STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF JUDGES OF COMPENSATION CLAIMS
FORT LAUDERDALE DISTRICT OFFICE

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OJCC No: 25-012638DAL
D/A: 04/22/2025
JUDGE: Daniel A. Lewis

FINAL COMPENSATION ORDER

AFTER DUE NOTICE to the parties, a Final Merits Hearing was conducted before the undersigned Judge of Compensation Claims (JCC) on November 6, 2025 in Lauderdale Lakes, Broward County, Florida. The petition for benefits which came on for adjudication was filed on May 28, 2025. The Exhibits which were admitted into evidence at this Final Hearing are listed in the attached Appendix to this Order. The parties stipulated as follows:

A. The undersigned has jurisdiction of the parties and of the subject matter.

B. Notice of hearing was timely given to the proper parties.

C. Venue lies in Broward County, Florida.

D. The claimant's accident and injury of April 22, 2025 were initially accepted as compensable by the employer/carrier under the pay and investigate provision of section

440.20(4), Fla. Stat., and medical care was authorized. However, the employer/carrier subsequently timely denied compensability.

E. The claimant's average weekly wage was not at issue for this Final Hearing.

F. The date of the claimant's attainment of maximum medical improvement (MMI) was also not at issue for this Final Hearing. The parties agreed the claimant was not at MMI for the period of indemnity benefits claimed herein.

G. Claim was made for:

1. A determination of the compensability of the claimant's disabling heart disease pursuant to section 112.18, Fla. Stat. The claimant seeks compensability of his supraventricular tachycardia (SVT) condition and heart flutter.

2. Temporary total disability benefits for a period of two days, April 29 and April 30, 2025.

3. Authorization of medical care with a board certified cardiologist or other appropriate physician to treat the claimant's disabling heart disease.

4. Also claimed were attorney's fees, costs, interest and penalties.

H. The employer/carrier asserted as defenses that:

1. The claimant is not entitled to compensability of his heart disease condition because he does not meet the elements required under section 112.18, Fla. Stat.

2. The claimant does not suffer from compensable heart disease.

3. The claimant is not disabled by a compensable heart disease condition.

4. The claimant does not meet the definition of heart disease as defined in North Collier Fire Control and Rescue District vs. Harlem, 371 So. 3d 368 (Fla. 1st DCA 2023).

5. The claimant's cardiovascular condition is personal in nature.

6. Temporary total disability benefits are not due and owing to the claimant. The employer/carrier paid the claimant's injury time per the contract/collective bargaining agreement (CBA). The employer/carrier paid the claimant benefits for one day, April 22, 2025.

7. The employer/carrier also raised a general denial to the claim for attorney's fees, costs, interest and penalties.

I. The claimant represented that he is relying solely on the presumption in section 112.18, Fla. Stat., to establish occupational causation. In addition, the parties stipulated that the claimant is a law enforcement officer, a member of a covered or protected class; that the claimant underwent a pre-employment physical upon entering into service as a law enforcement officer which failed to reveal any evidence of heart disease; and that the claimant's heart condition resulted in disability. The issue before me is whether the claimant's SVT condition constitutes heart disease under the statutory and case law.

After careful consideration and review of the testimony, documentary evidence and argument presented, the following are my findings of ultimate facts and conclusions of law:

FINDINGS OF ULTIMATE FACTS

1. This claimant is a 35 year old man who works for the employer herein as a law enforcement or police officer. The claimant testified he began his employment with this employer in March, 2019. The claimant is currently employed by the City of Fort Lauderdale as a police officer.

2. The claimant denied any type of cardiac or cardiovascular problems prior to his employment with the employer herein. The claimant testified that in 2024, he began to experience heart palpitations, and was diagnosed with supraventricular tachycardia or SVT.

3. The claimant testified he was initially placed on medication for his heart condition, but the arrhythmias continued. In February, 2025, he came under the care of cardiologist Dr. Perloff, who was initially authorized by the employer/carrier to treat under the pay and investigate provision of the statute. Dr. Perloff referred the claimant to an electrophysiologist, Dr. Kenigsberg, who was also authorized to treat.

4. The claimant testified that on April 22, 2025, Dr. Kenigsberg performed an ablation procedure to his heart. The claimant testified the ablation procedure was successful.

