2-17-2015

Chadwick v. Multi-State Electric, LLC Appellant's Brief Dckt. 42473

BEFORE THE SUPREME COURT OF THE STATE OF IDAHO

SCOTT M. CHADWICK, Claimant/Appellant, v. MULTI-STATE ELECTRIC, LLC, Employer, and IDAHO STATE INSURANCE FUND, Surety, Defendants/Respondents.	)	SUPREME COURT NO. 42473 IC 2012-021676 APPELLANT'S BRIEF

APPEAL FROM THE FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER OF THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

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STATEMENT OF THE CASE AND ISSUES ON APPEAL

Scott Chadwick appeals the final order of the Idaho Industrial Commission regarding his workers compensation claims. He asserts that the Referee/Commission erred in the following particulars:

1. In finding that Claimant's notifications of injuries to Defendant were untimely.
2. In failing to order Defendants to provide requested discovery to Claimant.
3. In failing to correctly read a medical document resulting in a presumption of facts that were erroneous and by making findings based upon those erroneous facts.
4. In failing to separately consider medical treatment related to two separate injuries.
5. In making unauthorized and unsupported medical findings contrary to the unrefuted conclusions of medical practitioners.
6. By denying Complainant's request for a hearing before a full commission.

The Commission replicated and adopted the Referee's erroneous Findings of Fact and issued its own Findings of Fact and Order on May 20, 2014 denying Appellant's claim(s). A request for reconsideration submitted by Claimant was subsequently denied.

CASE HISTORY

On or about May 29, 2012 Claimant/Appellant sustained an injury to his back in the course and scope of his employment with Defendant. This injury episode may at times herein be referred to as the "truck incident." Claimant advised Defendant employer of this event within a few days if not hours of its occurrence in compliance with Defendant's "Company Policy"

regarding emergencies wherein it states to "Always notify the owner about even the slightest injury." (Exhibit B page 11).

Defendant offered treatment at his son's new chiropractic office, Pre-Hab Chiropractic, with the proviso that one-half the costs be deducted from Claimant's pay checks. This is Defendant engaging in "Balance Billing" as defined in Idaho Code section 72-102(2) as prohibited by Idaho Code section 72-432(6). Claimant believed that offer to be an unethical violation of Defendant's duty to provide reasonable medical treatment in accordance with Idaho Code Section 72-432(1). It also is evidence of character and conduct (IRE 608) of Defendant and his truthfulness. Claimant declined Defendant's offer and went to Kuna Chiropractic.

Claimant continued working and a second injurious event occurred on Thursday, July 26, 2012. At about that time Claimant had been working with both a scissor lift and a trencher. Claimant did not immediately realize that he had suffered a second injury. However, painful symptoms started occurring within hours after that event. Prior to the weekend of August 4, 2012 Claimant had repeatedly advised Defendant about his worsening back condition via text messages, telephone calls and direct conversation. Claimant continued to notify Defendant thereafter with varying frequency depending on the recurrence of symptoms. (Exhibit D pages 82-97)

As a result of his own investigation, near the end of September 2012 Claimant first confirmed a connection between his worsening back and leg pain and his working with a trencher on July 26, 2012. He, therefore, informed Surety of the trencher related incident and its connection to his latest symptoms. This second injury episode may hereinafter be referred to as

the "trencher incident." Defendant subsequently made a second offer of medical treatment to Claimant at Pre-Hab Chiropractic for the trencher incident, this time with the proviso that Defendant would pay expenses not paid by Surety. Claimant, however, returned to Kuna Chiropractic because of his prior history with that clinic. Claimant still believed there was impropriety on Defendant's part with regard to such referral if not an actual conflict of interest.

Claimant's pain increased in both frequency and severity. Dr. Rosenlund of Kuna Chiropractic referred Claimant to Primary Health Clinic. On September 6, 2012 Dr. Martinez, Director of Occupational Medicine at Primary Health, requested an MRI for Claimant. However, on September 14, 2012 Surety filed a "Change of Status" essentially closing their case and terminating their payment for further medical treatment, i.e., the MRI. (Exhibit D page 121, EI pages 201-202)

Defendant had knowledge of Claimant's injuries and had failed to file reports as required by 72-602(1), Idaho Code. This should have tolled Claimant's limitations and extended Surety's obligation to continue paying for his medical treatment per 72-604, Idaho Code. These actions by Defendant and Surety precluded Claimant from obtaining an MRI at the earliest possible date as requested by Dr. Martinez.

