

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. F602589

ROBERTA GIBSON	CLAIMANT
WAL-MART ASSOCIATES, INC.	RESPONDENT
CLAIMS MANAGEMENT, INC. INSURANCE CARRIER	RESPONDENT

OPINION FILED SEPTEMBER 25, 2007

Hearing before ADMINISTRATIVE LAW JUDGE ELIZABETH DANIELSON in Springdale, Washington County, Arkansas.

Claimant represented by EVELYN BROOKS, Attorney, Fayetteville, Arkansas.

Respondents represented by DALE BROWN, Attorney, Fayetteville, Arkansas.

STATEMENT OF THE CASE

A hearing was held on August 28, 2007, in Springdale, Arkansas.

A pre-hearing conference was held in this claim, and as a result a pre-hearing order was entered in the claim on March 1, 2007. This pre-hearing order set forth the stipulations offered by the parties, the issues to litigate and the contentions thereto.

The following stipulations were submitted by the parties and are hereby accepted:

1. The Arkansas workers' Compensation Commission has jurisdiction of this claim.

2. On November 15, 2005, the relationship of employee-employer-carrier existed between the parties.

3. The claimant sustained a compensable injury to her left thumb on November 15, 2005.

4. The claimant is entitled to a weekly compensation rate of \$363.00 for temporary total disability.

By agreement of the parties the issues to litigate are limited to the following:

1. Compensability of the claimant's right thumb and back injuries.

2. Related medical.

3. Temporary total disability from July 24, 2006, to March 1, 2007.

4. The respondents contend that they had no notice of a right thumb injury until March 15, 2006.

5. Attorney's fees.

The claimant reserves all other issues.

In regard to the foregoing issues the claimant contends that she was injured on November 15, 2005. Her left and right thumbs, right hip, and waist were injured when she went to sit down in her chair, it had been moved by someone. The claimant contends that in the alternative that the injury to her right thumb occurred when she was put on one handed duty following the surgery on her left thumb.

In regard to the foregoing issues the respondents contend that the claimant did not sustain a compensable injury to her back or right thumb on November 15, 2005, and therefore is not entitled to any benefits relating to her back and right thumb. The respondents further contend that the claimant did not give notice to the respondents of any injury to her right thumb until March 15, 2006.

The documentary evidence submitted in this matter consists of the Commission's pre-hearing order marked Commission's Exhibit No. 1. The claimant submitted documentary evidence marked Claimant's Exhibit No. 1 and Claimant's Exhibit No. 2. The respondents submitted documentation marked Respondents' Exhibit No. 1, Respondents' Exhibit No. 2, Respondents' Exhibit No. 3, and Respondents' Exhibit No. 4. All these exhibits were admitted without objection.

DISCUSSION

The claimant testified that she was sixty-three years old and began working for the respondent on October 25, 1999. The claimant testified that on November 15, 2005, she was working in the imaging department. The claimant testified that this job involved removing staples, taping tears, bar coding all the medical reports and witness statements as well as other reports for the various files for workers' compensation or liability. The claimant testified that on November 15, 2005, she had been attending a meeting and had gotten up out of her chair at the end of the meeting. The claimant testified that someone said something to her and she began to sit down but the lady beside her pulled her chair back and when the lady saw her starting to sit down she pushed the chair forward under her, the chair hit her, she fell forward and hit the table and then landed on the floor. The claimant testified that the chair hit her in the low back just below the waist area primarily on her right side. The claimant testified that the chair had a metal front with a little foam padding for the seat. The claimant

testified that the part of the chair that hit her was the metal front part. The claimant testified that initially she fell forward and then onto the ground landing on her back and hip which began hurting immediately. The claimant testified that she landed on her bottom and immediately got up and sat down in the chair. The claimant testified that when she fell forward onto the table she mainly hit with her thumbs first and then her hand. The claimant testified that after she sat down in the chair her lower right back and hip were throbbing with kind of a muscle spasming type pain. The claimant testified that her left thumb hurt pretty bad but she was unaware at that time that she had hurt her right thumb noting that it was just kind of tender.

