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BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS STATE OF WASHINGTON

IN RE: DAVID J. DEJONGE

DOCKET NO. 12 18304

CLAIM NO. AA-79960

PROPOSED DECISION AND ORDER

INDUSTRIAL APPEALS JUDGE:

APPEARANCES:

Claimant, David J. DeJonge, by Williams Wyckoff & Ostrander, PLLC, per Dane D. Ostrander

Department of Labor and Industries, by The Office of the Attorney General, per Scott A. Douglas, Assistant

The claimant, David J. DeJonge, filed an appeal with the Board of Industrial Insurance Appeals on July 13, 2012. The claimant appeals an order issued by the Department on June 21, 2012. In this order, the Department suspended the claimant's time-loss compensation benefits effective June 21, 2012, for his alleged failure to comply with his accountability agreement or plan interruption due to his own actions, as stated in RCW 51.32.099. The Department order is REVERSED and REMANDED.

PROCEDURAL AND EVIDENTIARY MATTERS

On September 11, 2012, the parties agreed to include the Jurisdictional History as amended in the Board's record. That history establishes the Board's jurisdiction in this appeal.

A hearing was held in this matter on March 18, 2013. The claimant presented the testimony of himself, and Vocational Rehabilitation Counselor Karin Larson. The Department presented the testimony of Raymond North, Vocational Expert.

The deposition of Daniel M. Brown, M.D., taken February 26, 2013, was published pursuant to WAC 263-12-117, and all objections and motions made therein are overruled and denied. Deposition Exhibit No. 1 is renumbered Exhibit No. 3 and admitted.

The deposition of Charles M. Regets, M.D., taken March 1, 2013, was published pursuant to WAC 263-12-117, and all objections and motions made therein are overruled and denied.

The deposition of Robert G. R. Lang, M.D., taken March 13, 2013, was published pursuant to WAC 263-12-117, and all objections and motions made therein are overruled and denied. Deposition Exhibit No. 4 is renumbered Exhibit No. 4 and admitted.

The deposition of George Harper, M.D., taken April 22, 2013, was published pursuant to WAC 263-12-117, and all objections and motions made therein are overruled and denied

ISSUE

Did the Department correctly suspended claimant's time-loss compensation benefits effective June 21, 2012, for failure to comply with the accountability agreement or plan interruption due to claimant's own actions as stated in RCW 51.32.099?

EVIDENCE PRESENTED

David J. DeJonge was born on March 8, 1978, and lives in Copalis, Washington. He attended school through the ninth grade, and has his GED. The claimant was deaf as a child, and had a childhood speech impediment. The claimant also suffers from Attention Deficit Disorder, as well as additional cognitive difficulties. Mr. DeJonge's work history has been exclusively limited to the construction industry.

On October 13, 2006, Mr. DeJonge fell 18 feet from a ladder. He sustained multiple injuries. He has undergone left shoulder surgery, multiple hernia repair surgeries, and a testicle removal surgery as the result of the fall. He also suffers from low back pain with radiculopathy and a neurogenic bladder (NGB) condition all causally related to the fall. The Department order dated June 8, 2012, accepted the claimant's bladder condition as proximately caused by his fall. The claimant's bladder condition and back required continued care throughout the spring, summer, and fall of 2012. Due to his bladder and back difficulties, in the spring and summer of 2012, the claimant was limited in his ability to sit, stand, and walk for long periods of time. He frequently needed to attempt to empty his bladder, and the challenges presented by these conditions were highly stressful.

"Vocational Expert" David North was contracted by the Department to create and administer a retraining plan for the claimant in late 2011. Mr. North is not a certified vocational rehabilitation counselor. Despite the claimant's inclination to the contrary, Mr. North created a plan towards his employment for him as a construction project manager, a position which required an aptitude well above the claimant's education, skills, and cognitive abilities. The claimant was threatened with cessation of his monetary benefits if he did not immediately comply with the plan, and he therefore signed off on the plan. At the time the claimant was required to agree to the plan, both his back condition and his bladder condition required additional treatment.

The claimant was enrolled in classes at an institution which was an approximate 45 minute drive, one way, from his home. The claimant's plan included a transfer to a second school two hours away from his home for the second part of the education plan. Both drives exceeded the

claimant's physical ability to travel at the time by car. The claimant's course load required substantial computer work, and immediately upon enrolling, the claimant requested that Mr. North procure a laptop for him, as is customary in such training programs, to complete his assignments from the comfort of his home. The request was denied. The claimant attempted repeatedly to contact Mr. North, and Mr. North attempted to contact and meet with the claimant. These attempts resulted largely in miscommunications and frustration for both men.

Mr. North enrolled the claimant in a schedule of classes, all of which were inappropriate for the claimant. Mr. North did not take the claimant's cognitive difficulties, low educational aptitude, back or bladder conditions into account when he established the claimant's education plan. The claimant's teachers concluded that he should have instead been enrolled in classes remedial to the levels he was taking, all of which were also taught at the college. Merely parking and physically attending classes required that the claimant to exceed his walking and sitting restrictions. The claimant attempted to receive assistance from Mr. North with his school related challenges, to no avail. The claimant then sought assistance from the school's Disability Coordination Office, and was provided with a disabled parking pass, and an ergonomic workstation and chair in some of his classes. It was not enough.

