J. R. v. Benchmark Assisted Living (November 23. 2005)

STATE OF VERMONT
DEPARTMENT OF LABOR

Jean Ratta-Roberts	)	Opinion No. 46A-05WC
	)	
	)	By: Margaret A. Mangan
v.	)	Hearing Officer
	)	
Benchmark Assisted Living	)	For: Patricia A. McDonald
	)	Commissioner
	)	
	)	State File No. T-53183

RULING ON CLAIMANT'S REQUEST FOR FEES AND COSTS

Following her partial success at hearing, Claimant by and through her attorney, Francis X. Murray, filed a motion and supporting documentation for attorney fees and costs. Defendant, by and through its attorney, Keith J. Kasper, filed an objection to the request.

After a hearing on the merits, claimant prevailed on the complicated issue of causation but not on her claim for permanent total disability benefits. The issue of fees and costs was deferred.

The successful aspect of this claim depended on hours of attorney time and the testimony of fact and expert witnesses. As a result, claimant is entitled to approximately two months of temporary total disability benefits, medical benefits and permanent partial disability benefits, none of which would have been awarded without her attorney's efforts. Claimant defeated her own claim for permanent total disability (PTD) with her testimony about recent employment. Nevertheless, she persisted with the claim as shown by proposed findings of fact and conclusions of law. She now requests fees of $12,728.68 based on 128.8 hours at $90 per hour and costs of $1,136.68.

Defendant objects to: 1) claimant's facsimile charges at $1 per page; 2) inaccurate mileage for the attorney's drive to Montpelier; 3) the charge for Dr. Fraser's testimony; and 4) the total number of attorney hours claimed.

Facsimiles

Defendant objects to a request for facsimile charges based on a blanket $1.00 per page and no distinction between ingoing and outgoing faxes for a total of $90.00. I agree that the request is excessive and not reflective of the actual costs involved. On the record before me, which lacks the actual charges, allowance is limited to 0.25 per page. See e.g. *In re: Fibermark, Inc*. # 04-10463 (Bankr. D. Vt. 2005)

Mileage

Claimant concedes that her estimate of miles was in error and accepts the defense calculation of 78 miles round trip between South Burlington and Montpelier.

Charge for Dr. Fraser's testimony

Dr. Fraser billed the claimant $500 for "hours" spent reviewing the medical records, corresponding with consultants and claimant's attorney and testifying at the hearing. Unfortunately, the statement is not more specific. Her testimony at hearing was less that one hour. Under Rule 40, applied in this Department for hearing testimony as well as deposition, "[r]eimbursement shall be $300.00 for one hour or less. Additional time shall be reimbursed at $75.00 for each additional 15 minutes." As the Department explained, "[a]ttorneys …are often required to confer with an expert witness before and after deposition. An expert is not always familiar with the legal procedure of a deposition and may require assistance from counsel. In this case, consultation with the expert becomes, "necessary costs of proceedings." 21 V.S.A. § 678. *Sanz v. Douglas Collins***,** Opinion No. 15R-05WC (2005). Although Dr. Fraser's bill is less explicit than it should be; it is clear that she spent at least two hours testifying and conferring with counsel. Therefore, her charge is within the parameters required.

Attorney time

Defendant challenges several aspects of the claimant's request for fees and urges the Department to award only half of the hours requested because claimant failed to prevail on the permanent total aspect of this claim. Claimant argues that the carrier was remiss in continuing to deny the compensability of this claim despite mounting evidence to the contrary. Counsel needed to engage in discovery and present a full hearing on the compensability alone. Defendant notes that claimant persisted with a permanent total disability claim although she was working. Any award must balance those interests.

> Mindful of the purposes underlying the Act, this Department has considered one or more of several factors when exercising the discretion necessary for an award of fees. Those factors include: whether the efforts of the claimant's attorney were integral to the establishment of the claimant's right to compensation. *Marotta v. Ascutney Mountain Resort*, Op. No. 12-03WC (2003); *Jacobs v. Beibel Builders*, Op. No. 17-03 (2003); *Deforge v. Wayside Restaurant*, Op. No. 35-96WC (1996); the difficulty of the issues raised, skill of the attorneys and time and effort expended, *Dickenson v. T.J. Maxx*, Op. No. 13-03 WC (2003); and whether the claim for fees is proportional to the efforts of the attorney, *Vitagliano v. Kaiser Permanante,* Op. No. 39-03 WC (2003*); Fitzgerald v. Concord General Mutual*, Op. No. 6A-94WC (1995). When a claimant has partially prevailed, a fee will be based on the degree of success. *Brown v. Whiting*, Op. No. 07-97WC (1997).