The claimant testified that the meeting she was attending was also attended by her supervisor who observed the accident. The claimant testified that paperwork was not filled out that day because she wanted to wait a day or two to see if her problems would resolve. The claimant testified that she did contact her supervisor a few days later and the respondents sent her to the doctor after she filed her complaint. The claimant testified that she was sent to the Occupational Health Clinic in Lowell and was seen by a nurse practitioner, Max Beasley. The claimant opined that her visit to the Lowell clinic was approximately two weeks after her accident. The claimant testified that Mr. Beasley checked her back and hip, did some various things, moved her in different directions, and took x-rays of her back and hip. The claimant testified that the second time she was seen at the Lowell

clinic Mr. Beasley gave her a splint for her left hand. The claimant testified that for her next scheduled appointment she was called and told that it had been cancelled by the respondents.

The claimant testified that she then began being seen by her family doctor, Dr. Emerson. The claimant testified that Dr. Emerson referred her to Dr. Tang for her left thumb. The claimant testified that prior to her fall at work she had never been treated for her low back or seen a specialist for her back nor has she been treated by a chiropractor for her back or hip. The claimant testified that she had perfect attendance at work up until her fall. The claimant testified that during the period of time she was being seen by Dr. Tang her back and hip continued to be very very sore and she had a hard time walking. The claimant testified she could not sit or stand for very long and she was on pain medication that left her memory unfocused. The claimant testified that she continued to work up until March when Dr. Tang did left thumb surgery. The claimant testified that she went back to work approximately two weeks after her surgery on one handed duty for a period of six weeks. The claimant testified that when she returned to work on one handed duty she returned to the same job she had been doing before her fall. The claimant testified that she had to use just her right hand. The claimant testified that she continued to remove staples, repair tears on the papers that where to go through the scanner and she would bar code the documents as to whether they were medical or legal bills. The claimant testified that she would have to do these duties holding the papers with her

arm. The claimant testified that after she would scan the documents, she would put bar codes on which she had typed on the computer which printed out a sticky strip which she would put on the back side of the paper. The claimant testified that she worked eight hours a day and during this eight-hour period she would use her right-hand 95 percent of the time.

The claimant testified that during this period of time Dr. Emerson was treating her for her back pain giving her medication and muscle relaxers to help stop the muscle spasms and to control the pain between her back and hip. The claimant testified that Dr. Emerson had her undergo an MRI and then referred her to Dr. Luke Knox who referred her to physical therapy. The claimant testified that the physical therapy helped with her radiating pain which came down her right leg to about her knee. The claimant testified that then Dr. Knox referred her to Dr. Wright, a chiropractor. The claimant testified that she saw Dr. Wright approximately six or seven times and that this helped with her symptoms in that it stopped the radiating pain down her leg.

The claimant testified that she never did get back to regular duty because her right thumb began to lock and Dr. Tang operated on her right thumb. The claimant was asked if her right thumb had been locking at all prior to this one handed duty and the claimant responded, "No." The claimant testified that she reported her right thumb problems to her supervisor as well as to the adjuster a couple of weeks after this problem began. The claimant testified that between the time of her fall and the time she went on to one

handed duty her right thumb was tender but it was not locking and she could use it. The claimant testified that Dr. Tang did surgery on her right thumb and after surgery she did not return to work because the doctor had ordered tests on her back and she took, a leave of absence due to her back and hip. The claimant testified that Dr. Tang kept her off work for a period of six or seven weeks after her right thumb surgery. The claimant testified that because the respondent had determined that her right thumb problems were not work related she had to be 100 percent before she could return to work. The claimant testified that she has been unable to return to work because she cannot sit for very long or stand for very long and the medication which has been prescribed causes her to have mental confusion. The claimant testified that this memory problem interferes with the type of work she is doing and it was just causing too much of a mess. The claimant testified that she has continued to be seen by Dr. Emerson for her back and hip and she has been off on medical leave.

On cross examination, the claimant testified that she has applied for social security but has initially been denied and has filed an appeal. The claimant testified that years earlier she broke her tail bone which required that she sit on a donut for approximately three weeks. The claimant testified that she has continued to have pain in her tail bone since her children's birth. The claimant testified that her two children are now forty-five and forty-one years old. The claimant testified that the hip and low back pain which she had before 2004 was different than the pain she

