

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. F307908

DONNA EVANS, Employee	CLAIMANT
SMURFIT-STONE CONTAINER, Employer	RESPONDENT
CRAWFORD & COMPANY, Carrier	RESPONDENT

OPINION FILED APRIL 19, 2006

Hearing before ADMINISTRATIVE LAW JUDGE GREGORY K. STEWART in Springdale, Washington County, Arkansas.

Claimant represented by MARK FREEMAN, Attorney, Fayetteville, Arkansas.

Respondents represented by J. LESLIE EVITTS, III, Attorney, Fort Smith, Arkansas.

STATEMENT OF THE CASE

On March 15, 2006, the above captioned claim came on for a hearing at Springdale, Arkansas. A pre-hearing conference was conducted on November 9, 2006, and a pre-hearing order was filed on November 14, 2005. A copy of the pre-hearing order has been marked Commission's Exhibit #1 and made a part of the record without objection.

At the pre-hearing conference the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of the within claim.
2. The employee-employer relationship existed between the parties on July 18, 2003.
3. The claimant was earning sufficient wages to entitle her to compensation at the weekly rates of \$332.00 for total disability benefits and \$249.00 for permanent partial disability benefits.

At the pre-hearing conference the parties agreed to litigate the following issues:

1. Unpaid medical, including mileage and prescriptions, from Dr. Cooper prior to change of physician approval.

2. Temporary total disability benefits for a 32-week period.
3. Attorney fee.

At the time of the hearing the parties agreed that additional unpaid medical costs would include her reimbursement for out-of-pocket expenses incurred for a home health care aide; physical therapy from HealthSouth in 2004; and an emergency room visit to St. Mary's on June 25, 2005. Claimant also clarified her request for temporary total disability benefits to include the period of time from August 1, 2004 through March 10, 2005.

The parties agreed that the Commission entered an order allowing claimant to change physicians to Dr. Cooper on November 8, 2005. Apparently, respondent has accepted liability for Dr. Cooper's treatment subsequent to that date and has paid for additional medical treatment as well as some additional indemnity benefits. Claimant indicated that at this time she would reserve for consideration any issues arising from treatment (other than the home health aide) or disability subsequent to the Commission's change of physician order.

The claimant contends that she is entitled to payment for unpaid medical expenses associated with her compensable injury. These expenses include reimbursement for out-of-pocket expenses incurred from a home health care aide; physical therapy treatment from HealthSouth in 2004; an emergency room visit to St. Mary's on June 25, 2005; treatment from Dr. Maxwell; treatment from Dr. Trovillion; treatment from Dr. Cooper prior to the Commission's change of physician order; mileage; and prescriptions. Claimant also requests temporary total disability benefits beginning August 1, 2004 through March 10, 2005.

Respondent contends that it has paid all medical and indemnity benefits to which claimant is entitled. Claimant contends that claimant's authorized treatment physician was Dr. Pleimann and that any medical treatment from other treating physicians prior to the Commission's order allowing claimant to change physicians to Dr. Cooper is unauthorized.

Respondent contends that workers' compensation law does not provide for payment of a home health aide to assist in household and personal tasks.

From a review of the record as a whole, to include medical reports, documents, and other matters properly before the Commission, and having had an opportunity to hear the testimony of the witnesses and to observe their demeanor, the following findings of fact and conclusions of law are made in accordance with A.C.A. §11-9-704:

FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The stipulations agreed to by the parties at the pre-hearing conference conducted on November 9, 2005, and contained in a pre-hearing order filed November 14, 2005, are hereby accepted as fact.

2. Respondent is liable for payment of claimant's evaluation by Dr. Maxwell on August 20, 2004.

3. Respondent is liable for payment of claimant's evaluation by Dr. Trovillion and the physical therapy he ordered for claimant's right ankle at Health South.

4. The respondent is not liable for payment of any physical therapy from Health South associated with her lumbar spine, hip, or knee.

5. Respondent is liable for payment of claimant's evaluation at the emergency room at St. Mary's Hospital on June 25, 2005.

6. Respondent is liable for payment of Dr. Cooper's medical treatment prior to the Commission's change of physician order of November 8, 2005.

7. Respondent is liable for payment of all mileage for treatment associated with her compensable ankle injury. Respondent is entitled to a credit for all mileage benefits previously paid.