Lyons v. American Flatbread, Opinion No. 36A-03WC (2003)

In this case, the efforts of claimant's attorney were essential to her success on causation. The issue was a difficult one, requiring expert testimony and skillful examination. The question then is: what is proportional to the success? A full award denies the claimant's persistence with the PTD claim. A fair balance would be to discount the request by 50% because she prevailed on only half of her claims. Therefore, she is allowed fees for 64.4 hours at $90 per hour for a total of $5,796.

In sum, claimant is awarded:

1. Expenses requested with the cost of faxes limited to 0.25 per page and mileage to Montpelier limited to 78 miles;
2. Dr. Fraser's fee of $500;
3. Attorney fees of $5,796.

ORDER:

Dated at Montpelier, Vermont this 23rd day of November 2005.

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Patricia A. McDonald
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.

STATE OF VERMONT
DEPARTMENT OF LABOR

Jean Ratta-Roberts	)	Opinion No. 46-05WC
	)	
	)	By: Margaret A. Mangan
v.	)	Hearing Officer
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Benchmark Assisted Living	)	For: Patricia A. McDonald
	)	Commissioner
	)	
	)	State File No. T-53183

Pretrial conference held on December 20, 2004
Hearing held on May 17, 2005
Record Closed on June 16, 2005

APPEARANCES:

Francis X. Murray, Esq., for the claimant
Keith J. Kasper, Esq., for the defendant

ISSUES:

1. Did the claimant's work duties at Benchmark cause her back injury?
2. Is the claimant entitled to permanent total disability?
3. What is the date of claimant's medical end result?
4. Did the claimant carry out a good faith job search?
5. Is the claimant entitled to permanent partial disability?

FINDINGS OF FACT:

1. Claimant is 65 years old. She is a high school graduate and is also trained and certified as a professional nurse's aid.

2. Claimant began her career as a nurse's aid at Fletcher Allen Health Care in 1972. In 1997, while she was bending over a patient, claimant felt a pull in her back, injuring her left sacroiliac joint (SI) at work. Following that injury, she retired, but continued to have pain in her left lower back.

3. In June 1998, claimant accepted a position as a nurse's aid at The Pillars, an assisted care facility owned and operated by the defendant. Claimant revealed her SI injury to her employers. While at The Pillars claimant helped ambulatory patients with dressing, medications and meal service. The job was not strenuous on her back. Claimant worked at The Pillars until the defendant closed down the facility in June 2002.

4. Sara Thompson, a Benchmark administrator, offered the claimant a job at The Arbors, another facility owned by the defendant. The Arbors consisted of two wings: the east wing for ambulatory clients who only required help with bathing and feeding and did not require any lifting, and the west wing, where clients required total care, including lifting in and out of very low beds.

5. Claimant was concerned about re-injuring her back, and consulted her primary care physician, Dr. Fraser, about these concerns. Claimant also discussed these concerns with Sara Thompson, who assured the claimant that she would not be assigned to any work that conflicted with her job restrictions. Subsequently, claimant began to work at The Harbors in August 2002.

6. A few weeks after the claimant started to work at The Arbors, she was assigned to the west wing, an assignment that was frequently repeated because claimant was often the only licensed nurse's aid on her shift.

7. Claimant worried that her work duties in the west wing were taking a toll on her back. These work duties included bending and lifting. Claimant saw Dr. Fraser in both September 2002 and February 2003, expressing concern about the work- related strain on her back. Dr. Fraser provided claimant with a medical request, asking the defendant not to assign the claimant to the west wing due to the claimant's back problems.

8. After receiving Dr. Fraser's February 2003 letter, Nancy Schaedel, claimant's supervisor and Linda Morris, nurse coordinator, assured claimant that they would hire a licensed nurse aid for the west wing within a month, at which time claimant would only be assigned to work in the east wing. However, defendant continued to assign the claimant to work in the west wing up until the date of her injury.