The claimant's challenges with the academic aspects of school were numerous. The claimant had no computer skills, could not keyboard, and could not save or print from his computer. Therefore, his assignments, when he was able to produce them, were not properly published to his teachers. The claimant was recommended by college advisors to drop his classes, so that he was not carrying failing grades on his transcript. The claimant followed this recommendation, and in late April 2012 stopped attending his classes, because they exceeded his physical and mental abilities.

Ms. Karin Larson is a certified vocational rehabilitation counselor, who met with the claimant, and reviewed his file at the claimant's counselor's request. Ms. Larson found Mr. North's plan to be wholly inappropriate for the claimant, based on his cognitive difficulties, Attention Deficit Hyperactivity Disorder, and physical conditions and limitations, due to both fixed and unfixed medical issues, all resulting from his fall at work. Ms. Larson opined that the claimant had good cause for not completing his educational plan. Ms. Larson also opined that even if the claimant had successfully completed the plan, the claimant would not have been employable in his labor market, due to his physical restrictions from work related injuries, and the specifics of his labor market.

Dr. Daniel M. Brown is an urologist, certified by his peers. Dr. Brown first saw the claimant on March 31, 2011. Thereafter he diagnosed the claimant with NGB, related to his work accident. Dr. Brown opined that the claimant's NGB related symptoms include: urinary frequency, nocturia, fatigue and difficulty concentrating, inability to empty his bladder, mental stress and anguish, and sleep deprivation. Dr. Brown next saw the claimant in July 2012, after the Department accepted the NGB condition on June 8, 2012. Dr. Brown opined with medical certainty that at the time Mr. DeJonge was attempting to attend classes pursuant to his educational plan, the claimant's NGB needed treatment and was unstable.

Dr. Charles Regets, psychologist, performed neurological tests on the claimant. Dr. Regets is also a certified vocational counselor. Dr. Regets opined that the claimant suffers from stress, anxiety and concentration difficulties as the result of his NGB. He opined further that the claimant suffers from moderate to severe cognitive challenges which made the training program unsuccessful at its onset. All of Dr. Regret's opinions were made with a reasonable degree of medical certainty.

Robert Lang, MD, is a neurologist, certified by his peers. He examined and treated the claimant for his lumbar condition, caused by his 18-foot fall at work. Dr. Lang has an active surgical practice. He diagnosed the claimant with L3-4 disc protrusion with radiculopathy, causally connected to his fall. On January 10, 2012, Dr. Lang placed significant restrictions on the claimant's ability to sit, stand, and carry weight. Dr. Lang's opinions were all made with reasonable medical certainty. The training program promoted by Mr. North exceeded the restrictions established by Dr. Lang. Mr. North did not take into account the claimant's lumbar condition in any way in creating his education plan.

Dr. George Harper is an orthopedic surgeon, who examined the claimant at the request of the Department on January 16, 2010. Despite all evidence supporting a contrary finding, Dr. Harper opined that the claimant's lumbar changes were 100 percent related to conditions other than, and unrelated to his 18-foot fall at work. Dr. Harper's opinion was internally and externally inconsistent, incredible, and unworthy of belief.

DISCUSSION

Suspension of Benefits due to Noncooperation

In a suspension of benefits case, the injured worker has the burden of proof. *In re Gail Hanson*, BIIA Dec., 04 14071 (2005). The Department's authority to suspend benefits is found in RCW 51.32.110, which provides in relevant part:

If the worker . . . does not cooperate in reasonable efforts at such [vocational] rehabilitation, the department . . . may suspend any further action on any claim of such worker so long as such refusal, obstruction, noncooperation, or practice continues and reduce, suspend, or deny any compensation for such period:

PROVIDED, That the department or the self-insurer shall not suspend any further action on any claim of a worker or reduce, suspend, or deny any compensation **if a worker** *has good cause* for refusing to submit to or to obstruct any examination, evaluation, treatment or practice requested by the department or required under this section.

RCW 51.32.110(2) (Emphasis added.)

Pursuant to its statutory authority, the Department adopted administrative rules for the suspension of benefits for noncooperation. WAC 296-14-410(2) defines noncooperation as:

[B]ehavior by the worker (or worker's representative) which obstructs and/or delays the department or self-insurer from reaching a timely resolution of the claim.

- 2(a) Noncooperation can include any one of the following:
 - (i) Not attending or cooperating with medical examinations or vocational evaluations requested by the department or self-insurer.
 - (ii) Failure to keep scheduled appointments or evaluations with attending physician or vocational counselor.
 - (iii) Engaging in unsanitary or harmful actions that jeopardize or slow recovery.
 - (iv) Not accepting medical and/or surgical treatment that is considered reasonably essential for recovery from the industrial injury or occupational disease.

(Emphasis added.)