8. Claimant has failed to prove by a preponderance of the evidence that respondent is liable for payment of a home health aide.

9. Claimant has failed to prove by a preponderance of the evidence that she is entitled to temporary total disability benefits beginning August 1, 2004 and continuing through March 10, 2005.

FACTUAL BACKGROUND

The claimant is a 46-year-old woman who began working for the respondent on December 9, 2002. Claimant worked as a unitizer operator which required her to run a banding machine that straps merchandise to a pallet. The respondent has accepted as compensable an injury which occurred on July 18, 2003 when claimant fell out of a dock door and fractured her right heel.

After claimant's fall she was taken to the emergency room at St. Mary's where radiological testing revealed a fracture of the claimant's heel. Claimant was given a splint, crutches, and was taken off work. The next day claimant was sent by the respondent to Dr. Berestnev who concurred in the diagnosis of a heel fracture. Dr. Berestnev gave claimant a moon boot to wear, ordered a CT scan, and referred claimant to Dr. Pleimann, a foot specialist.

Claimant's initial evaluation with Dr. Pleimann occurred on July 22, 2003 at which time he recommended surgery to repair the claimant's fracture. Surgery was performed by Dr. Pleimann on July 30, 2003 and included the insertion of hardware into the claimant's right foot.

After claimant's surgery she was eventually released to return to light-duty work four hours per day and returned to work for the respondent in its office. Dr. Pleimann eventually increased claimant's hours to eight per day on November 12, 2003.

Dr. Pleimann's medical reports indicate that claimant continued to have pain in her foot after the surgery. On February 19, 2004, he indicated that claimant's pain could be the result of a hardware problem or just some joint pain and he advised claimant to limit

some of her activities.

On April 5, 2004 Dr. Pleimann ordered a lateral wedge arch support for claimant and his office note of May 17, 2004 indicates that claimant had recently picked up her orthotic and that her condition was slowly improving. In notes dated June 17, 2004 Dr. Pleimann indicated that claimant was having trouble wearing steel-toed shoes at work and that she was having persistent pain.

Claimant returned to Dr. Pleimann on July 29, 2004, at which time he noted claimant had persistent hindfoot pain. He indicated that he did not believe the claimant would be able to do a significant amount of work on her feet and as a result assigned claimant permanent restrictions to perform mainly sitting work which would not require her to be up more than 15 minutes per hour in comfortable shoes. He also indicated that claimant should not wear steel-toed shoes. He also stated that claimant should not work on uneven ground, heights, or a ladder and that she should not be required to climb three to four steps at a time. Dr. Pleimann stated that claimant was at maximum medical improvement and assigned a permanent physical impairment rating in an amount equal to 21% to her lower extremity. This rating was accepted and paid by the respondent.

After her release by Dr. Pleimann, claimant sought medical treatment from Dr. Maxwell in Edmond, Oklahoma on August 20, 2004. Dr. Maxwell believed that the claimant's continued pain might be the result of hardware. He recommended that claimant's plate be removed and stated that claimant should discuss this with her orthopaedist. As a result, claimant returned to Dr. Pleimann who in a report dated August 23, 2004 indicated that he did not believe that removing claimant's plate would guarantee any improvement. Dr. Pleimann's report indicates that while he was not willing to remove claimant's hardware, he did support claimant's decision to pursue removal by another physician. Following this visit with Dr. Pleimann claimant sought medical treatment from Dr. Trovillion, foot specialist. Dr. Trovillion in his report of September 27, 2004 indicated

that it was his opinion that removal of the plate would not necessarily improve the claimant's condition. Instead, he recommended extensive physical therapy focusing on increasing range of motion, muscle strength, and decreasing scar tissue. Claimant subsequently went to HealthSouth for physical therapy. The notes from HealthSouth indicate that claimant was receiving treatment for both her right ankle and for her lumbar spine. With respect to claimant's right ankle, claimant apparently had good results and Dr. Pleimann's medical report of April 21, 2005 indicates that "Her pain is essentially gone. All of her motion returned and she was able to do most activities." Dr. Pleimann indicated that claimant was again questioning whether hardware removal would help her condition. Dr. Pleimann indicated that he still did not think removing the claimant's hardware would make any difference in symptoms and indicated that he had nothing else to offer claimant.