Claimant thereafter pursued treatment with other doctors and medical clinics including McKim's Chiropractic and Dr. Rick's Advantage Chiropractic. Claimant also later relented and felt compelled to seek treatment at Pre-Hab Chiropractic as well as with Defendant's massage therapist notwithstanding his ethical concerns.

On October 8, 2012 Dr. Rosenlund of Kuna Chiropractic referred Claimant to Intermountain Medical Imaging where an MRI was conducted that day at Claimant's expense. (Exhibit E pages 187-188) The results of that MRI were available on October 9, 2012. Claimant later received notice that his claim had been formally denied by Surety on October 16, 2012. Claimant kept a previously scheduled appointment with Dr. Martinez where the MRI was reviewed. Dr. Martinez referred Claimant to the Spine Institute. Because Surety had already denied Claimant's claim, the Spine Institute would not treat Claimant without him paying $300 at the time of service. Claimant thereafter continued seeking relief via prescribed pain medications at his own expense. (Exhibit E1 199)

On October 26, 2012 Claimant received a derogatory e-mail from Defendant (Exhibit D-1, pages 134 – 136). On November 6, 2012 Claimant sent a letter to Surety detailing the trencher incident (Exhibit D, pages 127 – 131) along with supporting documents (Exhibits D, pages 110 and 111).

Sometime thereafter, Claimant's prescription for pain medication ran out and Claimant sought treatment at other medical facilities for his ongoing severe back and leg pain. At that time he was unable to stand up for more than a few minutes at a time. (Exhibit EIII page 212)

Claimant was provided with an additional pain relief protocol at St. Luke's Occupation Health and Spine Wellness Center and was declared "off work" until further notice. He was also referred to St. Luke's Elks Rehab in Nampa for a detailed evaluation. The reports from St. Luke's Elks Rehab and other medical facilities that provided detailed information regarding

Claimant's condition were not remarked upon by the Referee. (Exhibit EIV pages 216, 219 and EV pages 220, 226)

Notwithstanding their receipt of the information contained in Claimant's letter of November 6, 2012, on December 27, 2012 Surety sent a letter to Claimant confirming their denial of his claim (See Exhibit D, page 133). Over a treatment period of 18 months Claimant was eventually able to wean himself off pain medications. However, the residual effects of the injuries have not ended and a final medial evaluation has never been conducted.

ARGUMENT

Issue A: Timely notification of injuries

Claimant continuously provided notice and updates on his condition to Defendant as stated above. In reporting his injuries to Defendant, Claimant did not necessarily use the word "accident" but did convey information regarding work related events that Claimant absolutely believed were causing him back pain. (Exhibit D pages 82-97)

Defendant later acknowledged having been informed of Claimant's back pains and or injuries without recalling the when, where or how he acquired such knowledge. Defendant's two offers of medical treatment at Pre-Hab Chiropractic immediately following notices by Claimant constituted tacit admissions by the Defendant that he had in fact been notified of and had knowledge of Claimant's injuries and their work-related nature. The Referee's Findings of Fact show on page 5 in paragraph 8 that Defendant claims to not have been notified of the May 2012 injury until September 2012. However, on page 6 in paragraph 15 the Findings of Fact show that

Defendant was aware of the May 2012 incident at least as early as August 16, 2012. Defendant's statements are inconsistent in the record.

The manner by which notice of injury must be given to an employer is not specified. Paulson v. Idaho Forest Industries, 99 Idaho 896, 591 P.2d 143 (1979). Mere "...notice to or knowledge of the occurrence of accident causing an injury....on the part of the employer shall be deemed notice or knowledge...." Idaho Code Section 72-307. A notice given under the provisions of section 72-701 or section 72-448, Idaho Code, shall not be held invalid or insufficient by reason of any inaccuracy in stating the time, place, nature or cause of the injury or disease, or otherwise, unless it is shown by the employer that he was in fact prejudiced thereby. Idaho Code section 72-704.

Claimant contacted Surety directly on August 24, 2012 because Defendant failed to take appropriate action of a workers compensation nature, i.e., make a First Report of Injury or initiate an investigation. Claimant told Defendant that he had contacted Surety directly. It was not until after being so informed that Defendant actually completed a First Report of Injury, (Exhibit D page 98). This delay by Defendant constituted a failure to comply with 10-day reporting requirement of Idaho Code section 72-602.