9. While claimant was attending to patients during her workshift on March 10-11, 2003 between 11pm- 7am, she felt an excruciating pain that radiated over her entire back and down her leg and in her buttocks. Claimant's co-worker recommended that she report the injury to their supervisor. However, claimant did not report the injury on that day and continued her shift until 7am.

10. Immediately following the end of her shift, claimant returned home, took a dilaudid, a narcotic pain medication she had for a previous problem, and slept. She awoke in the early afternoon feeling severe pain, and was unable to put weight on her right leg. She called her acupuncturist and made an appointment for that same afternoon. Claimant's grandson, Shawn Paquette, helped take the claimant to the office of acupuncturist Bonnie Povolny. When Shawn Paquette arrived at his grandmother's house after her call for a ride, he noticed that her keys were still in the door, although she had been there for several hours sleeping.

11. Ms Povolony was impressed by claimant's apparent discomfort, her difficulty walking and difficulty dressing and undressing. Ms. Povolny's notes only indicate left leg pain, however, in her experience, it is not uncommon for a client to report right-sided pain at one time and left sided pain at another. On March 12, claimant continued to feel significant pain. She called the defendant, who advised her to go to The Arbors to obtain paperwork necessary to obtain medical treatment. Her grandson drove her to the Arbors. There she met with Sara Thompson and Nancy Schaedel. Sara Thompson provided her with a note authorizing claimant's medical treatment at Champlain Valley Urgent Care (CVUC). Claimant's grandson drove claimant directly to CVUC.

12. Kathleen Campbell, Physicians Assistant at CVUC, evaluated claimant on March 12. She noted that claimant reported left sided pain, had bilateral tenderness of her lower back and reacted to touch on both sides of her back. The claimant reported pain in her left leg, though she did not report any pain in her right leg. PA Campbell remembers claimant explaining that she was "lifting a patient on the floor on a mattress" when the pain occurred.

13. Because claimant's pain persisted, Dr. Fraser sent claimant to be seen at the Fletcher Allen Health Care emergency department on March 13, 2003. Dr. Misselbeck's notes indicate that she experienced right sided, sciatic pain for three days. The note concentrated on the complaint of low back pain that began when claimant was bending and kneeling to help a patient. She reported "a lot of up and down motion at work."

14. Claimant returned to CVUC and was evaluated again by Kathleen Campbell. She noted that claimant's persistent symptoms, including right lower extremity were indicative of something other then a back sprain, and ordered a CT scan. The CT scan, performed by Dr. Candace Ortiz, indicated a central and slightly right-sided disc protrusion at L5-S1 with nerve impingement on the right nerve root. Dr. Fitzgerald of CVUC referred claimant to Dr. Paul Penar, a neurologist.

15. Claimant continued to feel significant pain that gradually diminished within the next two months. During this time, claimant required help with her daily chores.

16. Defendant terminated the claimant by letter, dated June 8, 2003.

17. Dr. Penar examined claimant on three different occasions. On the third occasion, June 25 2003, he approved her return to work conditioned on the following restrictions: lifting limited to 20 pounds, sitting to one hour, working at heights kneeling and reaching away from her body to lift restricted. Claimant presented this note to Nancy Thompson. Ms. Thompson, in consultation with the defendant, refused to re-hire the claimant, based on the restrictions placed by Dr. Penar.

18. Defendant denied claimant's claim of a work injury on May 29, 2003 due to "prior problems" and that a herniated disc "would be related to a more traumatic event."

19. Claimant remained unemployed for approximately two years until she obtained employment as a substitute tutor at the Mallets Bay School during the spring of 2005. Claimant notes that she is able to cope with the job because none of her work responsibilities conflict with Dr. Penar's restrictions.

