at the hospital emergency room, Claimant complained only of right ankle pain, which was diagnosed as a sprain. She denied any other injuries, and reported neither knee pain or tenderness nor upper extremity complaints.
10. After leaving the hospital, Claimant returned to the courthouse and completed her workday with her foot elevated and iced. According to her credible testimony, she awoke the next morning, Saturday, with aching pain in her right knee, shoulder and lower back. In addition, her right ankle was painful and swollen.
11. Claimant returned to the emergency room on Monday, February 18<sup>th</sup>. This time she reported worsened pain and swelling in her ankle, and also pain in her right knee, hand and lower back. A focused examination revealed some mild tenderness over the medial aspect of her knee, but no swelling, laxity, effusion or reduced range of motion. Claimant was diagnosed with knee pain, due to either a contusion or a possible sprain, as well as back and hand pain. She was advised to remain out of work for the rest of the week, and to follow up with an orthopedist if her symptoms failed to improve within two weeks.
12. Claimant treated conservatively for her complaints over the ensuing months. She underwent physical therapy concurrently with two therapists – one (McCormack) whose treatment focused primarily on her right ankle and knee, and the other (Scribner) whose approach was more holistic and at various times involved her right shoulder, lower back, coccyx and right hip. Because she has a history of intolerance to non-steroidal anti-inflammatories, for pain management she sought treatment with a naturopathic physician, Dr. Abrin, who suggested various vitamins, minerals, herbal supplements and topical creams instead. According to Dr. Abrin's treatment notes, some of the remedies she recommended were intended to promote healing of tendons, ligaments and bones, to decrease inflammation and/or to alleviate aching, burning or nerve pain. Other remedies were suggested as mood, energy and sleep aids. None of the supplements required actual prescriptions; Claimant purchased some of them directly from Dr. Abrin and bought others on her own, in accordance with Dr. Abrin's instructions. Dr. Abrin did not testify at hearing, and her treatment notes provide little in the way of detailed explanation of, or justification for, the remedies she suggested. No other expert evidence was introduced on this issue. For her part, Claimant testified only that Dr. Abrin's supplements helped "to some degree."
13. Over time Claimant's ankle pain mostly resolved, though the joint remained stiff and to this day, still requires frequent icing to control swelling. With conservative therapy, the pain in her right shoulder, hip, coccyx and lower back also resolved.

### Claimant's Right Knee Pain

14. Unfortunately, Claimant's right knee pain failed to resolve, and instead continued to worsen. Throughout the spring and summer of 2013, the medical records reflect her reports of pain and grinding under her patella, as well as episodes of buckling and weakness. Notably, one of the earliest of these medical records, the April 9, 2013 office note from the physician's assistant who had been treating her ankle pain, reflected Claimant's report that her knee pain had originated with her fall at work, and had been ongoing since then. Aside from the initial emergency room report on the date of her injury, in which Claimant denied any knee pain or injury other than to her ankle, upon close review of the medical records I can find no evidence to contradict this history.
15. With no relief of her knee pain from either physical therapy or a course of viscosupplementation, in August 2013 Claimant underwent an evaluation with Dr. Gagnon, the orthopedic surgeon who had treated her 2012 hip condition. Dr. Gagnon is well experienced in evaluating and treating knee injuries, having performed literally thousands of arthroscopic surgeries over the course of his career.
16. By the time of her evaluation with Dr. Gagnon, Claimant's knee pain was severe; she reported having been unable to sleep for two weeks, and Dr. Gagnon described her emotional state as "almost hysterical." Specialized x-rays of her right knee revealed a mild degree of patellar tilt, meaning that the kneecap was somewhat misaligned, but with no lateral maltracking, meaning that the connecting muscles did not appear so imbalanced as to pull it off center. Interestingly, x-rays of Claimant's left knee, which was asymptomatic, revealed both greater tilt and more lateral maltracking.
17. Dr. Gagnon concluded that Claimant likely was suffering from a patellofemoral pain syndrome and also from chondromalacia, a softening of the cartilage under her kneecap. Given her emotional state at the time of his first evaluation, he delayed addressing her orthopedic problems until her depression was under control and her sleep improved. Once this occurred, in October 2013 Claimant underwent arthroscopic right knee surgery. The surgery revealed obvious patellar tilting and lateral maltracking, as well as grade 2 chondromalacia involving 75 percent of the patella. To address the first problem, Dr. Gagnon released the lateral retinaculum (the fibrous tissue on the outer aspect of the patella), thus equalizing the pressure across the kneecap and allowing it to track correctly. To address the second problem, he trimmed off the loose cartilage so that the joint could move more smoothly.
18. In his deposition testimony, Dr. Gagnon acknowledged that even though he was able to view Claimant's knee arthroscopically, this still did not allow him to determine which of the two problems he identified was actually causing her symptoms. Nor was he able to discern the extent to which either or both conditions predated the injury and were worsened thereafter. Both conditions can be either traumatically or non-traumatically caused, and even if the latter, neither is necessarily degenerative in nature. That said, Dr. Gagnon admitted that Claimant's patellar tilt likely was preexisting, as evidenced by the fact that the condition was also present in her (asymptomatic) left knee.