Defendant also prepared a letter dated August 27, 2012 (Exhibit 6) stating that Claimant's injury was not work related. For want of any investigative information that letter is nothing more than an unsubstantiated self-serving assertion. Defendant sent both the letter and the First Report of Injury to Surety a full 21 days after Claimant was unable to work, a failure to comply with the one-day reporting requirement of Idaho Code section 72-602.

The Defendant's First Report of Injury is devoid of any investigative information. Several of the boxes on the form were left blank. No investigation by Defendant is documented anywhere in the record, when where or how.

A claimant is not required to establish a specific time and place of injury. Hazen v. Gen. Store, 111 Idaho 972, 729 P.2d 1035 (1986). Rather, an accident need only be reasonably located as to the time when and the place where it occurred. Spivey v. Novartis Seed, Inc., 137 Idaho 29, 43 P.3d 788 (2002). Because Defendant neither investigated nor communicated with Claimant, Claimant believed that he needed to document the event himself. He was able to provide details pertaining to the trencher incident to Surety in a letter dated November 6, 2012 (Exhibit D, pages 127-131).

On pages 10 and 11 in paragraph 32 of her Findings of Fact the referee assumes the worst of Claimant because claimant is doing the work which was the duty of Defendant, i.e., conducting an investigation. She further accuses Claimant of attempting to fabricate injuries to justify his medical treatment, a specious allegation at best. The Referee's contorted view of the facts based on her misreading a medical document is exemplified in her comments on page 11 at the end of paragraph 33 in her Findings in asserting Claimant's injuries to a subsequent "reconstruction" of his activities.

Defendant was not prejudiced by the manner in which he was given notice by Claimant; however, Claimant has been grievously prejudiced by the reticence of Defendant to initiate any semblance of an investigation upon first being advised at work that Claimant was suffering pain as a result of work activities. Claimant's investigative efforts were not appreciated by the

Referee but conversely were discredited by her. The findings of the Referee and Commission that timely notice was not given with regard to both injuries should be reversed.

Issue B: Failure to order production of discovery

The Defendants failed to provide the Claimant with all the information and relevant evidence requested on numerous occasions by Claimant, including, but not limited to, recorded statements, communications, phone records, text messages and e-mails between Claimant and Defendant and also between Claimant and Surety not protected by the attorney/client privilege or the work product doctrine. Defendants failed to produce the requested records in a complete and timely manner prior to the hearing of this case.

Surety recorded three telephone calls wherein Claimant gave statements regarding his injuries. The first recording was made on August 30, 2012. The second recording was made in mid-September 2012. The third recording was taken on September 26, 2012 at the time of Claimant's interview with Surety's investigator. Claimant requested copies of those three statements on September 28, 2012 (See Exhibit D, page 113). Defendant declined that request on October 18, 2012 (Exhibit D, page 126).

Claimant later made the same request in his interrogatories to Defendant; however, Defendant invoked "privilege" in refusing to provide the recordings. Claimant asserts here that his own statements are not privileged to Defendant and that they do not constitute the "work product" of the Defendant and his counsel.

At the pre-trial hearing Claimant again requested that the recordings be produced. The Referee stated that that was not the appropriate time to address that issue. Referee's failure to address discovery at the pre-trial hearing is a violation of Rule 8, part A6, of the Judicial Rules of Practice and Procedure wherein it provides for the discussion of discovery issues at prehearings. The Defendant entered Claimant's third recorded statement as evidence at the hearing. Because Claimant was not provided with copies of all three recorded statements, he was precluded at the hearing from introducing at the hearing other recorded statements which ought in fairness to have been considered contemporaneously with the third recording as required by Rule 106, Idaho Rules of Evidence. As such, this matter should be reversed and/or remanded.

Issue C: Misread evidence and erroneous findings

The Referee misread the hand writing of Claimant on one of Claimant's medical intake forms. Based on her own mistake the Referee formed the erroneous opinion that Claimant had provided wrong information regarding the date of his second (trencher) injury. Also, based on this erroneous conclusion the Referee formed the opinion that Claimant "most likely intentionally omitted reporting the May 2012 injury to the claims investigator." Further, based on her erroneous conclusion the Referee found that it was "unlikely Claimant would have forgotten this information." The Referee misread a document, formed erroneous conclusions based on her own error, and made erroneous findings based thereon.