5. The claimant testified that, following the ablation procedure, he was taken off of work completely by his physicians for one week. According to the claimant, he missed a total of nine days from work, for which he used his own accrued sick leave and vacation time. The claimant testified he was not reimbursed for the sick or vacation time which he used.

6. The claimant testified he still experiences mild symptoms of arrhythmias. According to the claimant, he recently saw Dr. Kenigsberg on October 28, 2025 for those symptoms.

7. The deposition of board certified cardiologist, Dr. Perloff, was admitted into evidence at this Final Hearing as a joint exhibit of the parties. As stated, Dr. Perloff was authorized by the employer/carrier to treat the claimant. Dr. Perloff testified he saw the claimant on three occasions, on February 18, 2025, February 25, 2025, and April 30, 2025.

8. Dr. Perloff testified the claimant presented on February 18, 2025 with a history of supraventricular tachycardia or SVT. Dr. Perloff testified that supraventricular just means above the ventricles; in other words, above the atria or the AV node of the heart. Dr. Perloff testified that he also diagnosed SVT, which is an elevated heart rate.

9. Dr. Perloff testified that SVT is a heart arrhythmia and is considered to be heart disease. According to Dr. Perloff, SVT is an abnormality of the heart which originates in the

atria or AV node of the heart. According to Dr. Perloff, any tachycardia rhythm, or rapid rhythm that originates above the ventricle, technically is an SVT. Dr. Perloff testified that AFib, sinus tachycardia, atrial tachycardia and AVNRT are all examples of SVTs. Dr. Perloff testified that the treatment for SVT is to ablate (burn or freeze) one of the pathways of the AV node.

10. Dr. Perloff opined that SVT is, by definition, an organic, mechanical or functional abnormality of the heart. According to Dr. Perloff, SVT originates within the heart and is a disease or condition of the electrical conduction system of the heart.

11. Dr. Perloff testified that SVT can cause tachycardia induced cardiomyopathy, which can weaken or damage the heart. According to Dr. Perloff, very rapid heartbeat can lead to cardiovascular collapse and even death.

12. Dr. Perloff opined that SVT can increase the risk of heart failure and put pressure on the heart muscle, even leading to the presence of troponin in the blood. Dr. Perloff testified that troponin is an indicator of cardiac damage.

13. Dr. Perloff testified the claimant suffers from a condition or impairment of health due to heart disease. Dr. Perloff testified the claimant was disabled on April 22, 2025 due to his SVT condition. April 22, 2025 was the date on which the claimant underwent the ablation procedure, or the elimination of the SVT via a catheter.

14. Dr. Perloff also testified he placed the claimant on a no work status due to his SVT through the end of April, 2025. The claimant was then put on restricted duty status on May 1 and May 2, 2025. According to Dr. Perloff, the claimant was released to full duty work as of May 3, 2025. Dr. Perloff opined that the claimant's SVT condition should now be cured as the result of the ablation procedure.

15. Dr. Perloff did not place the claimant at maximum medical improvement (MMI) or assign a permanent impairment rating. However, Dr. Perloff opined the claimant would probably be at MMI six months after the ablation procedure, if he has been asymptomatic for those six months and has had no recurrences on the heart monitor.

16. Dr. Perloff testified that SVT is an electrical issue which originates from the heart itself. Dr. Perloff admitted that the claimant's SVT did not actually weaken the claimant's heart muscle. Dr. Perloff also opined that the claimant's SVT condition does not weaken the heart muscle through a degradation of the heart vessels or valves.

17. The deposition of board certified cardiac electrophysiologist, Dr. Kenigsberg, was also admitted evidence at this Final Hearing as a joint exhibit of the parties. Dr. Kenigsberg testified he is board certified in internal medicine, cardiovascular disease, and cardiac electrophysiology. Dr. Kenigsberg was authorized by the employer/carrier to treat the claimant, and he performed the ablation procedure to the claimant's heart on April 22, 2025.

18. Dr. Kenigsberg saw the claimant on three occasions, on March 26, 2025, April 22, 2025 and April 30, 2025. Dr. Kenigsberg testified the claimant had a history of paroxysmal atrial fibrillation and SVT, or an elevated heart rate. Dr. Kenigsberg testified the claimant was referred to him by Dr. Perloff.