On June 25, 2005, claimant went to the emergency room at St. Mary's Hospital complaining of right ankle pain. At that time she was referred to Dr. Cooper. Claimant was initially evaluated by Dr. Cooper on July 15, 2005, and he ordered more physical therapy since it had helped claimant's condition in the past. Dr. Cooper also ordered the claimant an air cast stirrup. After claimant had begun receiving treatment from Dr. Cooper she filed for and received a change of physician order dated November 8, 2005.

When claimant continued to have problems with her right foot Dr. Cooper performed surgery to remove the hardware on January 5, 2006. In conjunction with claimant's surgery he also prescribed a home health aide to help claimant.

The respondent accepted as compensable the injury to claimant's right ankle and paid for some medical treatment including the surgery and treatment of Dr. Pleimann. Respondent also paid some temporary total disability benefits and permanent partial disability benefits based upon the 21% impairment rating assigned by Dr. Pleimann. Respondent has not paid for medical treatment or medical expenses associated with the recommendations of Dr. Maxwell, Dr. Trovillion, or Dr. Cooper prior to the change of

physician order of November 8, 2005. Respondent has also not paid for physical therapy from HealthSouth nor the emergency room visit from St. Mary's on June 25, 2005. In addition to this unpaid medical, claimant has filed this claim requesting payment of mileage, a home health aide, and temporary total disability benefits beginning August 1, 2004 and continuing through March 10, 2005.

ADJUDICATION

UNPAID MEDICAL TREATMENT.

The claimant requests payment for various unpaid medical expenses including Drs. Maxwell, Trovillion, and Dr. Cooper prior to November 8, 2005, St. Mary's Hospital, and HealthSouth. The respondent contends that it is not liable for payment of this unpaid medical treatment because Dr. Pleimann was claimant's authorized treating physician and treatment by these other medical providers was unauthorized.

After reviewing the evidence impartially, without giving the benefit of the doubt to either party, I find that the change of physician rules were not applicable; therefore, respondent cannot contend that the medical treatment was unauthorized.

After notification of a work-related injury the employer or workers' compensation carrier must provide to the injured employee notice (Form AR-N) which explains a claimant's rights and responsibilities regarding a change of physician. A.C.A. §11-9-514(c)(1). This is a prerequisite to the application of the change of physician rules. If this notice is not furnished to the employee, the change of physician rules do not apply and the employer may be responsible for expenses that are incurred even though the claimant failed to follow the proper procedure for changing physicians. A.C.A. §11-9-514(c)(2). The Commission has previously discussed this issue and indicated that the burden of proving that notice was provided to the claimant is on the respondent. In *Blount v. Sunmark Employment Services*, Full Commission Opinion filed August 26, 1996

(E412878), the Commission stated:

This Commission has previously found that respondents bear the burden of proving that the required notice was furnished if they contend that they are not liable for medical expenses because the treatment was not properly authorized under the change of physician rules. [Citations omitted.]

Likewise, in *Le v. Simmons Foods*, Full Commission Opinion filed January 28, 2003

(E815277), the Commission stated:

We point out for the benefit of the Administrative Law Judge that the respondents are correct that, as a general rule, treatment or services furnished or prescribed by unauthorized expenses shall be at the claimant's expense. See, Ark. Code Ann. §11-9-514(C)(3)(Repl. 2002). However, we also point out that the change of physician rules do not apply absent proof that the claimant received a copy of the change of physician rules from the respondent either in person or by certified or registered mail. Ark. Code Ann. §11-9-514(C)(1) and (2). See, also, Stephenson v. Tyson Foods, Inc., 70 Ark. App. 265, 19 S.W. 3d 36 (2000).

Thus, in order for the change of physician rules to apply, the respondent has the burden of proving by a preponderance of the evidence that it provided claimant with a copy of the change of physician rules as required by A.C.A. §11-9-514(c). In this particular case, there was no documentary evidence or testimony presented indicating that respondent provided notice of the change of physician rules to the claimant. Absent sufficient evidence proving that claimant received a copy of the change of physician rules in person or by certified or registered mail, the change of physician rules are not applicable.