Here's what happened. Exhibits "I" and "J", Claimant's color coded calendars, clearly show the dates and history of medical treatment. The Referee did not compare the information

contained in those exhibits against her interpretation of Claimant's notes in Dr. McKim's "New Patient History" form. On page 6 in paragraph 14 of her Findings of Fact the Referee refers to Claimant stating that his symptoms restarted "4 weeks ago." Yet on page 9 in paragraph 24 she re-cites Claimant as having reported symptoms coming on gradually for "four weeks."

In both instances the Referee incorrectly quotes Claimant's note by putting the word "week" in the plural form "weeks." In fact, Dr. McKim Chiropractic's "New Patient History" questionnaire shows that Claimant answered that "pain started 'A' week ago." Claimant's printing on the medical questionnaire is in the singular "week" form and not in the plural "weeks" form. Further, Claimant's printing of the capital letter "A" was misread as a number "4" by the Referee. The Referee did not recognize the inconsistency between a plural number and a word written in the singular. She merely assumed that the word should have been in the plural because she believed that the letter "A" was the number "4." The Referee stated that the trencher incident could not have happened on July 26, 2012 because of her belief that it was "4" weeks ago instead of "A week ago.

The misreading of that document by the Referee created an error in the record and convoluted the evidence provided by the Claimant with regard to the date of his second injury and dates associated with medical treatment. Both the Referee and Commission relied upon this error in disputing Claimant's injury timeline. This mistake was also a major factor upon which the Referee relied in stating in paragraph 35 of her Findings that the Claimant's testimony "lacks credibility and is unpersuasive." Claimant attempted to file an appeal with the Commission

intending to bring this error to its attention; however, the Commission rejected his efforts in this regard.

When the Court reviews a decision from the Industrial Commission, it exercises free review over questions of law but reviews questions of fact only to determine whether substantial and competent evidence supports the Commission's findings. Ogden v. Thompson, 128 Idaho 87, 88, 910 P.2d 759, 760 (1996). The Commission's conclusions on the credibility and weight of evidence will not be disturbed unless the conclusions are clearly erroneous. Zapata v. J.R. Simplot Co., 132 Idaho 513, 515, 975 P.2d 1178, 1180 (1999).

This is exactly Claimant's point. The Referee's conclusions were clearly erroneous. When a conclusion on credibility or fact is based on erroneous information the conclusion itself is inherently substantially incompetent. The court may set aside an order that is not based on substantial competent evidence. Section 72-732(1), Idaho Code. As such, it must be reversed or remanded for reconsideration based on correct information.

Claimant recognizes that he has the burden of showing that his medical condition was related to work as all of the unrefuted medical records in evidence proclaim. However, the medical evidence was discredited by the Referee simply by her reliance on the inherently erroneous conclusions referred to above. The Commission adopted the Referee's erroneous conclusions. There are no medical records in evidence refuting the work related nature of Claimant's injuries. As such, the medical records must be deemed credible in there statements regarding the work related nature of Claimant's injuries. If the findings of the commission are

not supported by substantial and competent evidence they are not binding and conclusive and should be appealed for review. Dean v. Dravo Corp., 95 Idaho 558, 562, 511 P.2d 1334 (1973).

As stated above, the findings and conclusions of the Referee and Commission were based on erroneous information resulting from a misreading of a medical intake form. Several findings of the Referee were founded basically on this misreading which gave the Referee inaccurate information. Inaccurate information by its very nature is incompetent evidence and any ruling or finding based thereon should as a matter of law be reversed. The court may take notice of plain errors affecting substantial rights even though they may not have been brought to the attention of the Referee or Commission. Rule 103(d), Idaho Rules of Evidence.

Issue D: Failure to separately consider medical treatment of two separate injuries

In footnote #1 on page 3 of the Findings of Fact and Order, the Commission states "This case is an anomaly because it addresses two potential industrial accidents within a single case....Claimant's claims are treated herein no differently than if two separate cases had been consolidated." Even though the Commission discusses the May 29, 2012 (truck) incident and the July 26, 2012 (trencher) incident separately, the Commission failed to distinguish the medical treatment received for each of these two events. The Findings of Fact/Order fails to note the separation of treatment for the May 29th injury ending on June 26, 2012 and treatment for the Thursday, July 26th injury commencing on Monday, July 30, 2012. Claimant's back condition deteriorated during the four-day period between July 26th and July 30th.

