

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS
SEBASTIAN/MELBOURNE DISTRICT OFFICE

Mark Champion,
Employee/Claimant,

OJCC Case No. 20-007122RLD

vs.

Accident date: 2/24/2020

Okeechobee County Sheriff's Office/
Florida Sheriffs Risk Management Fund,
Employer/Carrier/Service Agent.

Judge: Robert L. Dietz

FINAL COMPENSATION ORDER

THIS CAUSE was heard before the undersigned in Sebastian, Indian River County, Florida on August 25, 2020. The Petitions for Benefits (PFBs) were filed on March 18, 2020 (PFB #1) (Docket Number (DN) 1) and June 1, 2020 (PFB #2) (DN 16). Mediation occurred on June 10, 2020 (DN 20). The parties' Uniform Statewide Pretrial Stipulation was filed on June 22, 2020 (DN 21). The Claimant filed a Trial Memorandum on August 20, 2020 (DN 41). The Employer/Carrier filed a Trial Memorandum on August 21, 2020 (DN 43). Audrey Castro, Esq. appeared by video conference on behalf of the Claimant. Rex Hurley, Esq. appeared by video conference on behalf of the Employer/Carrier.

The claims for the March 18, 2020 PFB (#1) are: (1) payment of temporary total disability benefits from February 24, 2020, to the present and continuing at the correct rate; (2) payment of temporary partial disability benefits from February 24, 2020, to the present and continuing at the correct rate; (3) authorization and provision of medical care and treatment with a cardiologist; (4) compensability of disabling arterial and cardiovascular hypertension and/or heart disease; and (5) penalties, interest, costs and attorney's fees.

The claims for June 1, 2020 PFB (#2) are: (1) payment of impairment benefits from March 16, 2020, to the present and continuing at the correct rate. Combined 39% PIR assigned by Dr. Chernobelsky, specifically (CAD 29%, HTN 7%, and Cardiomyopathy 7%); (2) authorization and provision of medical care and treatment with Lawnwood Regional Medical Center for date of service February 24, 2020; (3) authorization and provision of medical care and treatment with Raulerson Hospital for date of service February 24, 2020; (4) authorization and provision of medical care and treatment with St. Lucie Medical Center for date of service March 5, 2020; and (5) penalties, interest, costs and attorney's fees.

The defenses for PFB #1 and #2 are: (1) no temporary total disability due; claimant is MMI; (2) medical care is not compensable or causally related or medically necessary; (3) accident and/or injury is not compensable; (4) no disability sufficient for compensability of HTN or heart disease; (5) Employer/Carrier will rebut the presumption of compensability demonstrating non-work causes and risk factors; (6) HBP is a preexisting condition not work related and does not meet the criteria for application of a presumption; (7) no penalties, interest, costs and attorney's fees due; and (8) all claimed medical bills are not causally related, not medically necessary, hearsay, not authorized and not reasonable.

The following pleadings were identified as relevant to this hearing:

Judge's Exhibits:

- Exhibit #1: Order Approving Uniform Pretrial Stipulation entered June 23, 2020 (DN 22)
- Exhibit #2: Claimant's Trial Memorandum filed August 20, 2020 (DN 41)
- Exhibit #3: Case Law in Support of Claimant's Trial Memorandum filed August 20, 2020 (DN 42)

- Exhibit #4: Employer/Carrier's Trial Memorandum filed August 21, 2020 (DN 43)
- Exhibit #5: Case Law in Support of Employer/Carrier's Trial Memorandum filed August 21, 2020 (DN 44)
- Exhibit #6: Order on Daubert Objection in Uniform Pretrial Stipulation and Pretrial Compliance Questionnaire entered August 21, 2020 (DN 48)

The following documentary items were introduced and received into evidence:

Joint Exhibits:

- Exhibit #1: Mediation Conference Report filed June 10, 2020 (DN 20)
- Exhibit #2: Uniform Pretrial Stipulation and Pretrial Compliance Questionnaire filed June 22, 2020 (DN 21)

Claimant's Exhibits:

- Exhibit #1: Petition for Benefits (PFB #1) filed March 18, 2020 (DN 1)
- Exhibit #2: Notice Designating IME Physician filed June 1, 2020 (DN 14)
- Exhibit #3: Petition for Benefits (PFB #2) filed June 1, 2020 (DN 16)
- Exhibit #4: Medical/Exempt Records attachment to PFB #2 filed June 1, 2020 (IME Report of Alexander Chernobelsky, M.D.) (DN 17, pp. 1-3)
- Exhibit #5: Medical/Exempt Records attachment to PFB #2 filed June 1, 2020 (Medical Bills and Health Insurance Claims Forms) (DN 17, pp. 4-18)
- Exhibit #6: Deposition of Alexander Chernobelsky, M.D. taken June 23, 2020, filed August 13, 2020 (DN 25, pp. 1-55)
- Exhibit #7: *Curriculum Vitae* of Alexander Chernobelsky, M.D. filed June 23, 2020 (DN 25, pp. 56-58)
- Exhibit #8: Medical Records reviewed by Alexander Chernobelsky, M.D. filed June 23, 2020 (DN 25, pp. 63-209)
- Exhibit #9: Deposition of Nancy Durrett taken June 9, 2020, filed August 19, 2020 (DN 33, pp. 1-30)
- Exhibit #10: Pre-Employment Physical filed August 19, 2020 (DN 33, pp. 31-33)

- Exhibit #11: First Report of Injury or Illness filed August 19, 2020 (DN 33, p. 34)
- Exhibit #12: Notice of Denial filed August 19, 2020 (DN 33, p. 35)
- Exhibit #13: Deposition of Richard T. Baker taken August 4, 2020, filed August 19, 2020 (DN 35, pp. 1-11)
- Exhibit #14: Florida Department of Law Enforcement Global Profile Sheet filed August 19, 2020 (DN 35, pp. 12-13)
- Exhibit #15: Deposition of Rhonda Butler taken August 10, 2020, filed August 19, 2020 (DN 37, pp. 1-30)
- Exhibit #16: Okeechobee County Sheriff's Office Time Card Audit Report filed August 19, 2020 (DN 37, pp. 37-42)
- Exhibit #17: Wage Statement filed August 19, 2020 (DN 37, pp. 43-47)
- Exhibit #18: FMLA Paperwork filed August 19, 2020 (DN 37, pp. 51-57)
- Exhibit #19: Medical Records of Treasure Coast Urgent Care filed August 21, 2020 (DN 46)
- Exhibit #20: Medical Records of Stuart Urgent Care filed August 21, 2020 (DN 47)

Employer/Carrier's Exhibits:

- Exhibit #1: Response to Petition for Benefits (PFB #1) filed April 2, 2020 (DN 6)
- Exhibit #2: Response to Petition for Benefits (PFB #2) filed June 4, 2020 (DN 19)
- Exhibit #3: Deposition of Michael Nocero, M.D. taken August 10, 2020, filed August 19, 2020 (DN 30, pp. 1-89)
- Exhibit #4: IME Report of Michael Nocero, M.D. filed August 19, 2020 (DN 30, pp. 90-94)
- Exhibit #5: *Curriculum Vitae* of Michael Nocero, M.D. filed August 19, 2020 (DN 30, pp. 95- 100)

Testifying telephonically at the hearing was Mark Champion (Claimant). Although I will not recite in explicit detail the witness's and deponents' testimony and may not refer to each

piece of documentary evidence, I have attempted to resolve all of the conflicts in the testimony and evidence. Based on the foregoing and the applicable law, I make the following findings:

- 1) The undersigned has jurisdiction over the parties and the subject matter.
- 2) The stipulations agreed to by the parties in the Uniform Pretrial Stipulation filed on June 22, 2020 (DN 21) are accepted and adopted.
- 3) Mark Champion (the Claimant) is a 52 year old deputy sheriff who began working for the Okeechobee County Sheriff's Office (the Employer) on October 19, 2015, after completing a pre-employment physical that did not reveal any evidence of heart disease. On December 10, 2019, at approximately 2:00 a.m., he began experiencing heartburn and chest pain. He took a Tums. At about 4:00 a.m., he got out of bed and began preparing to go to work. His shift began at 8:00 a.m. About 2:00 p.m., he started feeling additional chest pain while sitting in the control room where he worked as a bailiff. As a result of the chest pain, he went to the emergency room.