While claimant did acknowledge at the hearing that Dr. Pleimann was her authorized treating physician, the fact that he was the only physician recognized as authorized does not mean that claimant was provided with a copy of the notice as required by statute. As the Court of Appeals ruled in *Stephenson v. Tyson Foods, Inc.*, 70 Ark. App. 265, 19 S.W. 3d 36 (2000), even a verbal notification is not sufficient. The notice must be in written

form. There was no evidence presented that the required written notice was given.

Even though the change of physician rules may not be applicable, claimant still has the burden of proving by a preponderance of the evidence that any medical treatment was reasonable and necessary and causally related to her compensable injury.

A. DR. MAXWELL.

I find that claimant has met her burden of proving by a preponderance of the evidence that the evaluation by Dr. Maxwell on August 20, 2004 was reasonable and necessary and causally related to her compensable injury. At the time claimant sought medical treatment from Dr. Maxwell, she had been released by Dr. Pleimann, the treating physician authorized by the respondent. However, claimant continued to have symptoms of right foot pain which even Dr. Pleimann acknowledged at the time he released claimant on July 29, 2004. Dr. Maxwell recommended that claimant's plate be removed and that she undergo rehabilitation. While the plate was not removed at that time, claimant did subsequently undergo the plate removal by Dr. Cooper in January 2006.

Based upon this evidence, I find that the evaluation by Dr. Maxwell was reasonable and necessary and causally related to claimant's compensable injury. Therefore, respondent is liable for payment of that evaluation.

B. DR. TROVILLION.

I also find that claimant has met her burden of proving by a preponderance of the evidence that Dr. Trovillion's evaluation and the physical therapy ordered by him on claimant's right ankle is reasonable and necessary and causally related to her compensable injury.

As previously noted, claimant was evaluated by Dr. Maxwell on August 20, 2004, at which time he recommended that claimant's plate be removed and he indicated that she should discuss this with her orthopaedist. Claimant returned to Dr. Pleimann and conveyed Dr. Maxwell's recommendation. Dr. Pleimann indicated that he did not believe

removal of the plate would improve claimant's symptoms, but he indicated he would support claimant's decision to pursue that removal from another medical provider. As a result, claimant sought medical treatment from Dr. Trovillion on September 27, 2004. Dr. Trovillion agreed with Dr. Pleimann that removal of the hardware might not improve claimant's condition. However, Dr. Trovillion did recommend extensive physical therapy of the claimant's right ankle. Claimant eventually underwent physical therapy for her right ankle at HealthSouth and the medical records indicate that claimant's condition improved considerably.

Based upon this evidence, I find that claimant has met her burden of proving by a preponderance of the evidence that the medical evaluation provided by Dr. Trovillion and the physical therapy ordered by him at HealthSouth for her right ankle is reasonable and necessary and causally related to her compensable injury. Therefore, respondent is liable for payment of said medical treatment.

C. HEALTHSOUTH.

While I have found that the physical therapy claimant received from HealthSouth for her right ankle is reasonable and necessary and causally related to her compensable injury, I do not find that the physical therapy claimant received from HealthSouth for any other part of her body including her lumbar spine, hip, or knee is reasonable and necessary or causally related to her compensable right ankle injury.

A review of the records from HealthSouth indicates that at the same time claimant was receiving therapy for her right ankle on referral of Dr. Trovillion, she was also receiving physical therapy for a lumbar sprain/strain on referral of Dr. Tomlinson. The physical therapy notes indicate that claimant gave a history of her crutches irritating her back and claimant testified at the hearing that it was her contention that her low back and knee problems were the result of an altered gait resulting from her ankle injury. However, I find insufficient credible evidence supporting this contention. While claimant was apparently

referred for physical therapy of her lumbar spine by Dr. Tomlinson, none of Dr. Tomlinson's medical records other than the prescription itself are contained in the documentary evidence. Furthermore, I note that none of the treating physicians who have evaluated the claimant for her right ankle injury have noted back or knee complaints nor have they opined that there is any causal connection between any back complaints and claimant's right ankle injury.

Accordingly, I find that claimant has failed to prove by a preponderance of the evidence that any physical therapy from HealthSouth for her lumbar spine, hip, or knee is reasonable and necessary or causally related to her compensable right ankle injury. Therefore, respondent is not liable for payment of said benefits.