19. Dr. Kenigsberg testified that AFib is, by definition, an SVT. According to Dr. Kenigsberg, SVT is a type of arrhythmia that originates from the top portion of the heart. Dr. Kenigsberg testified there are different types of arrhythmias. Dr. Kenigsberg testified that an arrhythmia is an abnormal heart rhythm which stems from the electrical conduction system tissue within the heart itself.

20. Dr. Kenigsberg testified he performed an electrical study of the claimant's heart. According to Dr. Kenigsberg, he performed ablations on two arrhythmias located on the right side of the claimant's heart, a right atrial tachycardia and an atrial flutter. As Dr. Kenigsberg noted, the right atrium is the right upper chamber of the heart. Dr. Kenigsberg testified he used radiofrequency, or burning, to ablate or cauterize the affected heart tissues.

21. Dr. Kenigsberg testified he would defer to Dr. Perloff to determine the claimant's MMI date, work status and work restrictions. Dr. Kenigsberg testified that, when he last saw the claimant on April 30, 2025, he did not have any evidence of a recurrence. According to Dr. Kenigsberg, the claimant would not need further cardiac treatment unless he has a recurrence.

22. Dr. Kenigsberg opined that the claimant's arrhythmias; namely, his tachycardia and heart flutter, are considered to be heart disease. Dr. Kenigsberg testified that tachycardia, if left untreated, can weaken the heart muscle via a process called tachycardia mediated cardiomyopathy. However, Dr. Kenigsberg admitted that the claimant does not have tachycardia mediated cardiomyopathy at this time.

23. Dr. Kenigsberg opined the claimant's arrhythmias are a disease intrinsic to the heart tissue. According to Dr. Kenigsberg, the claimant's arrhythmias fall under the definition of heart disease, meaning any organic, mechanical or functional condition of the heart which causes problems. Dr. Kenigsberg opined that the electrical tissue is organic to the heart.

24. Dr. Kenigsberg testified that the claimant's arrhythmias, if left untreated, could lead to heart failure or a stroke. Dr. Kenigsberg agreed that the claimant's arrhythmias impair the heart's normal functioning. However, Dr. Kenigsberg admitted the claimant does not have a reduced heart function or a weakened heart muscle at this time.

25. The deposition of cardiologist Dr. Borzak was also admitted into evidence at this Final Hearing. Dr. Borzak is board certified in internal medicine and cardiovascular disease. Dr. Borzak performed an independent medical examination (IME) on behalf of the claimant consisting of a records review.[1]

26. Dr. Borzak diagnosed the claimant with a right atrial tachycardia and atrial flutter. Dr. Borzak testified the claimant's tachycardia is a type of SVT. According to Dr. Borzak, atrial tachycardia and atrial flutter are considered to be heart disease. Dr. Borzak testified that both are forms of heart arrhythmias, and both meet the definition of heart disease.

27. Dr. Borzak testified that, if left untreated, the arrhythmias can weaken or damage the heart muscle and increase the risk of heart failure. Dr. Borzak opined that atrial tachycardia and atrial flutter impair the heart's normal functioning and put stress on the heart muscle.

28. Dr. Borzak testified the claimant suffered an impairment of health caused by heart disease on April 22, 2025. Dr. Borzak agreed with the no work status assigned to the claimant by Dr. Perloff from April 22 to April 30, 2025, after which the claimant was released to light duty work status on May 1 and May 2, 2025. Dr. Borzak testified the claimant will need to continue to see a cardiologist for his heart disease.

29. Dr. Borzak admitted the claimant's condition does not involve clogged coronary arteries, high blood pressure or valve dysfunctions. Dr. Borzak also admitted the claimant's medical condition did not actually weaken or affect his heart muscle. In his IME report, Dr. Borzak indicated that the claimant was disabled on the date of the accident due to his arrhythmia.

[1] Case law instructs us that nothing in the definition of independent medical examination precludes a records review IME. Steinberg vs. City of Tallahassee, 186 So. 3d 61, 63 (Fla. 1st DCA 2016).

CONCLUSIONS OF LAW

30. The claimant seeks a determination of the compensability of his supraventricular tachycardia and atrial flutter under section 112.18, Fla. Stat., the "Heart and Lung Bill." That statute creates a rebuttable presumption of occupational causation for disabling heart disease suffered by firefighters and law enforcement officers (among others) who meet certain prerequisites. Walters vs. State of Florida – DOC, 100 So. 3d 1173, 1174 (Fla. 1st DCA 2012). In the absence of stipulated facts, the statute requires proof that the claimant was employed as a firefighter, law enforcement officer, or other covered employee; that he suffered from a condition or impairment of health caused by tuberculosis, heart disease or hypertension which resulted in disability or death; and that he passed a physical examination upon entering into service as a law enforcement officer or other covered position, which failed to reveal any evidence of the disabling disease. Walters vs. State of Florida – DOC, 100 So. 3d at 1175, footnote 2. The claimant relies solely on the presumption to establish occupational causation.