20. Dr. Candace Fraser, claimant's primary health care physician, opined within a reasonable degree of medical certainty that claimant's disc herniation clearly occurred on the March 11 job related incident. Dr Fraser based her conclusion on two factors: first, that claimant had no history of right-sided pain and/ or radiculopathy reported or observed prior to that day, and second, claimant sought increased treatment of her back pain in a short amount of time after the March 11 incident at her work. Dr. Fraser also explained that even though the claimant indicated pain in the left leg and not the right after the March 11, 2003 incident, such a symptom was not inconsistent with her right-sided herniated disc. This is because the herniated disc caused acute inflammation with diffuse pain before the pain settled and became more specific on her right side. Dr. Fraser did not examine the claimant for the four months after the injury. Dr. Fraser also admitted that she has never had a patient who had a right-sided herniated disc with initial left sided leg pain.

21. Dr. Johansson reviewed the claimant's records and opined that the claimant most likely herniated her disc at home after the March 11 2003 incident. He concluded this because the locus and intensity of her pain shifted from her left side to her right side in between the time of the claimant initial treatment and her visit to the FAHC ER on March 13. Dr. Johansson noted that there is some question as to the causal connection "which makes it hard to be medically certain that work is the cause of her current back condition which is diagnosed as a herniated disc."

22. Although Dr. Johansson reviewed the claimant's medical records, he did not conduct a physical evaluation of the claimant.

23. Claimant requests that she be found permanently and totally disabled and be awarded benefits for a minimum of 330 weeks. 21 V.S.A. § 644. Claimant also requests temporary total disability (TTD) benefits between March 11, 2003 and Spring 2005, and that an impairment rating be ordered in relation to her claim for permanent partial disability payments. Claimant also requests an award of litigation costs and attorney's fees on an hourly basis pursuant to Rule 10.1210. Claimant submitted evidence that her attorney spent 127.3 attorney hours on this case and incurred $615.96 in costs.

CONCLUSIONS OF LAW

1. The issues arising out of this claim are: 1) whether Ms. Ratta-Roberts's work duties caused or aggravated her back injury. If so, 2) whether claimant is permanently and totally disabled; 3) the date she reached medical end result; and 4) if claimant is not permanently and totally disabled, the extent of her permanent partial impairment.

2. In worker's compensation cases, the claimant has the burden of establishing all facts essential to the rights asserted. *Goodwin v. Fairbanks, Morse Co*., 123 Vt. 161 (1962). The claimant 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)

3. 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 inference from the facts proven must be the more probable hypothesis. *Burton v. Holden & Martin Lumber Co.*, 112 Vt. 17 (1941). Where the causal connection between an accident and an injury is obscure, and a layperson would have no well grounded opinion as to causation, expert medical testimony is necessary. *Lapan v. Berno's Inc*., 137 Vt. 393 (1979).

Causal Connection

4. Claimant argues that her back injury occurred due to bending and lifting in the west wing at the defendant's assisted care facility. Specifically, she claims that the injury occurred while she attended to one of the patients, a large woman whom she had to lift from her bed.

5. Defendant argues that claimant's injury did not occur at work, but occurred sometime after the March 11 incident and prior to claimant's March 13 visit to the ER. Specifically, the defendant highlights inconsistencies of the symptoms reported by the patient subsequent to March 11, 2003, as well as inconsistencies as to what specifically happened on March 11 that brought about an increase in the claimant's back pain. Furthermore, claimant argues that a person in such pain would not have been able to work five hours more and then go home to rest.

6. In this case, expert medical testimony is required in order to establish a causal connection between the claimant's back injuries and her work routine. Claimant relies on the testimony of her primary care physician, Dr. Fraser, to establish a causal connection. The defendant relies on the testimony of Dr. Johansson. The two doctors disagree on the cause of claimant's disc herniation.

7. When evaluating the amount of weight to be given to expert testimony in worker's compensation decisions, the following factors are used: 1) the length of time the physician has provided care to the claimant; 2) the physician's qualifications, including the degree of professional training and experience; 3) the objective support for the opinion; and 4) the comprehensiveness of the respective examinations, including whether the expert had all relevant records. *Miller v. Cornwall Orchards,* Op. No. WC 20-97 (1997)*; Gardner v. Grand Union Op*. No. 24-97WC (1997)*; Yee v. International Business Machines,* Opinion No. 38-00WC (2000).