Medical Treatment

- 4) The Claimant was seen at Lawnwood Regional ER by Dr. Sienna Steckel and Raulerson Hospital ER by Dr. Lenworth Anglin on February 24, 2020. His blood pressure was 194/102 and he was diagnosed with a 100% stenosis in his proximal right coronary artery (RCA), which required a balloon angioplasty and stent placement on February 24, 2020. He was seen by Dr. John Lau on February 25, 2020, and Dr. Darron Lewis, cardiologist, on February 25, 2020. After an EKG on February 26, 2020, Dr. Lewis discharged the Claimant. On March 5, 2020, the Claimant developed a rash due to an allergic reaction to one of the prescribed discharge medications and had to visit the ER at St. Lucie Medical Center, where he was seen in

the ER by Dr. Dennis Cardriche and Dr. Chase Hemphill and treated with oral medications and released. On March 10, 2020, the Claimant developed stent thrombosis with acute myocardial infarction and ischemic cardiomyopathy, complicated by cardiogenic shock and bradycardia, which required emergent catheterization by Dr. KelleeAnn Monroe, re-stenting in part, within the original stent. A cardiological evaluation was done by Dr. Christian Ellis. After being cleared by Dr. Lewis, the Claimant returned to work on March 17, 2020.

Entitlement to the Presumption

5) Section 112.18(1)(a), Fla. Stat. sets forth a four part standard for determining whether an employee is entitled to the benefit of the presumption as follows:

(1) The employee must be a firefighter, law enforcement officer or a correctional officer (covered employee/protected class);

(2) The employee must have been diagnosed with tuberculosis, heart disease or hypertension (covered condition/protected condition);

(3) The medical condition must have resulted in total or partial disability or death (disability); and

(4) The employee must have successfully passed a physical examination upon entering into any such service, which examination failed to reveal any evidence of any such condition (pre-employment physical).

Covered Employee/ Protected Class

6) The Claimant is a full-time deputy sheriff serving as a bailiff for the Employer making him a member of a protected class (law enforcement officer).

Covered Condition/ Protected Condition

7) The Claimant has been diagnosed with multi-vessel coronary artery disease with acute myocardial infarction and subsequent stent thrombosis, hypertension and ischemic cardiomyopathy (DN 25, pp. 12-13), a protected condition (heart disease).

Disability

8) Based on the Claimant's blood pressure of 194/102 and the finding of 100% blockage of the right coronary artery that required placement of a stent, Dr. Alexander Chernobelsky (Claimant's IME) testified that the Claimant was disabled as of February 24, 2020 (when he was treated at Lawnwood Regional and Raulerson Hospital), which continued through March 16, 2020 (DN 25, pp. 19-20). The Claimant subsequently developed a rash from the medications he was given at discharge (requiring the trip to St. Lucie Medical Center ER), and then had a second myocardial infarction requiring a re-stent (requiring the trip to Raulerson Hospital ER on March 10, 2020). As a result, Dr. Chernobelsky testified that the Claimant was disabled on February 24, 2020, and March 10, 2020, at the time of emergency room visits. He was released at MMI the following week and returned to work on March 17, 2020 (DN 25, pp. 19-22). The Employer confirms that the Claimant did not physically work between finishing his shift on February 24, 2020, and March 17, 2020, when he returned to work (DN 37, p.18)

Pre-Employment Physical

9) The Claimant underwent and passed a pre-employment physical on October 16, 2015, without any evidence of the conditions claimed (DN 37, pp. 33-34). A copy of the pre-employment physical is in the Employer's possession and in the Claimant's personnel file (DN 37, p.8). The Claimant identified his signature on the pre-employment physical. Dr.

Chernobelsky and Dr. Nocero agreed there was no evidence of heart disease or hypertension on the pre-employment physical (DN 25, p.18; DN 30, p.10). As a result, the Claimant was employed and began work as a deputy sheriff for the Employer.

Entitlement to the Presumption (continued)

10) Since the Claimant meets the four statutory criteria, he is entitled to a presumption of compensability of his arterial and cardiovascular hypertension and/or heart disease. Law enforcement officers meeting all four (4) of the elements are entitled to a presumption that their heart condition is work-related. Caldwell v. Division of Retirement, 372 So.2d 438 (Fla. 1979). At the point of establishing all four elements are met, the claimant's condition becomes work-related as a matter of law. *Id.* The burden then shifts to the employer/ carrier to provide competent evidence establishing a non-work related cause of the condition. *Id.* "Where the evidence of causation is conflicting, the quantum of proof is balanced and the presumption should prevail." *Id.* at 441.