is currently experiencing. The claimant testified that over time she has sought treatment from Dr. Emerson for her hip and low back pain prior to December 2004 but it was a twinge compared to what her pain is currently. The claimant agreed that Dr. Emerson has prescribed Darvocet and Flexoril for her shoulder. The claimant testified that at the time she filled out workers' compensation paperwork for her left thumb her right thumb was not bothering her that bad and the pain in her left thumb was overriding everything else. The claimant agreed that the respondent accepted her left thumb injury and paid for the surgery performed by Dr. Tang. The claimant agreed that it was after she was placed on one handed duty that her right thumb pain got real bad and started locking. The claimant testified that at the time she filled out her AR-C on October 31, 2006, she was not sure if her pain was in her hip or in her back. When asked the claimant agreed that she has undergone carpal tunnel surgery as well as surgery on her right leg for an entrapped nerve. The claimant testified that this entrapped nerve was down around her ankle area. The claimant testified that this nerve entrapment surgery was about 1984. The claimant agreed that in 1979 she underwent medical treatment for her neck due to a motor vehicle accident. The claimant testified that when she filed for social security disability she was placed on early retirement because of her age.

On redirect examination, the claimant testified that she is receiving disability benefits from Prudential and that she has paid out of her pocket for her Hartford long term disability benefits.

The claimant testified that she has received these benefits for the last three to four months and she needs to fill out additional paperwork so that it can be evaluated to see if these benefits will continue. The claimant testified when asked if she recalled a time when she had back pain related to hormone replacement therapy. The claimant testified that they had taken her off her hormones and she started having leg cramps and pain in her joints and muscles until her system adjusted to no hormones. The claimant agreed that during this period of time she had pain in her back from that therapy. The claimant also agreed that she has had treatments for her upper back but has not been treated for her low back prior to her work related fall. The claimant testified that since her fall she has constant pain and muscle spasms. The claimant described her pain as being like someone taking hold of her and pinching her real hard and never letting go. The claimant testified that when she was seen by Nurse Beasley he put down a history of what body parts were bothering her. The claimant testified that Nurse Beasley had her back x-rayed. The claimant testified that when she had her tail bone break this problem was at the very bottom of her spine and her current problems are higher up. The claimant again testified that after her left thumb surgery she had to use her right hand more often.

On recross examination, the claimant testified that she over taxed her right thumb and hand after her left thumb surgery. The claimant agreed that this overuse was due to her work for the respondent. The claimant was shown a medical report from Dr.

Emerson dated December 30, 2004. The claimant testified that she does not recall going to see Dr. Emerson for left foot pain unless it was when they had to take her toenail off. The claimant testified that she does not recall going to see Dr. Emerson for low back pain and lateral hip pain but that if it is in Dr. Emerson's notes it must be true.

The medical records set forth that the claimant was seen at the Arkansas Occupational Health Clinic on December 7, 2005, for complaints of left thumb, right hip, and low back problems. The claimant reports that these injuries occurred on November 15, 2005, while attending a meeting conducted by the respondent. X-rays of the claimant's lumbar spine, right hip, and left hand indicate that there were no fractures or dislocations although there was noted an osteophyte on the distal head of the proximal phalanx of the left thumb. Nurse Max Beasley writes that since the claimant's fall at work she has been having pain in her right hip, low back, and left thumb. After examination, the claimant was assessed with having pain in the right hip lumbar spine and left thumb for which the claimant was given a left thumb splint, range of motion exercises for her lumbar spine and right hip and it was recommended that she take Aleve twice a day for discomfort. Nurse Beasley also recommended that the claimant avoid prolonged sitting and should be allowed to change positions as needed as well as to wear her thumb splint. The claimant returned to see Nurse Beasley on December 14, 2005, and the nurse reports that the claimant reports that she has not had any hip pain although she is experiencing a burning

sensation along the lumbar spine. The claimant reports that she has developed a triggering in her thumb. On examination, Nurse Beasley notes that the claimant does have triggering present at the IP joint, no spasm is noted in her lumbar spine. Nurse Beasley referred the claimant to an orthopedic surgeon for her thumb problems with the recommendation that she avoid prolonged static positions and to continue her exercises. Dr. Peter Tang writes on December 21, 2005, that he has seen the claimant for her left thumb pain and triggering. After examination and review of the claimant's x-ray of her left thumb Dr. Tang diagnosed the claimant with having left trigger thumb and offered her a cortisone injection. Dr. Tang recommended that the claimant see him again in one month at which time she might need a second injection and if no better she may need to consider surgery. Dr. Tang also recommended that the claimant limit repetitive motion of her left thumb. On January 16, 2006, Dr. Tang writes that the claimant reports that the cortisone shot helped some but she is still experiencing triggering. After examination, Dr. Tang administered a second cortisone shot to the claimant with the understanding that if she does not improve surgery needs to be considered. Dr. Tang released the claimant to work with the same restrictions. When the claimant was seen by Dr. Tang on February 9, 2006, it was determined that surgery would be needed to correct her left thumb problems. There is a medical report from Dr. Emerson which appears to be dated February 13, 2006, where it is noted that the claimant was seen for complaints of neck and upper arm pain. This report does, however,