19. According to Dr. Gagnon, it is quite common for a completely asymptomatic preexisting condition to become symptomatic following an injury, even without any actual worsening of the underlying condition itself. This, he believes, is what occurred in Claimant's case. That she did not report knee pain until a day or two after her fall is inconsequential, in his opinion; it often happens that another, more acutely painful injury takes precedence in a patient's initial report of symptoms. Thus, notwithstanding the brief delay, Dr. Gagnon found the temporal relationship strong enough to establish, to the required degree of medical certainty, that Claimant's fall at work was what caused her knee to become symptomatic. Once that occurred, surgery became necessary. I find this analysis credible in all respects.
20. Although Dr. Gagnon did not review the entire medical record, he credibly asserted that the information available to him, particularly as it pertained to the timing of Claimant's knee pain in relation to her fall, was sufficient for him to assess causation. I agree.
21. Claimant credibly testified at hearing that the pain she was experiencing in her knee prior to Dr. Gagnon's October 2013 arthroscopic surgery was markedly different from the IT band-related pain she had reported prior to her 2012 hip surgery, *see* Finding of Fact No. 7 *supra*. Dr. Gagnon concurred with this assessment. Given both Claimant's credible testimony and Dr. Gagnon's knowledge and expertise as to how and where IT band tightness typically manifests itself, I find that the knee pain Claimant experienced in 2013 was distinguishable, in both type and degree, from the symptoms she had reported in that area in 2011 and 2012.

#### Independent Medical Examinations

(a) Dr. Sobel

22. At Defendant's request, in June 2013 Claimant underwent an independent medical examination with Dr. Sobel, a board certified orthopedic surgeon. At various times thereafter, Dr. Sobel reviewed additional medical records and issued supplemental reports, the most recent in February 2014. Like Dr. Gagnon, Dr. Sobel has performed thousands of knee surgeries over the course of his career.
23. To a reasonable degree of medical certainty, Dr. Sobel concluded that Claimant's February 2013 fall at work caused her to suffer sprains to her right ankle and shoulder, and possibly a minor sprain to her right knee as well. In his opinion, however, neither of the knee conditions that Dr. Gagnon identified in his October 2013 arthroscopic surgery was caused or worsened in any way by that event.
24. Specifically, according to Dr. Sobel's analysis, Claimant's patellar tilt and maltracking most likely was precipitated by the longstanding tightness in her IT band. Although Dr. Gagnon's 2012 surgery had released the tightness across the hip, it did nothing to address the tightness at the other end of the tendon, across the knee. As a result, Dr. Sobel theorized, the connecting tissues continued to pull the patella out of position, and ultimately caused the knee to become symptomatic. The chondromalacia in Claimant's knee, which Dr. Sobel believed was both preexisting and consistent with a woman of her age, likely contributed as well.