The court can see on Exhibit J at page 5 that yellow highlighted treatment dates following the May 29th (truck) injury ended on June 26, 2012 and that there are no more treatment dates highlighted in yellow until Monday, July 30, 2012, that being four days after the July 26th (trencher) injury and 34 days after the last treatment solely related to the May 29th (truck) injury. Defendant wrote in his First Report of Injury that Claimant's injury occurred on the weekend of August 4, 2012. Exhibit J shows that there were three treatments prior to that weekend. As such, Defendant's statement as to the date of the trencher incident was incorrect, if not intentionally falsified so as to mislead Surety.

Again we have a situation where the Referee and Commission made findings based on erroneous information. We have, therefore, a second episode of erroneous information giving rise to incompetent evidence and inherently erroneous conclusions and findings. The failure of the Referee and Commission to recognize the separation of medical treatment regarding the two separate injuries is error and should be reversed and/or remanded. The Referee's previously discussed improperly founded opinion on Claimant's credibility may also have played a role in both their accepting Defendant's statement over that of the Claimant with regard to the separation of treatment for the two injuries.

Issue E: Wrongful medical findings

The Referee and Commission herein abused their discretion in making a finding that Claimant was less than forthcoming with information. The Referee is critical of Claimant for repeating certain factual history in the same manner on several occasions and is then again

critical of Claimant for failing to repeat certain factual history exactly the same way at other times. This is a double standard placed on Claimant by the Referee. It is unreasonable to think that every doctor report would elaborate on all the information provided to each doctor.

The Referee and Commission herein abused their discretion in finding that Claimant's injuries were not work related. Two medical reports prepared by the Surety's doctors submitted at the hearing in this matter show a nexus between Claimant's injuries and his work. One report stated that Claimant's injuries were "considered to be work related." The second medical report stated that the injuries were "reasonably medically work related." There were no medical reports asserting that Claimant's injuries were not work related. The Referee's finding in this regard failed to give credence to all of the medical reports.

It appears that the Referee's finding that the injuries were not work related was based only on perceived inconsistency and/or vagueness in the manner by which Claimant reported his injuries to the Defendants. The Referee discounted the unrefuted medical reports. The first medical report, that being from Kuna Chiropractic, states that Claimant was injured while jumping out of a truck at work on or about May 29, 2012. All subsequent medical reports acknowledge Claimant's statements of his work and medical history.

In making reference to Claimant "using a trencher at work" (Exhibit E7, page 242) Dr. Manos of The Spine Institute opined in his medical report of July 30, 2013 (Exhibit E7, page243) that "it certainly appears that this is a work-related injury." He further opined that "...this would be considered a work-related injury." Claimant's hearing Exhibit D, page 110, confirms that a trencher was rented by Defendant's company on July 26, 2012. Claimant does claim to have

lifted the trencher off a hitch on that date. Claimant called and left a voicemail for Surety stating that he had names and telephone numbers for witnesses to that trencher incident. Surety failed to respond to Claimant's message. On November 6, 2012 Claimant sent a letter to Surety detailing that incident (See Exhibit D, pages 127-131). Even though they were provided with this information, Surety made no mention of a trencher incident in any subsequent investigative report. Claimant's claim was later denied by Surety on December 27, 2012.

If there is doubt surrounding whether an injury/accident in question arose out of and in the course of employment the matter should be liberally construed in favor of the employee in order to serve the humane purposes for which the law was promulgated. Murry-Donahue v. National Car Rental Licensee Ass'n., 127 Idaho 337, 340, 900 P.2d 1348, 1351 (1995). All of the medical reports in this matter support a work related injury. It was only the above-discussed factually erroneous finding of the Referee along with Defendant's self-serving, erroneous and incomplete First Report of Injury that led to the Referee's conclusion to the contrary. The same is true also with regard to the issues of the date and time of injury.

It is the physician, not the Commission, to decide whether the treatment was required. The only review the Commission is entitled to make of the physician's decision is whether the treatment was reasonable. Sprague v. Caldwell Transportation, Inc., 116 Idaho 720, 779 P.2d 395 (1989).