set forth that after examination the claimant was assessed with numerous diagnoses to include cervical neck pain, low back pain, radiculitis into her leg as well as into her arm, and other non work related medical problems. On March 3, 2006, Dr. Tang performed a left trigger thumb release. On March 3, 2006, following the claimant's surgery the claimant was taken off work until her stitches were removed and it was estimated that she would be able to return to work by March 15, 2006. Dr. Tang saw the claimant on March 14, 2006, where she reports that she has been doing well since her surgery but that about a week ago she started having pain in her right thumb and that the night before she noticed a little clicking. After examination of both the claimant's right and left thumb she was diagnosed with left trigger thumb release and right thumb trigger. Dr. Tang removed the claimant's stitches and a bandage was applied. Dr. Tang recommended that the claimant try Aleve for any discomfort and that she can return to work on one handed duty starting on March 20, 2006. On March 29, 2006, Dr. Tang released the claimant to normal duty but at a slower pace. At this same visit Dr. Tang examined the claimant's right trigger thumb noting that her problems started three weeks earlier and that it does not click but is causing her discomfort. Dr. Tang administered an injection into the claimant's right thumb which she tolerated well. On April 20, 2006, as to the claimant's left thumb, Dr. Tang released the claimant to return to normal duties at work noting that she has reached maximum medical

improvement and has a 0 percent impairment rating for her left thumb.

The claimant was seen by Dr. Emerson on May 12, 2006, for her continued chronic pain. The claimant reports that she has had some bad hip pain due to her accident at work so she has been seeing a chiropractor for this problem. After examination, the claimant was assessed with having thoracic and hip pain for which medications were prescribed. On July 18, 2006, Dr. Tang writes that the claimant persists with right trigger thumb problem, noting that she had an injection on March 29, 2006, that helped for a couple of weeks. The doctor notes that the claimant reports pain, locking, and triggering. X-rays taken of the claimant's right thumb were normal with the exception of some small dorsal spurs at the IP joint. After examination, and review of the claimant's x-rays she was assessed with having right trigger thumb. Dr. Tang writes that since the claimant required surgery on her left hand after conservative treatment failed the claimant was anxious to proceed with surgery on her right thumb. Dr. Tang operated on the claimant's right thumb performing a right trigger thumb release on July 24, 2006. The claimant was seen by Dr. Emerson on August 2, 2006, following her right trigger thumb release. The claimant reports bad pain in her hip due to her accident at work. After examination, the claimant was diagnosed with hypothyroidism, cervical neck and low back pain with radiculitis into her legs and arms. Medications were prescribed and an MRI was scheduled since conservative treatment had not decreased the claimant's discomfort.

Dr. Emerson writes that they need to determine if there is any pathology of the soft tissue of the back like a disc that could be leading to the claimant's pain. The doctor writes that she is suspicious that this is related to her work injury since she had never complained of radiation pain of the back before. The claimant was seen by Dr. Tang for follow up of her right trigger thumb surgery where it is noted that the stitches were removed and bandages applied. Dr. Tang signed a certificate of release for return to work dated August 3, 2006, setting forth that she was released from work until September 5, 2006, noting that this was a leave of absence extension. On August 24, 2006, Dr. Tang writes that he has seen the claimant for follow up on her right trigger thumb release. Dr. Tang writes that the claimant will return to work on September 5, 2006. The claimant was seen by Dr. Emerson on August 25, 2006, for follow up complaints on her hip and right lower back. Dr. Emerson notes that the claimant underwent an MRI of the lumbar spine that showed a stress fracture of the L5 pedicle and the bone scan shows an abnormal radiotracer activity at the right L5 pedicle that is consistent with stress fracture. After examination, the claimant was assessed with low back pain with radiculitis as well as a fracture of the L5 pedicle. Dr. Emerson writes that she is sure that this is related to her work injury. Medications were recommended and a referral was made to Dr. Cannon for the claimant's back. Dr. Emerson writes on October 3, 2006, that the claimant is still having lower back pain. After examination, Dr. Emerson assesses the claimant with having low back