D. ST. MARY'S EMERGENCY ROOM, JUNE 25, 2005.

After claimant had undergone the extensive physical therapy, she returned to Dr. Pleimann on April 21, 2005. Dr. Pleimann's notes of that date indicate that he again informed her that he did not believe removal of her hardware would improve her symptoms. He also indicated that he had nothing else to offer the claimant. On June 25, 2005 claimant went to the emergency room at St. Mary's Hospital complaining of right ankle pain at which time she was referred to Dr. Cooper. I find that this medical treatment was reasonable and necessary and causally related to her compensable injury. At the time claimant sought medical treatment from St. Mary's her authorized treating physician, Dr. Pleimann, had previously indicated that he had nothing else to offer the claimant. Claimant continued to have complaints of pain and eventually came under the care of Dr. Cooper who performed surgery in January 2006.

Based upon the foregoing evidence, I find that claimant has met her burden of proving by a preponderance of the evidence that the emergency room visit to St. Mary's on June 25, 2005 was reasonable and necessary and causally related to her compensable injury. This includes medications prescribed by the emergency room.

E. DR. COOPER'S TREATMENT PRIOR TO NOVEMBER 8, 2005.

_____ I also find that claimant has met her burden of proving by a preponderance of the evidence that Dr. Cooper's medical treatment prior to the change of physician order entered by the Commission on November 8, 2005 is reasonable and necessary and causally related to her compensable injury. Claimant was referred to Dr. Cooper by the emergency room and she was initially evaluated by him on July 15, 2005. Dr. Cooper's medical report of that date indicates that he informed claimant that her days of having a normal foot were over, but that it was his belief that claimant's condition could become more comfortable. As a result, Dr. Cooper ordered more physical therapy since it had been beneficial in the past. Dr. Cooper also ordered an air cast stirrup for the claimant. Following the change of physician order, claimant continued to be evaluated by Dr. Cooper and he eventually performed surgery to remove claimant's hardware on January 5, 2006.

I find that Dr. Cooper's treatment prior to November 8, 2005 was reasonable and necessary and causally related to her compensable right ankle injury.

F. MILEAGE.

Claimant contends that respondent has not paid all mileage due for medical treatment. I find that respondent is liable for payment of all unpaid mileage associated with treatment of claimant's compensable injury. This includes mileage associated with the unpaid medical benefits awarded in this opinion.

G. HOME HEALTH AIDE.

The only medical treatment subsequent to the Commission's change of physician order of November 8, 2005, which claimant is seeking at this time is payment of the cost associated with a home health aide prescribed by Dr. Cooper. Page 109 of Joint Exhibit Number 1 contains a handwritten note from Dr. Cooper dated January 18, 2006 indicating that the claimant requested a home health aide to help her with "cooking, cleaning, et cetera." Dr. Cooper indicated that he believed this request was reasonable. In a letter

dated February 20, 2006 Dr. Cooper reiterated that claimant requested the home health aide to help with cooking, cleaning, et cetera, and he agreed that this was reasonable.

While an employer is required to provide all reasonable and necessary medical expenses including nursing services, the Arkansas Courts have held that employers are not liable for payment of services which are essentially custodial in nature. *Little Rock Convention and Visitors Bureau v. Park*, 60 Ark. App. 82, 959 S.W. 2d 415 (1997); *Pine Bluff Parks and Recreation v. Porter*, 6 Ark. App. 154, 639 S.W. 2d 363 (1982).

The distinction between “custodial services” and “nursing services” was discussed by the Full Commission in *Leach v. WBC Construction*, Full Commission Opinion filed July 13, 1995 (E304749):

However, there is a distinction between “custodial services” and “nursing services.” Nursing services include such things as helping administer medication to an individual or helping with physical therapy or home exercises. Custodial services generally are services which include assistance with household and personal tasks which a claimant may be able to perform, such as cooking.

In this particular case, claimant has failed to prove by a preponderance of the evidence that the home health aide provided “nursing services” as opposed to “custodial services.” In fact, Dr. Cooper’s handwritten note and his letter of February 20 both mention custodial services of cooking and cleaning. There is insufficient credible evidence that the home health aide provided any nursing services for the claimant.

Accordingly, I find that claimant has failed to meet her burden of proving by a preponderance of the evidence that she is entitled to payment for the expenses of a home health aide following her surgery.

TEMPORARY TOTAL DISABILITY BENEFITS.