31. Here, the parties stipulated that the claimant is a law enforcement officer, a member of a covered or protected class. The parties also stipulated that the claimant underwent a pre-employment physical upon entering into service as a law enforcement officer which failed to reveal any evidence of hypertension or heart disease. There is also no dispute that the claimant's SVT and atrial flutter resulted in disability. However, there is a dispute as to whether the claimant's SVT/atrial flutter condition constitutes heart disease.

32. All of the physicians who testified in this case opined that the claimant's arrhythmia or SVT is considered to be heart disease, and I accept their medical opinions. Dr. Perloff, the claimant's treating cardiologist, testified that SVT is an organic, mechanical or functional abnormality of the heart; namely, a disease or condition of the electrical system of the heart. Dr.

Perloff testified that SVT can cause tachycardia induced cardiomyopathy, which can damage the heart. Dr. Perloff opined that SVT can increase the risk of heart failure and put pressure on the heart muscle.

33. Dr. Kenigsberg, the cardiac electrophysiologist who performed the ablation procedure on the claimant's heart, also testified that SVT is a type of arrhythmia that originates in the top portion of the heart. Dr. Kenigsberg opined the claimant's arrhythmias; namely, his atrial tachycardia and heart flutter, are considered to be heart disease. Dr. Kenigsberg also testified that tachycardia, if left untreated, can weaken the heart muscle through tachycardia mediated cardiomyopathy. Dr. Kenigsberg opined the claimant's arrhythmias fall within the definition of heart disease, meaning any organic, mechanical or functional condition of the heart which causes problems. Dr. Kenigsberg testified that the claimant's SVT, if left untreated, could lead to heart failure or a stroke.

34. Dr. Borzak, the claimant's cardiovascular IME, also testified that the claimant's tachycardia is a type of SVT. Dr. Borzak opined that atrial tachycardia and atrial flutter are heart disease. According to Dr. Borzak, both are forms of heart arrhythmias, and both meet the definition of heart disease. Dr. Borzak opined that, if left untreated, the claimant's arrhythmias can weaken or damage the heart muscle and increase the risk of heart failure. According to Dr. Borzak, the tachycardia and atrial flutter impair the heart's normal functioning and put stress on the heart muscle.

35. The employer/carrier contends that, under the definition of heart disease set forth in North Collier Fire Control and Rescue District vs. Harlem, 371 So. 3d 368, 377 (Fla. 1st DCA 2023), the claimant does not have a condition that puts pressure on the heart muscle, reduces its function, and increases the risk of heart failure, such as clogged coronary arteries, high blood

pressure, or degradation of the heart vessels or valves. I find the employer/carrier's position constitutes too narrow a reading of Harlem.

36. The Harlem case involved a thoracic aortic aneurysm, which our Appellate Court held did not constitute heart disease because the aorta is not a part of the heart. However, a number of Appellate decisions, none of which were overruled, distinguished, or even mentioned in Harlem, have found atrial fibrillation and cardiac arrhythmias to be heart disease under section 112.18, Fla. Stat.

37. As some examples, in Carney vs. Sarasota County Sheriff's Office, 26 So. 3d 683 (Fla. 1st DCA 2009), our Appellate Court held that the claimant, a firefighter, was entitled to the statutory presumption of compensability because his atrial fibrillation or elevated irregular heartbeat condition resulted in disability. In Martz vs. Volusia County Fire Services, 30 So. 3d 635 (Fla. 1st DCA 2010), the Court held the claimant was temporarily disabled due to his atrial fibrillation or irregular heart rate condition. In Rodriguez vs. Tallahassee Fire Department, 240 So. 3d 788 (Fla. 1st DCA 2018), the Court noted the claimant had undergone a cardiac ablation procedure for his arrhythmias or heart disease, and the JCC's finding that aspirin was not a drug prescribed to treat the claimant's compensable cardiac arrhythmias was reversed. In City of Jacksonville vs. O'Neal, 297 So. 3d 630 (Fla. 1st DCA 2020), the Court reversed and remanded to the JCC to determine if the claimant's atrial tachycardia and atrial fibrillation were triggered by a non-occupational cause so as to overcome the statutory presumption. In Fuller vs. Okaloosa Correctional Institution, 22 So. 3d 803 (Fla. 1st DCA 2009), the Court found the claimant's tachycardia to be heart disease. In Mitchell vs. Miami Dade County, the Court reversed the JCC and remanded for a determination of whether the claimant's SVT condition was triggered by a non-occupational cause.