pain and radiculitis into her legs, anxiety syndrome, and neck pain. Dr. Emerson expresses interest in what Dr. Cannon's treatment for the claimant will produce and the doctor expressed concern about the claimant's focus and concentration with taking her pain medications. The claimant was seen by Dr. Emerson on November 6, 2006, for her continued problems with low back and leg pain. Dr. Emerson notes that Dr. Cannon has given the claimant's a TENS unit which helps when it is on but her condition seems to be worse once the unit is off. After examination, Dr. Emerson referred the claimant to Dr. Knox.

The claimant was seen at Dr. Knox's office by his nurse practitioner, Tana White, on November 20, 2006, for her complaints of back and right leg pain. Upon examination it is noted that the claimant has marked spasms of the right para lumbar spine and has a notable list to the left. Ms. White reviewed the claimant's spine plain films as well as her MRI and notes that it reveals six lumbar vertebrae with acute degenerative disc derangement at L5-1, multiple levels of lumbar spondylolisthesis and spondyloarthropathy with facet atrophy. These tests also reveal that the claimant has evidence of spondylolisthesis at L6-S1 and L5-6. The claimant was administered an injection, referred to physical therapy and a follow up appointment was made. The claimant began physical therapy on November 29, 2006, and was treated extensively throughout December and into January ending on January 15, 2007. Dr. Luke Knox writes to Dr. Emerson on January 17, 2007, concerning the claimant's persistent back and right leg discomfort. Dr. Knox

notes that the claimant was found to have significant disc space changes noted at L4-5 (previously defined as L5-L6 although he suspects that there is a rudimentary rib that he would define as T12: therefore defining her level of abnormality at the L4-5 level). Dr. Knox writes that he would opine that the claimant has a non movable lumbar sacral junction that had probably stressed the level above which has resulted in her persistent pain extending into her right leg and he feels that this is coming from the L4-5 level. Dr. Knox notes that there is no evidence of overt compressive pathology but there are surgical options open for her which would necessitate an L4-5 fusion. Since the claimant was not open to surgery at this time, Dr. Knox recommended that she have more aggressive chiropractic treatment by Dr. Rice. On March 22, 2007, Dr. Knox writes to Dr. Emerson that since the claimant's last clinic visit her leg pain has completely resolved with chiropractic measures although she still has significant lumbago. Dr. Knox recommended that the claimant not consider surgical options at this time but continued to give her problem more time. Dr. Knox recommended that the claimant taper off her pain medications over the next couple of months if possible.

There is a return to work slip dated August 25, 2006, signed by Dr. Kimberly Emerson noting that the claimant has been under her care from November 15, 2005, to present and is able to return to work in twelve weeks. Dr. Emerson diagnosed the claimant with having low back pain with radiating leg pain due to a fracture at the L5 pedicle. Dr. Emerson notes that the claimant is undergoing

active medical treatment for her back and right hip pain and that she may not do any work of any kind noting that she cannot sit over thirty minutes, cannot stand for over thirty minutes, no repetitive twisting, stooping, or bending, and no lifting over ten pounds. Dr. Emerson further notes that the claimant's pain medication makes her unable to focus, store new memory, or access old memory.

After a complete review of the evidence and testimony, I find that the claimant has proven by a preponderance of the evidence that she sustained a compensable low back injury when she fell while working for the respondent on November 15, 2005. I further find that the claimant has proven by a preponderance of the evidence that she sustained an overuse injury to her right thumb during the period of time that she was restricted to one handed duty and continued her regular duties for the respondent which involved hand intensive work. The claimant has complained of low back pain since the date of her fall and when first seen at the Lowell Clinic by Nurse Beasley her low back was x-rayed and range of motion exercises were recommended as well as for the claimant to avoid prolonged sitting and she should be allowed to change positions as needed. On follow up in mid December the claimant is noted to be complaining of a burning sensation in her lumbar spine and Nurse Beasley again recommended that she avoid prolonged static positions and to continue exercises. During this period of time the main focus was on the claimant's left thumb problems and Nurse Beasley referred the claimant to Dr. Tang for further treatment of her thumb. At this point the claimant's primary treating physician