25. Dr. Sobel posited that the tightness in Claimant's IT band was likely due at least in part to what he understood to be her regular jogging activities, as the condition is a common one among runners. However, Claimant testified that while she enjoys walking her dogs, she rarely runs and does not consider herself a jogger. I find her testimony more credible than Dr. Sobel's on this point, and for that reason I cannot credit Dr. Sobel's theory.
  26. In formulating his causation opinion, Dr. Sobel discounted any temporal relationship between Claimant's fall and the onset of her knee symptoms, stating only that the initial emergency room records did not document any abrasion, contusion or other evidence that she had fallen directly onto her knee. He thus failed to account for evidence I already have found credible, including Claimant's report to the physician's assistant who was treating her ankle in April 2013, *see* Finding of Fact No. 14 *supra*. Dr. Sobel acknowledged that Claimant's medical records did not document any symptoms specifically related to patellofemoral pain until after her work injury, furthermore. I find that these omissions weaken his analysis.
  27. Though he maintained that Claimant's right knee condition was neither caused nor aggravated by her work injury, Dr. Sobel acknowledged that Dr. Gagnon's October 2013 arthroscopic surgery was "the correct procedure" for treating her symptoms.
  28. Based on his review of the medical records, Dr. Sobel determined that Claimant had reached an end medical result for her compensable ankle and shoulder injuries at least as of October 8, 2013. Because he did not reexamine her, in order to determine the extent, if any, of the permanent impairment referable to her ankle injury, Dr. Sobel relied instead on the treating physical therapist's September 2013 range of motion measurements. Based on these, he concluded that Claimant's ankle showed sufficient motion as to be disqualified from any permanent impairment rating. Nor was there any ratable permanent impairment for Claimant's right shoulder injury.
  29. Given the lack of specificity regarding Claimant's reports of pain in her coccyx, Dr. Sobel found insufficient evidence to causally relate any injury in that area to her fall at work. In reaching this conclusion, Dr. Sobel failed to address whether these symptoms might have been referable to her complaints of low back pain, which had been documented at the time of her second emergency room visit, three days after her fall. For this reason, I find his analysis lacking.
  30. Dr. Sobel found no evidence to suggest that Claimant's right hip pain was attributable in any way to her work injury. I find this analysis credible.
- (b) Dr. White
31. At her attorney's referral, in March 2014 Claimant underwent an independent medical examination with Dr. White, an occupational medicine specialist.

32. Based on both his clinical observations and his review of the medical records, Dr. White concluded to a reasonable degree of medical certainty that Claimant's right ankle, right shoulder, lower back and coccyx pain were all causally related to her fall at work. As support for this opinion, Dr. White noted the temporal relationship between the fall and the onset of her symptoms, an analysis I find credible.
33. Consistent with Dr. Sobel's conclusion, in Dr. White's opinion Claimant's right hip pain likely was not causally related to her work injury. As for her right knee, Dr. White found insufficient evidence to establish causation to the required degree of medical certainty. His analysis in this regard was based primarily on the fact that Claimant did not report any knee pain upon her initial presentation to the emergency room on the day of her injury. As noted above, *see* Finding of Fact No. 19 *supra*, I have found credible Dr. Gagnon's explanation for the brief delay in Claimant's report of knee symptoms, and for this reason I find Dr. White's analysis on this issue unpersuasive.
34. Dr. White determined that Claimant had reached an end medical result for her injuries at least as of the date of his evaluation, March 6, 2014. Based on his own range of motion measurements, he concluded that she had suffered a three percent whole person impairment referable to her right ankle injury. He found no ratable impairment referable to her right shoulder, lower back or coccyx injuries. He did not consider an impairment rating for her right knee.
35. Dr. White credibly determined that the treatment Claimant had received for her right ankle, right shoulder and lower back/coccyx was reasonable.

*Claimant's Current Status, Time Out of Work and Out of Pocket Medical Expenses*

36. Claimant's right knee symptoms significantly improved after Dr. Gagnon's October 2013 surgery. She still experiences discomfort while going up or down stairs and when she walks too far, but generally her condition is much improved.
37. Claimant was totally disabled from working for a total of four days in the week following her work injury, and for an additional two and a half days following her October 2013 knee surgery. Based on an average weekly wage of \$564.80, her initial compensation rate would have been \$376.72 per week, updated as of July 1, 2013 to \$383.13, and as of July 1, 2014 to \$393.47.
38. Claimant's Exhibit 5 represents her calculation of the charges related to treatment for her right ankle, right shoulder, right knee, lower back and coccyx injuries. Most of the charges are documented in the medical bills submitted as support (Claimant's Exhibit 4); however, from my review it appears that some of Mr. Scribner's physical therapy charges may be duplicates. In addition, I am unable to verify the basis for the claimed co-payment of \$1,135.27 made on March 21, 2013. As a consequence, I am unable to make a finding as to either the total medical charges causally related to Claimant's injuries or the total amount of her associated co-payments. From the evidence submitted, I find that Claimant purchased a total of \$369.00 in supplements recommended by Dr. Abrin.