38. The Appellate Court in Harlem distinguished, but did not overturn, the definition of heart disease as set forth in City of Venice vs. Van Dyke, 46 So. 3d 115, 116 (Fla. 1st DCA 2010). The Van Dyke Court utilized the definition of heart disease as set forth in Dorland's Illustrated Medical Dictionary (29th ed.); namely, "any organic, mechanical, or functional abnormality of the heart, it structures, or the coronary arteries." Based on the medical evidence, I find that the claimant's SVT condition and atrial flutter satisfy this definition.

39. The evidence adduced herein establishes that the claimant's SVT and atrial flutter are cardiac arrhythmias which affect the electrical activity of the heart. As stated, these conditions have been found to be heart disease under section 112.18, Fla. Stat. Even under the definition set forth in Harlem, these conditions constitute heart disease, since they are processes that put pressure on the heart muscle, reduce its functioning, and increase the risk of heart failure. North Collier Fire Control and Rescue District vs. Harlem, 371 So. 3d at 377.

40. In his Trial Memorandum, the claimant cites to some nine decisions of the Judges of Compensation Claims (JCCs) which found arrhythmias, SVTs, atrial tachycardia, atrial fibrillations, and atrial flutters to constitute heart disease: Marsh vs. Brevard County Board of County Commissioners, No. 24-020180NPP (Fla. DOAH, OJCC October 14, 2025); Wynn vs. City of Pembroke Pines, No. 24-016186DAL (Fla. DOAH, OJCC March 17, 2025); Tomey vs. City of Delray Beach, No. 22-030674GJJ (Fla. DOAH, OJCC February 8, 2024); Santos vs. City of Miami Beach, No. 23-022767JIJ (Fla. DOAH, OJCC April 1, 2024); Braga vs. Osceola County Board of County Commissioners, No. 23-006670JEJ (Fla. DOAH, OJCC October 27, 2023); Bradt vs. City of Jacksonville, No. 23-007630WRH (Fla. DOAH, OJCC February 22, 2024); Hart vs. Lake County Sheriff's Office, No. 24-000519LMS (Fla. DOAH, OJCC August 22, 2024); Vandervoort vs. Munro County Fire Rescue, No. 24-004470JIJ (Fla. DOAH, OJCC

September 24, 2024); and Gadd-Norton vs. State of Florida DOC Union CI, No. 24-018034RJH (Fla. DOAH, OJCC February 21, 2025). In addition, since the claimant's Trial Memorandum was filed on November 3, 2025, I note that three more decisions of the JCCs have found a claimant's atrial fibrillation and SVT conditions to constitute heart disease under the statutory and case law: Illeck vs. The Villages Public Safety Department, No. 25-007703RAA (Fla. DOAH, OJCC November 6, 2025), Furst vs. Cedar Hammock Fire Control District, No. 25-011919RLY (Fla. DOAH, OJCC November 6, 2025) and Wilkinson vs. Manatee County Sheriff's Office, No. 25-007625EBG (Fla. DOAH, OJCC November 10, 2025).[2]

41. The claimant's claim for a determination of the compensability of his supraventricular tachycardia (SVT) and atrial heart flutter is hereby granted. The claimant next claims temporary total disability benefits for a period of two days, April 29 and April 30, 2025. The employer/carrier contends the claimant is not entitled to payment for the first seven days of disability, pursuant to section 440.20(2)(a) Fla. Stat. However, the dates claimed are the eighth and ninth days of the claimant's disability, respectively. Dr. Perloff testified the claimant was on a no work status due to his SVT condition through the end of April, 2025. The claimant testified he was scheduled to work on April 29 and April 30, 2025 but did not do so. Instead, as stated, he used his own accrued sick leave and vacation time for those days.