was Dr. Tang and his focus was definitely on her left thumb only. When the claimant was seen by Dr. Emerson in February 2006, after examination, the claimant was diagnosed with a multitude of problems one being pain in her low back and radiating pain into her leg. Again the focus in the medical information seems to turn toward the claimant's left thumb and on March 3, 2006, Dr. Tang performed a left trigger thumb release on the claimant. Prior to the claimant's left thumb surgery she was restricted as to the use of her left thumb and shortly after her surgery when she was restricted to using just her right hand only. The claimant reports that she began experiencing clicking and some locking of her right thumb. When the claimant was released to return to work it was with one handed duty only and the claimant was required to perform her work for the respondent using her right hand only. The claimant was diagnosed with having right trigger thumb problems for which Dr. Tang eventually did surgery on July 24, 2006. The medical records have set forth that all the time the claimant was being treated for her thumb problems she was also being seen by Dr. Emerson with her continued complaints of hip and low back discomfort which she associated with her fall on November 15, 2005. An MRI was eventually undergone which revealed a stress fracture at the claimant's L5 pedicle and a bone scan showed abnormal activity at the right L5 pedicle that was consistent with stress fracture. Dr. Emerson writes that she is sure that the claimant's low back problems are related to her work injury. Eventually the claimant was referred to Dr. Knox and his nurse practitioner notes that the

claimant fell and suffered an axle loading compression fracture of her lumbar spine approximately one year earlier. Upon examination, the nurse practitioner notes that the claimant has marked spasms of the right para lumbar spine and that the claimant's MRI reveals acute degenerative disc derangement of the claimant's lumbar spine and multi levels of lumbar spondylolisthesis and spondyloarthropathy with facet arthropathy. This MRI also revealed evidence of spondylolisthesis in the lumbar spine. I find, therefore, that the claimant's need for medical treatment for her low back problems are directly related to her work fall which resulted in a compression fracture as well as exacerbated her pre-existing degenerative problems. I also find that the claimant's right thumb problems are directly related to her overuse due to her compensable left thumb injury. The description of the claimant's work reveals hand intensive activity and the claimant was required to do this work one handed due to the claimant's limitations with her left hand. These problems of course accelerated following the claimant's left thumb surgery and return to work with one handed work only. I further find that the claimant has proven by a preponderance of the evidence that she is entitled to temporary total disability from the date of her right thumb surgery on July 24, 2006, and should remain off work until December 25, 2006, as indicated by Dr. Emerson due to her back problems. On August 25, 2006, Dr. Emerson indicates that the claimant would be unable to return to work for a four-month period of time from the date of her note.

FINDINGS & CONCLUSIONS

1. The Arkansas workers' Compensation Commission has jurisdiction of this claim.

2. On November 15, 2005, the relationship of employee-employer-carrier existed between the parties.

3. The claimant sustained a compensable injury to her left thumb on November 15, 2005.

4. The claimant is entitled to a weekly compensation rate of \$363.00 for temporary total disability.

5. The claimant has proven by a preponderance of the evidence that she sustained a compensable back injury at the time of her fall on November 15, 2005, and that she has sustained a compensable right thumb injury due to overuse while working for the respondent. See discussion above.

6. The claimant is entitled to all necessary and reasonable medical care for the treatment of her back and right thumb.

7. The claimant is entitled to temporary total disability as a result of her compensable injuries from July 24, 2006, to December 25, 2006. See discussion above.

8. The respondents have controverted this claim in its entirety.

9. The claimant's attorney is entitled to maximum statutory attorney's fee based on the benefits awarded herein.

ORDER

The claimant has proven by a preponderance of the evidence that she sustained a compensable low back injury when she fell on

November 15, 2005, and that she sustained an overuse right thumb injury while working for the respondent.

The respondents should pay for all reasonable and necessary medical treatment for this claimant's low back as well as her right thumb injuries.

The claimant is entitled to temporary total disability from July 24, 2006, to December 25, 2006.

The respondents shall pay to the claimant's attorney the maximum statutory attorney's fee on the additional benefits awarded herein, with one half of said attorney's fee to be paid by the respondents in addition to such benefits and one half of said attorney's fee to be withheld by the respondents from such benefits.

All benefits herein awarded which have heretofore accrued are payable in a lump sum without discount.

This award shall bear the maximum legal rate of interest until paid.

IT IS SO ORDERED.

ELIZABETH DANIELSON
ADMINISTRATIVE LAW JUDGE