Claimant requests temporary total disability benefits for the period of time beginning August 1, 2004 and continuing through March 10, 2005. The injury to claimant’s right

ankle is a scheduled injury. An employee who suffers a scheduled injury is entitled to receive temporary total disability benefits or temporary partial disability benefits during their healing period or until they return to work, whichever occurs first, regardless of whether there is a total incapacity to earn wages. *Wheeler Construction Company v. Armstrong*, 73 Ark. App. 146, 41 S.W. 3d 822 (2001).

After reviewing the evidence, I find that claimant has failed to meet her burden of proving by a preponderance of the evidence that she is entitled to the requested temporary total disability benefits. First, claimant's treating physician, Dr. Pleimann, had stated that as of January 29, 2004 the claimant had reached maximum medical improvement. He also assigned the claimant permanent restrictions regarding her return to work.

A significant amount of the testimony at the hearing involved claimant's attempt to return to work for the respondent. According to testimony from Carol Frederick, the former human resource manager for the respondent, the respondent has a policy that any employees who are in the production area must wear steel-toed shoes. This includes office employees who go out into the production area. Because Dr. Pleimann had placed a limitation on claimant's wearing of steel-toed shoes, the respondent was not able to return claimant to her production job. The claimant disagreed that steel-toed shoes were always required and in fact filed an EEOC claim against the respondent. A settlement between the claimant and respondent eventually resulted in her voluntary resignation on March 10, 2005. Coincidentally, this was the date through which claimant requests temporary total disability benefits.

In addition to the fact that Dr. Pleimann had opined that claimant had reached maximum medical improvement, I also find it extremely significant that it was claimant's belief that she could have worked as of August 1, 2004. In fact, her belief that she could work was the basis for her EEOC claim with the respondent.

In short, I find that claimant has failed to prove by a preponderance of the evidence

that she is entitled to temporary total disability benefits beginning August 1, 2004 and continuing through March 10, 2005. First, claimant was released by Dr. Pleimann on July 29, 2004 as having reached maximum medical improvement. Second, the evidence does indicate that claimant would have returned to work for the respondent but for the policy regarding steel-toed shoes. Nevertheless, it was claimant's belief that she could have worked for the respondent at that time. Given this evidence, I find that claimant has failed to meet her burden of proving by a preponderance of the evidence that she is entitled to the requested temporary total disability benefits.

ATTORNEY FEE.

Because claimant's compensable injury occurred after July 1, 2001, the claimant's attorney fee is governed by the amendments made by the Arkansas General Assembly in 2001. Pursuant to A.C.A. §11-9-715(a)(1)(B)(ii), attorney fees are awarded "only on the amount of compensation for indemnity benefits controverted and awarded." Here, no indemnity benefits were controverted and awarded; therefore, no attorney fee has been awarded. Instead, claimant's attorney is free to voluntarily contract with the medical providers pursuant to A.C.A. §11-9-715(a)(4).

AWARD

Claimant has met her burden of proving by a preponderance of the evidence that respondent is liable for unpaid medical treatment including evaluations from Drs. Maxwell, Trovillion, St. Mary's ER on June 25, 2005, and Dr. Cooper prior to November 8, 2005. Respondent is also liable for payment of physical therapy associated with claimant's right ankle injury provided by HealthSouth. Respondent is also liable for payment of all unpaid mileage associated with claimant's medical treatment. Respondent is not liable for physical therapy provided by HealthSouth for claimant's lumbar spine, hip, or knee. Respondent is also not liable for payment of expenses of a home health aide. Finally,

claimant has failed to prove by a preponderance of the evidence that she is entitled to temporary total disability benefits for the period August 1, 2004 through March 10, 2005.

Because claimant's compensable injury occurred after July 1, 2001, the claimant's attorney fee is governed by the amendments made by the Arkansas General Assembly in 2001. Pursuant to A.C.A. §11-9-715(a)(1)(B)(ii), attorney fees are awarded "only on the amount of compensation for indemnity benefits controverted and awarded." Here, no indemnity benefits were controverted and awarded; therefore, no attorney fee has been awarded. Instead, claimant's attorney is free to voluntarily contract with the medical providers pursuant to A.C.A. §11-9-715(a)(4).

IT IS SO ORDERED.

GREGORY K. STEWART
ADMINISTRATIVE LAW JUDGE