Physicians' medical records without additional expert medical testimony may be sufficient to satisfy the requirement that medical testimony by provided on the issue of causation. Paulson v. Idaho Forest Industries, 99 Idaho 896, 591 P. 2d 143 (1979); Soto v. Simplot, 126

Idaho 536, 540, 887 P. 2d 1043 (1994). An accident includes a normal event in which the worker suffers injury. Wynn v. J. R. Simplot Co., 105 Idaho 102, 666 P.2d 629 (1983). The medical reports submitted at the hearing in this matter all impute the injury to work related activity. The medical records herein were not given proper credence by the Referee.

No "magic words" or special formula is necessary when medical opinion evidence plainly and unequivocally conveys a doctor's conviction that the events of an industrial accident and injury are causally related. Paulson v. Idaho Forest Industries, Inc., 99 Idaho 896, 591 P.2d 143 (1979).

The Judicial Rules of Practice and Procedure packet provided to Claimant by the Commission states that the Commission has the authority to investigate by suggestion, motion of a party or on its own motion in pursuit of truth and justice. Claimant presumed that the Commission would do so upon noting the absence of a thorough investigation by Defendant, especially in light of Claimant's comments on his Worker's Compensation Complaint (Exhibit D III, page 141) regarding the denial of discovery and the Defendant's failures to exercise due diligence to his duties of investigation and documentation. Defendant was the custodian of records that could have either confirmed or refuted Claimant's statements; however, Defendant never produced such records.

Had Defendant advised Claimant to document the source of his symptoms, Claimant would have done so. Instead, Defendant only referred Claimant to Pre-Hab Chiropractic, a referral that Claimant deemed to be unethical at best, if not a true conflict of interest.

Claimant did return to Kuna Chiropractic. Dr. Rosenlund of Kuna Chiropractic provided a few treatments that did not provide relief. He referred Claimant to a medical doctor. This information was discounted by the Referee on page 4 in paragraph 6 her Findings of Fact wherein she stated "it appears that the same information was copied from note to note." In fact, Dr. Rosenlund was not aware of the second injury and, as such, had no reason to supplement his original report.

At the time of Dr. Weiss' examination of Claimant it is reported that Claimant had "experienced pain for years" without mention of how many years were involved in this period. Dr. Weiss did report that "low right-sided back pain had started 'last thur.'," which would have been during a period when Claimant was working for Defendant. Dr. Martinez later opined in his report that "the injury was reasonable work related."

Had either the Defendant or Surety been compliant in their duties of investigation and discovery production obligations, the Claimant would have been able to address the specific issues of date, time, place and occurrences giving rise to his injuries. Had the Referee/Commission given proper consideration to all of the medical reports provided, there being no controverting investigate report submitted by the defendants, the Referee would have as a matter of law held the Claimant's injuries to be work related. The findings of the Referee/Commission in this regard must be reversed and/or remanded.

Issue F: Denial of hearing before a full commission

Claimant indicated on his Workers Compensation Complaint (Exhibit D III, page 141) that this matter had a complicated set of facts, i.e., in that it involved two separate injury incidents; that there were questions as to how, when and where they occurred; that there was an issue over a disgruntled employer; that there were issues regarding the destruction or hiding of evidence; and possible issues of perjury. JRP&P Rule 8, part A8, provides that "...the Commission may hold a conference or conferences with all parties to consider and discuss...8. Whether the case should be heard by the full Commission because it...involves...complex facts...."

Claimant asserts that because of the multitude of issues set forth above in his complaint that the Commission abused its discretion in failing to hold a conference with all parties present to consider whether his matter should be heard before a full commission. As such, Claimant asks that the matter be reversed and remanded for that purpose.

CONCLUSION

The claimant/appellant believes a reasonable person can only conclude that any and all delays were those by the Defendant intentionally, and that the Surety was prejudiced based on the Defendant's first report of injury and letter. The claimant/appellant provided evidence that disputes those reports and shows the Defendants true motive and character. The Defendants have not provided any evidence that supports their allegations which are obsurd.

Wherefore, it is respectfully requested that this court reverse the findings of the Idaho Industrial Commission or, in the alternative, remand the matter for a new hearing before a full commission, or for further proceedings as the court deems just and proper.

Respectfully submitted,

Scott M. Chadwick,
Claimant/Appellant