In *In re John Galen*, BIIA Dec., 03 18491 (2004), the Board addressed the issue of whether the Department correctly suspended an injured worker's benefits for failure to quit smoking, making him ineligible for a recommended surgery. The Board began its analysis by reviewing the above definition of noncooperation found in WAC 296-14-410(2), "[n]oncooperation is, by definition, behavior that obstructs or delays the administration of the claim." The Board then expanded on the

definition in the rule, "[t]he behavior is deliberate and calculated to obstruct. Behavior that is not designed or intended to obstruct or delay is not noncooperation." *Galen* at 5.

The Board also reiterated that because of the extreme financial stress that an injured worker and his or her family can suffer when there is a suspension of benefits, "orders suspending benefits should not be issued without a careful review of the facts and without giving the worker an opportunity to address the alleged noncooperation." *Galen* at 4 (quoting *In re Johan Petry*, BIIA Dec., 92 0389 (1993). Ultimately, the Board determined in *Galen* that Mr. Galen's failure to end his addiction did not constitute noncooperation because he did not refuse treatment or deliberately fail to comply with the step he needed to take before he could undergo the proper surgery.

In Mr. DeJonge's case, there were a number of things that caused him to miss his classes beginning in April 2012. Mr. DeJonge needed to stop multiple times during his commute to school to attempt to urinate due to his NGB. He also needed to leave class multiple times for the same reason. Mr. DeJonge's back pain limited where he could park and comfortably walk to class, and also limited his sitting ability in class. Mr. DeJonge needed a laptop, but the Department refused to provide him with one. In addition, all of his classes exceeded his cognitive abilities and skills.

Under *In re Galen*, an injured worker's actions are not "noncooperative" unless the behavior is deliberate and calculated to obstruct. The record fails to show any deliberate or calculated effort on the claimant's part to fail at school. He complied with the plan to the best of his abilities. In addition, his wife continued to keep in contact with Mr. North by email, informing him that he needed a laptop and was having problems with his back and bladder.

Even if Mr. DeJonge was noncooperative, the Department order suspending benefits can be reversed if Mr. DeJonge proves there is "good cause" for his actions that the Department has determined are noncooperative. *In re Gail Hanson*, BIIA Dec., 04 14071 (2005); RCW 51.32.110(2). The Board has previously held that proof of good cause is case specific. *Hanson* at 3. For example, in *In re Joey A. Hancock*, Dckt. Nos. 09 24841 & 09 24842 (January 24, 2011), the Board held that Mr. Hancock had good cause for failure to cooperate with vocational services because of his major depression, which was proximately caused, in part, by his industrial injury, which prevented him from cooperating.

Similar to Mr. Hancock, the claimant suffered from continuing back and bladder issues requiring treatment. These conditions were not fixed and stable at the time of the plan, and Mr. North knew it. In conclusion, I find that Mr. DeJonge had good cause for failing to attend

classes during spring term 2012. Therefore, the Department order suspending his time-loss compensation benefits is reversed and remanded to the Department to pay time-loss compensation benefits.

In addition, as long as the rehabilitation order is in effect, and the worker is in compliance with the terms of the retraining agreement, time-loss compensation as authorized by RCW 51.32.095(3) is due. *In re Judith F. Evans*, Docket. Nos. 07 23750 & 07 25848 (March 5, 2009). As of June 21, 2012, Mr. DeJonge was entitled to time-loss compensation as a benefit of vocational rehabilitation services pursuant to RCW 51.32.095, therefore the Department is also ordered to pay Mr. DeJonge time-loss compensation benefits for the period at issue.

FINDINGS OF FACT

- 1. On September 11, 2012, an industrial appeals judge certified that the parties agreed to include the Jurisdictional History in the Board record, as amended, solely for jurisdictional purposes.
- 2. On October 13, 2006, David J. DeJonge was working for a construction company as a construction laborer, when he fell 18 feet from a ladder, sustaining multiple hernias, left shoulder injuries, testicular issues, low back pain with radiculopathy and neurogenic bladder condition, for which he had surgery.
- 3. On June 8, 2012, the Department accepted the claimant's neurogenic bladder (NGB) condition as part of Mr. DeJonge 's claim.
- 4. In 2011, the Department determined that Mr. DeJonge could not return to the workforce without retraining. As a result, the Department approved a vocational retraining plan for Mr. DeJonge with a goal of becoming a Construction Project Manager and obtaining a two-year Associate degree. Mr. DeJonge began the plan at the start of spring term 2012.
- 5. On or about April 2012, Mr. DeJonge was unable to attend classes as a result of his industrial injury due to his low back condition, NGB which had been temporarily aggravated, as well as preexisting cognitive challenges, and Attention Deficit Hyperactivity Disorder (ADHD).

CONCLUSIONS OF LAW

- 1. The Board of Industrial Insurance Appeals has jurisdiction over the parties and subject matter in this appeal.
- 2. David J. DeJonge had good cause within the meaning of RCW 51.32.110 for failing to continue with his vocational retraining plan.

3. The Department order dated June 21, 2012, is incorrect and is reversed. This matter is remanded to the Department with directions to reinstate Mr. DeJonge's time-loss compensation benefits effective June 21, 2012.

Dated: <u>JUN 2 6 2013</u>

BRENDAM BONO

Industrial Appeals Judge

Board of Industrial Insurance Appeals