8. Dr. Fraser, claimant's primary care physician, has been treating the claimant since 1999, although she was not treating the defendant in the months subsequent to March 11 2003. She also had claimant's medical records to review, dating back 11 years, as well as treating the claimant's back problems prior to the date of the alleged injury at The Arbors. Dr. Johansson, defendant's medical expert, did not physically evaluate the claimant. The parties dispute the reason as to why he did not have this opportunity. Nevertheless, because Dr. Fraser has an established treating relationship with the claimant, her opinion should be granted more weight.

9. With the facts underlying this claim and the weight accorded to the treating physician's opinion, the probable cause of the injury was the claimant's work related responsibilities.

10. Despite minor inconsistencies, the most probable cause of claimant's disc herniation is her work routine. Claimant's work in the west wing involved extensive bending and lifting that exceeded her restrictions. For many months prior to the March 11 incident she complained about the strain of the work on her back and consulted with Dr. Fraser twice, who wrote a note to her employers asking that she be reassigned to less physically demanding work. The pain she felt after work required narcotic pain medication. Her grandson and acupuncturist corroborated her testimony about sever pain. When the grandson arrived at her home to take her to an appointment later that day, he saw that she had left the keys in her lock when she had returned home from work, demonstrating the amount of pain she must have felt, as well as noting the discomfort he observed in the claimant.

11. Furthermore, the claimant sought treatment almost immediately after the March 11 incident, that afternoon, after she awakened. This is clearly distinguishable from *Odrechowski*, where the claimant complained of work related back pain almost one month after an incident at work, and during that time had performed acts inconsistent with someone experiencing a high level of back pain. See, *Odrechowski v. Myotte Tree Service*, Opinion No. 5-05WC (2005). The claimant in this case did the exact opposite, by going to sleep following her shift, and immediately seeking treatment after waking up in a state of incredible pain. Thus, with all these facts in mind, it seems highly unlikely some significant trauma to her back occurred within a short period of time after March 11, 2003.

12. The defendant further argues that the symptoms which claimant reported in the days following the March 11 incident (left leg pain) are inconsistent with a right sided disc herniation, and therefore some other incident in the 3 days subsequent to the work incident caused the injury. However, Dr. Fraser noted that such pain is not inconsistent with a right- sided herniation. Such an injury caused an inflammation with diffuse pain before the pain settled and became more specific on her right side. Because of the weight granted to Dr. Fraser's opinion, this is the most probable cause of the symptoms.

Permanent Total Disability

13. A claimant is entitled to permanent total disability if her work related injury falls within an enumerated list of injuries under §644(a), or, when considering experience, training, education and mental capacity, §644(b), she has no reasonable prospect of finding regular employment. § 645(a). Despite a causal connection between the injury and work, this claimant's injury does not entitle her to permanent total disability benefits. She has not proven that she is disabled for gainful employment and that she is not able to "uninterruptedly do even light work due to physical limitations." See *Gravel v. Cabot Creamery,* Op. No. 15-90WC (1990) *at* 14, (citing *Butler's Dairy v. Honeycutt*, 452 So.2d. 120, 122 (Fla. App.1984)). Claimant recently began working a fulltime, paid position at a school. This demonstrates that the claimant's impairments are not at a level that precludes her from finding any regular employment and that there exists a reasonable possibility for her return to fulltime employment, even if such employment differs from her previous work. Therefore she has not met her burden of proof with regards to a claim for permanent total disability benefits.

14. Not even a review of the factors under §604(b) would entitle the claimant to permanent total benefits. In a case applying these factors, *Curchaine v. Dubois Construction*, the claimant was 62 years old and had previous job experience that involved heavy-duty physical labor. However, he held other types of jobs, and had other training, which provided him other options for work and a capability of being retrained. See, *Curchaine v. Dubois Construction*, Op No. 38-03WC (2003). Claimant argues that Dr. Penar has imposed life long restrictions, and because of this Dr. Fraser believes that there is no reasonable prospect for the claimant to return to her lifelong career as a professional nurse aid. Yet such evidence only indicates that it is unlikely the claimant can return to her former job as nurse's aid, and does not demonstrate that she cannot find any other type of regular employment. Indeed, her fulltime, paid work at the school demonstrates that it is more likely that claimant can find suitable work within her physical restrictions. Therefore, like the claimant in *Curchaine*, Ms. Ratta-Roberts has not shown that she is permanently and totally disabled under any standard.