Rebuttal of the Presumption

11) Since the Claimant meets the four statutory criteria, a presumption of compensability exists. To overcome the presumption, the Employer/ Servicing Agent must provide competent substantial evidence establishing a non-work related cause of the condition. Caldwell v. Division of Retirement, 372 So.2d 438 (Fla. 1979). This must be medical evidence and not speculation or logical relationship. Fuller v. Okaloosa Correctional Inst., 22 So.3d 803 (Fla. 1st DCA 2009); Seminole County Government v. Bartlett, 933 So.2d 550 (Fla. 1st DCA 2006). The Claimant contends that work-related causation has been shown based on Dr. Chernobelsky's statement that "it is possible that physiological or psychological stress of any

kind can precipitate [the] myocardial infarction[s]” the Claimant suffered (DN 25, pp. 35-36). If such a finding were made that there was evidence supporting the presumption, the Employer could only overcome the presumption by clear and convincing evidence. See Caldwell, supra. “It is possible” does not meet the evidentiary burden of proof to accepting Dr. Chernobelsky’s opinions on work-related causation. As a result, the lower standard of competent evidence is applicable here. The presumption of occupational causation remains with the Claimant and is itself sufficient to support an ultimate finding of occupational causation, unless overcome by evidence of sufficient weight to satisfy the trier of fact that the heart disease had a non-industrial cause. McDonald v. City of Jacksonville, 286 So.3d 792 (Fla. 1st DCA 2019).

12) To rebut the presumption of occupational causation for disabling heart disease suffered by law enforcement officers, the employer must produce competent evidence that the disease is not work-related. City of Jacksonville v. Ratliff, 217 So.3d 183 (Fla. 1st DCA 2017). It is the evidence of non-industrial causation that may be found to rebut the presumption, not the mere existence of risk factors or conditions. Punsky v. Clay County Sheriff’s Office, 18 So.3d 577, 583 (Fla. 1st DCA 2009) (on rehearing *en banc*), review denied, 22 So.3d 539 (Fla. 2009).

13) Dr. Michael Nocero (the Employer/Servicing Agent’s IME) attributed a low HDL reading on the days of the myocardial infarctions as the non-work related cause. Dr. Nocero indicated low HDL leads to cholesterol build-up and atherosclerosis which results in plaque, and the occlusions necessitated the need for the stents (DN 30, p.21). The Employer/Servicing Agent did not point to any other bloodwork during the Claimant’s employment with the Employer (2015-2020) where it was below normal (40-200) other than the readings on the days of the heart attacks. A review of the submitted medical records during the Claimant’s employment show an

HDL reading of 47 on March 31, 2018 (DN 47, p.33) and a 44 on February 21, 2019 (DN 46, p.123), within the National Institute of Health's normal range provided by Dr. Nocero (DN 30, p.20).

14) Low HDL readings on the days of the heart attacks in February and March 2020 do not establish a pre-existing condition when all other tests during his employment were within the normal range. Nor is there medical evidence as to the time necessary to develop the condition solely from low HDL. Dr. Nocero did not review any medical records prior to the February 2020 myocardial infarction (DN 30, p.37). In the absence of evidence of low HDL during the Claimant's employment with the Employer prior to the days of the myocardial infarctions and medical evidence as to the time necessary for the low HDL to cause the coronary artery disease or the myocardial infarctions, there is not a sufficient basis to establish non-work related causation for coronary artery disease or the Claimant's myocardial infarctions.

15) Dr. Chernobelsky, on the other hand, could not identify a non-work related cause of the coronary artery disease, cardiomyopathy, or hypertension or of the resulting myocardial infarctions or need for stenting (DN 25, pp. 27-28). He testified that there was no medical test that could tell if heart disease is the result of frequently referenced risk factors (such as hypertension, obesity, sleep apnea, diabetes, hypercholesterolemia, or family history, or a combination of these factors) (DN 25, pp. 30-31). Furthermore, Dr. Chernobelsky stated that the presence of a risk factor isn't definitive of the cause of heart disease and that a controlled risk factor was less likely to have increased the risk of developing coronary artery disease (DN 25, pp. 31-32). Normal readings are evidence of a controlled risk factor. There is also no basis for a finding that there has been a combination of a congenital or underlying condition and a "trigger"