## CONCLUSIONS OF LAW:

1. In workers' compensation cases, the claimant has the burden of establishing all facts essential to the rights asserted. *King v. Snide*, 144 Vt. 395, 399 (1984). He or she must establish by sufficient credible evidence the character and extent of the injury as well as the causal connection between the injury and the employment. *Egbert v. The Book Press*, 144 Vt. 367 (1984). There must be created in the mind of the trier of fact something more than a possibility, suspicion or surmise that the incidents complained of were the cause of the injury and the resulting disability, and the inference from the facts proved must be the more probable hypothesis. *Burton v. Holden Lumber Co.*, 112 Vt. 17 (1941); *Morse v. John E. Russell Corp.*, Opinion No. 40-92WC (May 7, 1993).
2. The primary disputed issue here is whether in addition to injuring her right ankle as a consequence of her February 2013 fall at work Claimant also suffered injuries to her right shoulder, knee, hip and lower back/coccyx. The parties also dispute the extent of the permanent impairment, if any, to her right ankle. Last, they dispute Claimant's entitlement to additional indemnity and/or medical benefits causally related to her work injury, including reimbursement for naturopathic supplements that she purchased at Dr. Abrin's recommendation.
3. The parties presented conflicting expert medical testimony regarding the causal relationship between Claimant's fall at work and her disputed injuries. In such cases, the Commissioner traditionally uses a five-part test to determine which expert's opinion is the most persuasive: (1) the nature of treatment and the length of time there has been a patient-provider relationship; (2) whether the expert examined all pertinent records; (3) the clarity, thoroughness and objective support underlying the opinion; (4) the comprehensiveness of the evaluation; and (5) the qualifications of the experts, including training and experience. *Geiger v. Hawk Mountain Inn*, Opinion No. 37-03WC (September 17, 2003).

### Compensability of Claimant's Right Knee Injury

4. Regarding Claimant's right knee, I conclude that Dr. Gagnon's opinion is the most credible. As the treating orthopedic surgeon, not only for her post-injury complaints of knee pain but also for her prior complaints of hip pain, Dr. Gagnon was better positioned to distinguish between recent and remote symptoms than Dr. Sobel was. His analysis of the temporal relationship between Claimant's fall and the onset of her knee symptoms was persuasive, furthermore, whereas Dr. Sobel was not. For these reasons, I am convinced that the fall was the precipitating event that caused Claimant's knee to become symptomatic, to the point where surgery ultimately became necessary.
5. Defendant argues that because Dr. Gagnon was unable to state, to the required degree of medical certainty, that Claimant's fall had caused either of the two conditions he found during his October 2013 arthroscopy to worsen, his opinion is insufficient to establish that her right knee complaints are compensable. Relying on the Vermont Supreme Court's decision in *Stannard v. Stannard Co, Inc.*, 2003 VT 52, it asserts that a "heightened burden of proof" should apply, in which aggravated symptoms alone do not meet the causation requirement. *Id.* at ¶11.

6. Defendant misconstrues the evidence, and as a result misapplies the Court's holding in *Stannard*. Unlike the situation here, the evidence in *Stannard* conclusively established a preexisting condition that was both (a) degenerative and (b) already symptomatic by the time the parties' dispute arose. Faced with those facts, the Court held:

When considering a progressively degenerative disease . . . where “the disease, if left to itself, and apart from any injury, would, in time, have inevitably caused a complete disability,” the causation test becomes whether, due to a work injury or the work environment, “the disability came upon the claimant earlier than otherwise would have occurred.” Mere continuation or even exacerbation of symptoms, without a worsening of the underlying disability, does not meet the causation requirement.

*Id.*, citing *Jackson v. True Temper Corp.*, 151 Vt. 592, 596 (1989) (internal quotations omitted).

7. When properly applied, the rule enunciated in *Stannard* makes good sense. Where the claimant is already suffering from a symptomatic, degenerative condition, it is often impossible to discern whether worsened symptoms during work activities are merely a manifestation of the underlying disease or alternatively, whether the work activities themselves have caused or aggravated it. See, e.g., *Goodwin-Abare v. State of Vermont*, Opinion No. 41-11WC (December 14, 2011). No such ambiguity exists here, however. The evidence in this case failed to establish either that the preexisting pathology in Claimant's right knee was degenerative in nature or that it was already symptomatic at the time of her fall. The fall thus stands out as the singular disabling event.
8. I conclude that Claimant has sustained her burden of proving the causal relationship between her fall at work and her subsequent complaints of right knee pain. I further conclude that she has established her entitlement to both medical and indemnity benefits causally related thereto. These include not only coverage for Dr. Gagnon's October 2013 surgery (which even Defendant's expert acknowledged was medically necessary and appropriate), but also for the brief periods of temporary total disability referenced in Finding of Fact No. 37 *supra*.