42. I accept the opinion of Dr. Perloff and I find the claimant to be entitled to an award of temporary total disability benefits for the two days claimed. Pursuant to section 440.12(1), Fla. Stat., if a claimant's disability lasts longer than seven days, but less than the 21-day waiting

[2] I recognize that decisions of the JCCs have no precedential value. Escambia County School District vs. Vickery-Orso, 109 So. 3d 1242, footnote 1 (Fla. 1st DCA 2013). I note that the Tomey vs. City of Delray Beach case, in which the JCC found that atrial fibrillation is a form of heart disease, was per curiam affirmed by the First District Court of Appeal in City of Delray Beach vs. Tomey, 403 So. 3d 282 (Fla. 1st DCA 2025). However, I also recognize that a per curiam affirmance decision without an opinion has no precedential value. Galue vs. Clopay Corporation, 388 So. 3d 64, 69 footnote 3 (Fla. 3d DCA 2023).

period, the carrier owes compensation from the eighth day only. Dubreuil's Florida Workers' Compensation Handbook, Ch. 13, section 13.10[5] (2016 ed. Matthew Bender). The waiting period applies to all classes of disability. *See also* Sinclair vs. Manorcare Health Services - Dunedin, 224 So. 3d 331 (Fla. 1st DCA 2017).[3]

43. The claimant's claim for authorization of medical care with a board certified cardiologist or other appropriate physician to treat the claimant's disabling heart disease is also granted. Dr. Borzak testified the claimant will need to continue to see a cardiologist for his heart disease, and I accept this opinion. I find this claim to be reasonable, medically necessary, and causally related to the claimant's compensable heart disease condition.

WHEREFORE, in view of the foregoing, it is hereby ORDERED AND ADJUDGED that:

1. The claimant's claim for a determination of the compensability of his supraventricular tachycardia (SVT) condition and heart flutter shall be, and the same is hereby, granted.

2. The claimant's claim for temporary total disability benefits for April 29 and April 30, 2025 shall be, and the same is hereby, granted.

3. The claimant's claim for authorization of a board certified cardiologist or other appropriate physician to treat his disabling heart disease shall be, and the same is hereby, granted.

4. Interest shall be due and payable on the temporary total disability benefits awarded herein, per section 440.20(8), Fla. Stat.

5. Penalties shall also be due and payable on the temporary total disability benefits awarded herein, per section 440.20(6), Fla. Stat. Penalties are assessed because these benefits

[3] Under the case law, although a JCC can award statutory disability benefits, the JCC lacks subject matter jurisdiction to reinstate a claimant's personal leave benefits. Medina vs. Miami Dade County, 300 So. 3d 255 (Fla. 1st DCA 2020).

were not timely paid within seven days after they became due. I further find such nonpayment did not result from conditions over which the employer or carrier had no control

6. Pursuant to section 440.34, Fla. Stat., the claimant shall be entitled to recover his reasonable attorney's fees and taxable costs from the employer/carrier based on the benefits secured herein. Jurisdiction shall be reserved to determine the amount of the fees and costs due.

DONE AND ORDERED at Lauderdale Lakes, Broward County, Florida this 12th day of November, 2025.

Honorable Daniel A. Lewis
Judge of Compensation Claims

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing Final Compensation Order was furnished this 12th day of November, 2025 by electronic transmission to the parties' counsel of record and by U.S. mail to the parties.

Secretary to Judge of Compensation Claims

APPENDIX

Bedoya vs. City of Fort Lauderdale; OJCC 25-012638DAL

Judge's Exhibits:

1. Composite Exhibit: Uniform Statewide Pretrial Stipulation filed September 16, 2025 and Claimant's Amendment thereto filed October 2, 2025, Docket Numbers 15 and 18

Claimant's Exhibits:

1. City of Fort Lauderdale Payroll Records filed November 5, 2025, Docket Number 42
2. Deposition of Dr. Steven Borzak filed November 3, 2025, Docket Number 29

Joint Exhibits:

1. Composite Exhibit: Deposition of Dr. David Perloff filed November 5, 2025, Docket Numbers 40 and 41
2. Deposition of Dr. David Kenigsberg filed November 4, 2025, Docket Number 35

Other Items:

1. Claimant's Trial Memorandum filed November 3, 2025, Docket Number 23
2. Employer/Carrier's Trial Memorandum filed November 3, 2025, Docket Number 32