cause of the heart disease, or that the “trigger” was also non-occupational. See McDonald v. City of Jacksonville, 286 So.3d 792 (Fla. 1st DCA 2019); City of Jacksonville v. Ratliff, 217 So.3d 183 (Fla. 1st DCA 2017). After reviewing the hospital records which included the HDL readings, Dr. Chernobelsky opined that no non-work related cause precipitated or triggered the February 24, 2020 myocardial infarction (DN 25, pp. 34-36). Dr. Chernobelsky was not asked in his deposition about the low HDL readings on the days of the myocardial infarctions. Where the opinions of Dr. Nocero and Dr. Chernobelsky differ, I have accepted Dr. Chernobelsky’s opinions as the more logical and well-reasoned. The Employer/Servicing Agent has not presented competent evidence establishing a non-work related cause of the condition. As a result of the Employer/Servicing Agent being unable to meet the competent evidence threshold to prove non-work related cause, the presumption has not been rebutted.

Compensability of Disabling Arterial and Cardiovascular Hypertension and/or Heart Disease and Authorization of a Cardiologist to Provide Medical Care and Treatment

16) Based on the finding that the presumption has not been rebutted, the disabling arterial and cardiovascular hypertension and heart disease are found compensable. Dr. Chernobelsky testified that it was medically necessary to treat the hypertension to treat and manage the coronary artery disease and cardiomyopathy (DN 25, pp. 25-26). I accept this opinion. Treatment for a condition which preexists an industrial accident may be awarded pursuant to Section 440.13(2)(a), Fla. Stat., if it would aid in the recovery from the accident. Brown v. Steego Auto Parts, 585 So.2d 401, 402-403 (Fla. 1st DCA 1991). The claim for authorization of a cardiologist to provide medical care and treatment is granted.

Temporary Total Disability Benefits

17) In order to receive TTD benefits, the medical testimony must establish that the disability is total in character, temporary in quality. See Section 440.15(2)(a), Fla. Stat. (2009). TTD benefits are generally not awardable if there is medical evidence that claimant is able to perform work with some restrictions. Yellow Cab v. Landin, 780 So.2d 296 (Fla. 1st DCA 2001); T.E. James Constr. Co. v. Hartley, 616 So.2d 548, 549 (Fla. 1st DCA 1993).

18) The claim for temporary total disability benefits from February 25, 2020, to March 15, 2020, is granted. The claim for temporary total disability benefits on February 24, 2020, and from March 16, 2020 (MMI), to present is denied. The Claimant worked his entire shift on February 24, 2020 (DN 37, p.18), before seeking medical treatment. Dr. Chernobelsky testified that the blood pressure reading on February 24, 2020, was 194/102 and that the Claimant was disabled (DN 25, p.19), and continued to be disabled on March 10, 2020 (DN 25, p.20). Due to the Claimant's myocardial infarctions, Dr. Chernobelsky felt it was reasonable for Mr. Champion to miss work between February 24, 2020, and March 15, 2020 (DN 25, p.22). Dr. Lewis released the Claimant to return to work on March 16, 2020 (DN 25, p.22). The Claimant returned to work for the Employer on March 18, 2020 (DN 37, p.18). According to the Employer, the Claimant did not return to work between February 24, 2020, and March 18, 2020 (DN 37, p.18). In light of the two myocardial infarctions, the two hospitalizations, the two stint procedures, and the rash from the medication that required a third trip to a hospital emergency room, I accept that it was more appropriate for him to be off-work from February 24, 2020, to March 15, 2020, than to have attempted work after being released from the hospital after the first myocardial infarction.

Temporary Partial Disability Benefits

19) The claim for temporary partial disability benefits from February 24, 2020, to present is denied.

Impairment Benefits from March 16, 2020 Based on 39% Impairment Rating (29%

Coronary Artery Disease, Hypertension 7%, Cardiomyopathy 7%)

20) I accept the 29% impairment rating assigned by Dr. Cherenobelsky for coronary artery disease based on the Class II range of impairment (15-29%) (1996 Florida Uniform Permanent Impairment Rating Schedule (hereinafter Florida Guides), p. 77) which he assigned due to the presence of multi-vessel disease, two myocardial infarctions, the second of which was due to acute stent thrombosis complicated by cardiogenic shock and bradycardia, likely due to right ventricle (RV) involvement.