*Compensability of Claimant's Right Shoulder, Hip, Lower Back and Coccyx Injuries*

9. Turning to the other injuries Claimant has alleged, both Dr. Sobel and Dr. White concurred that her right shoulder condition was causally related to her fall, but that her right hip condition was not. As for her lower back and coccyx, I accept Dr. White's opinion as the most credible. His analysis appropriately accounted for the symptoms Claimant reported in the days following her accident, whereas Dr. Sobel's did not. I thus conclude that Claimant has established her entitlement to coverage for the medical treatment she received on account of her right shoulder, lower back and coccyx.

Permanent Impairment Referable to Claimant's Right Ankle Injury

10. Regarding the extent, if any, of the permanent impairment referable to Claimant's right ankle injury, I conclude that Dr. White's opinion is the most persuasive. Having personally taken the range of motion measurements from which his permanency rating was derived, his evaluation was both more thorough and more comprehensive. In contrast, I must discount the credibility of Dr. Sobel's rating, based as it was on another provider's measurements rather than his own. I thus conclude that Claimant has established her entitlement to permanency benefits referable to her right ankle injury in accordance with Dr. White's three percent whole person impairment rating.

Reimbursement for Naturopathic Supplements

11. Last, I consider Claimant's claim for reimbursement for the various supplements she purchased at her treating naturopathic physician's recommendation. Claimant asserts that the supplements were a reasonable treatment option, particularly given her documented intolerance for non-steroidal anti-inflammatory medications.
12. Vermont's workers' compensation statute obligates an employer to pay for an injured employee's "reasonable surgical, medical and nursing services and supplies, including *prescription drugs* and durable medical equipment." 21 V.S.A. §640(a) (emphasis supplied). As is evident from the highlighted language, the employer's obligation does not extend to over-the-counter medications, no matter how effective or necessary they might be. For this reason alone, I must deny Claimant's claim for reimbursement.
13. Even were non-prescription medications covered, I have found the evidence lacking as to the medical justification for the particular remedies Dr. Abrin recommended. For this reason as well, I conclude that Claimant's claim for reimbursement is unsupported.

Summary

14. I conclude that Claimant has established her entitlement to workers' compensation benefits on account of the causally related injuries to her right ankle, right knee, right shoulder, lower back and coccyx. I further conclude that she is entitled to permanency benefits in accordance with a three percent whole person impairment rating referable to her right ankle. I conclude that Claimant has failed to establish her entitlement to benefits referable to her right hip, and also that she is not entitled to reimbursement for the cost of the naturopathic supplements she purchased.
15. As Claimant has substantially prevailed on her claim for benefits, she is entitled to an award of costs and attorney fees in accordance with 21 V.S.A. §678. Claimant already has submitted her claim for costs totaling \$3,709.98. In accordance with 21 V.S.A. §678(e), Claimant shall have 30 days from the date of this opinion within which to submit her itemized claim for attorney fees. Defendant shall have 30 days thereafter within which to file its objections, if any, to the claimed costs and/or attorney fees.

**ORDER:**

Based on the foregoing Findings of Fact and Conclusions of Law, Claimant's claim for workers' compensation benefits referable to her right hip condition is hereby **DENIED**. Claimant's claim for reimbursement for the cost of naturopathic supplements totaling \$369.00 is hereby **DENIED**. Defendant is hereby **ORDERED** to pay:

1. Temporary total disability benefits in accordance with 21 V.S.A. §642, covering the periods identified in Finding of Fact No. 37 *supra*, with interest calculated in accordance with 21 V.S.A. §664;
2. Medical benefits in accordance with 21 V.S.A. §640(a), covering all reasonable medical services and supplies causally related to treatment of Claimant's right ankle, right knee, right shoulder, lower back and/or coccyx injuries, and including reimbursement for all associated co-payments made by Claimant, with interest on the latter calculated in accordance with 21 V.S.A. §664;
3. Permanent partial disability benefits pursuant to 21 V.S.A. §648, calculated in accordance with a three percent whole person impairment rating referable to the right ankle, with interest from March 6, 2014 calculated in accordance with 21 V.S.A. §664; and
4. Costs and attorney fees in amounts to be determined in accordance with 21 V.S.A. §678.

**DATED** at Montpelier, Vermont this 28<sup>th</sup> day of January 2015.

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Anne M. Noonan  
Commissioner

Appeal:

Within 30 days after copies of this opinion have been mailed, either party may appeal questions of fact or mixed questions of law and fact to a superior court or questions of law to the Vermont Supreme Court. 21 V.S.A. §§670, 672.