Medical End Result

15. The next issue is the extent of claimant's temporary total disability, specifically when an end medical result occurred. Medical end result is the point at which a person has reached a substantial plateau in the medical recovery process, such that significant further improvement is not expected regardless of treatment. WC Rule 2.1200. The fact that some treatment such as drug or physical therapy continues to be necessary does not preclude a finding of medical end result if the underlying condition causing the disability has become stable and if further treatment will not improve that condition. *Coburn v. Frank Dodge & Sons*, 165 Vt. 529 (1996). "[A] claimant may reach medical end result, relieving the employer of temporary disability benefits, but still require medical care associated with the injury for which the employer retains responsibility. *Zenonos v. Town of Hardwick,* Opinion No. 56-04WC (2004) (quoting *Pacher v. Fairdale Farms* 166 Vt. 626, 629 (1997); *Coburn,* 165 Vt. at 532.)

16. Claimant argues that she should receive TTD benefits up until early Spring 2005, when she obtained fulltime employment. Claimant argues that after Dr. Penar released her to work, defendant refused to rehire here due to the work restrictions on the claimant. Furthermore, claimant maintains that she could not work at all up until spring 2005, due to her work related injuries.

17. The defendant does not deny that claimant was out of work for 15 weeks subsequent to the date of her injury, though it denies that she should receive any benefits past June 25, 2003. The defendant argues that the claimant's medical condition reached a "plateau" in June 2003 when Dr. Penar approved her return to work with restrictions, and that her condition has not changed substantially since then. The defendant further argues that claimant has not made a good faith effort in looking for work until Spring 2005.

18. The evidence supports the defense contention that claimant's temporary total disability terminated in June 2003. Despite the fact that no physician declared a medical end result, in June 2003 Dr. Penar allowed the claimant to return to work with restrictions, and claimant herself even noted that she has not felt any significant improvement in her condition. Although the defendant refused to rehire her based on the restrictions, this alone did not preclude her from seeking out other work within Dr. Penar's restrictions.

19. It is the claimant who has the burden of proving her "good-faith effort to secure suitable, available employment." *Taylor v. Hanger,* Op. No. 7-93WC (1993). Although claimant states that she has "struggled to stay active and employable" this is in conflict with statements made to her primary health care provider that she was retired and the fact that she continues on claiming to be totally disabled since her work injury, despite obtaining work in the spring of 2005. Her testimony was not convincing enough to stand alone, and required substantiating evidence. *Renaud v. Price Chooper,* Op No. 22R-98WC (1998) at 10. Thus, it is more probable that the claimant failed to make a good faith effort to look for work.

Permanent Partial Disability

20. The next issue to decide concerns claimant's entitlement to permanent partial disability benefits under 21 V.S.A §648. Any determination of the existence and degree of permanent partial impairment shall be made only in accordance with the whole person determinations as set forth in the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment. 21 V.S.A §648(b). The parties are in dispute as to the facts surrounding the absence of an independent medical examination (IME) of Ms. Ratta-Roberts. Notwithstanding this dispute, an IME of the claimant shall be performed in order to determine the claimant's permanent impairment rating.

Attorney Fees And Costs

21. Having prevailed on some of her claims, the claimant is entitled to a mandatory award of necessary costs and a discretionary award of reasonable attorney fees. An itemized statement of attorney hours and work performed must be submitted before a request will be considered. WC Rule 10. Although the claimant has submitted an affidavit of a fee agreement, number of hours worked and costs of litigation, a required itemized statement of the hours worked and costs has yet to be received. Claimant is given 30 days to file the supporting documentation for the request for fees and costs.

ORDER:

Therefore, based on the foregoing findings of fact and conclusions of law, defendant is ORDERED to:

1. Pay her claim for temporary total disability benefits from March 11, 2003 to June 25, 2003.
2. Adjust her claim for permanent partial disability
3. Pay for any reasonable medical expenses related to the work injury
4. Pay interest at the statutory rate computed from the dates of payments would have been paid had they not been denied until the date of payment. 21 V.S.A §664.

The award of attorney fees and costs is deferred.

Dated at Montpelier, Vermont this 26th day of July 2005.

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Patricia A. McDonald
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.

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