21) Cardiomyopathies result in impairment of the whole person by causing abnormal ventricular function. Impairment ratings for abnormal ventricular functions related to coronary heart disease, valvular heart disease, and hypertensive heart disease are covered in their respective sections (Florida Guides, p.80). Since the assigned permanent impairment rating of 29% was assigned for coronary artery disease, a separate cardiomyopathy rating of 7% is inappropriate. The Claimant argues that the coronary artery disease section doesn't include one aspect of cardiomyopathy (a mildly decreased ejection fraction as a result of the second myocardial infarction) in its discussion of impairment ratings. The elements of cardiomyopathy are considerations under coronary artery disease and are one of the reasons that I have accepted Dr. Chernobelsky's 29% over Dr. Nocero's 25% for coronary artery disease. I do not accept that an element of cardiomyopathy that is not specifically mentioned under coronary artery disease in

the Florida Guides requires a separate impairment rating. This is opposite to the directions given in the Guides' instructions for cardiomyopathies (Florida Guides, p.80).

22) Dr. Nocero did not assign an impairment rating for hypertension because he did not see repeated diastolic elevations greater than 90 (DN 30, p.32). Without trying to discern what Dr. Nocero meant by "repeated," it is noted that there is documentation of readings during the Claimant's employment with the Employer of 194/102 (2/24/20), 160/100 (11/22/17 DN 47, p.11), 152/98 (1/27/18 DN 47, p.21), 150/92 (2/9/18 DN 30, p.60), 140/92 (6/21/19 DN 46, p.61) and 144/92 (9/27/19 DN 46, p.49). In addition, at the time Dr. Nocero saw the Claimant, the Claimant was on two medications for hypertension (Amlodipine and Coreg) (DN 30, p.61). This does not give consideration to the effect of the medication required to control a condition that would result in an impairment rating. See Sheaffer v. Publix Super Markets, Inc., 109 So.3d 308, 311 (Fla. 1st DCA 2013). The issue, however, is moot since during closing argument the Claimant withdrew their claim for permanent physical impairment based on the hypertension since it was pre-existing.

Authorization of Lawnwood Regional and Raulerson Hospital (DOS 2/24/20)

23) Based on the finding of compensability of the Claimant's myocardial infarction, the emergency treatment at Lawnwood Regional and Raulerson Hospital on February 24, 2020, are authorized. See Section 440.13(e), Fla. Stat. (2019); Section 395.002(8), Fla. Stat. (2019). Dr. Chernobelsky testified that the Claimant's medical care had been appropriate (DN 25, p.12), that he had received appropriate care and interventions for his myocardial infarctions, resulting stenting, and acute thrombosis on February 24, 2020, and March 10, 2020 (DN 25, p.61), and that he almost died on March 10, 2020 (DN 25, p.20).

Authorization of St. Lucie Medical Center (DOS 3/5/20)

24) Based on the finding of compensability of the Claimant's February 24, 2020 myocardial infarction, and the medications that he was provided upon release, the treatment at St. Lucie Medical Center on March 5, 2020, for the rash resulting from the medication, is authorized as sequela of the emergency care. Dr. Chernobelsky testified that the Claimant's medical care had been appropriate (DN 25, p.12) and that he had received appropriate care and interventions (DN 25, p.61).

Penalties and Interest

25) Based on the award of indemnity benefits, the claims for penalties and interest are granted.

Costs and Attorney's Fees

26) Based on the award of medical and indemnity benefits, the claims for costs and attorney's fees are granted.

It is **ORDERED and ADJUDGED** that:

1) The claim for temporary total disability benefits from February 25, 2020, to March 15, 2020, is granted.

2) The claim for temporary total disability benefits on February 24, 2020, and from March 16, 2020, to present is denied.

3) The claim for temporary partial disability benefits from February 24, 2020, to present is denied.

4) The claim for compensability of disabling arterial and cardiovascular hypertension and/or heart disease is granted. The presumption applies and the Employer/Carrier

has not overcome the presumption.

5) The claim for authorization of a cardiologist to provide medical care and treatment is granted.

6) The claim for impairment benefits from March 16, 2020, based on a 39% impairment rating (29% coronary artery disease, hypertension 7%, and cardiomyopathy 7%) is denied. I accept the 29% for the coronary artery disease.

7) The claims for authorization of Lawnwood Regional and Raulerson Hospital (DOS February 24, 2020) are granted.

8) The claim for authorization of St. Lucie Medical Center (DOS 3/5/20) is granted.

9) The claims for penalties and interest are granted.

10) The claims for costs and attorney's fees are granted.

Done and electronically served on counsel and the carrier this 23rd day of September, 2020, in Sebastian, Indian River County, Florida.



Robert L. Dietz
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