

**BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS
STATE OF WASHINGTON**

1 **IN RE: DEADRA D. GARRIGUS**) **DOCKET NO. 18 12990**
2)
3 **CLAIM NO. AG-13806**) **PROPOSED DECISION AND ORDER**
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5 **Brenda M. Bono, Industrial Appeals Judge** — Deadra Garrigus was working as a store
6 manager for WSCO Petroleum Company (Texaco) on September 12, 2007, when she fell in standing
7 water to the ground, onto her right side. Ms. Garrigus underwent various medical treatment as a
8 result of her industrial injury, including back surgery. From 2010 to 2012, Ms. Garrigus participated
9 in vocational training to be a Social Services Aide, but she was unable to obtain work commensurate
10 with her training due to continued back issues thereafter. Ms. Garrigus suffers from continued
11 medical restrictions due to her industrial injuries. Ms. Garrigus underwent an unrelated left hip
12 replacement surgery by Dr. Brody Wood on July 20, 2016. The Department closed Ms. Garrigus's
13 claim on March 14, 2018, with a permanent impairment equal to Category 4 of permanent
14 lumbosacral impairments. The weight of the competent and credible record shows that Ms. Garrigus
15 was unable to perform continuous gainful employment at the time her industrial insurance claim was
16 closed. Ms. Garrigus is therefore entitled to permanent total disability benefits, or a pension, as of
17 March 14, 2018. The weight of the record shows further that Ms. Garrigus was entitled to temporary
18 total disability benefits from February 27, 2018, when those benefits ceased, through the date of case
19 closure. The Department order closing this claim on appeal should therefore be **REVERSED** and
20 **REMANDED** to the Department to pay the benefits due.
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DISCUSSION

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31 The claimant, as the appellant, has the burden to prove by a preponderance of the evidence
32 that the Department order on appeal is incorrect¹. The Department is responsible for conditions only
33 if they have been caused or aggravated by an industrial injury. The proximate cause between
34 Ms. Garrigus' disability, and the industrial injury must be established by competent medical testimony
35 which establishes that there is a probable, not mere possible, causal relationship.² The attending
36 physician's opinion should be given careful consideration.³
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44 ¹ *Olympia Brewing Co. v. Dep't of Labor & Indus.*, 34 Wn.2d 498 (1949); *In re Christine Guttromson*, BIIA Dec., 55,804
45 (1981).
46 ² *Sayler v. Dep't of Labor & Indus.*, 69 Wn.2d 893 (1966), and *Sacred Heart Medical Center v. Dep't of Labor & Indus.*, 92
47 Wn.2d 631 (1979).
 ³ *Hamilton v. Dep't of Labor & Indus.*, 111 Wn.2d 569 (1988).

1 Deadra Garrigus lives in Elma Washington. She is 54 years old, right-handed, and married to
2 Dave Garrigus. Ms. Garrigus dropped out of school in the ninth grade and later obtained her GED, and
3 attended some college. In 2007, Ms. Garrigus had been working as the manager of the Elma Texaco
4 for approximately two years when she fell in storm water and landed on the floor on her back and right
5 shoulder, also injuring her knee. Ms. Garrigus underwent lower back surgery. In separate incidents,
6 Ms. Garrigus also injured both shoulders. She has also undergone two carpal tunnel surgeries, and has
7 a cyst on her left ankle. Ms. Garrigus also underwent hip replacement surgery unrelated to her industrial
8 injury. Ms. Garrigus' hip symptoms came suddenly and were constant and severe. She underwent hip
9 replacement surgery from Dr. Wood on July 20, 2016. After her hip replacement surgery, Ms. Garrigus
10 suffered a serious MRSA infection which resulted in three additional surgical procedures at her hip, and
11 infectious disease specialist therapy and treatment. Ultimately, the infection resolved and Ms. Garrigus
12 recovered from her hip replacement surgery. By late 2016, the infection resolved, though she was
13 prescribed continued oral antibiotic medications. Since late 2016, Ms. Garrigus' hip was constantly
14 improving and, by early 2018, it had healed and was not giving her any trouble.

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16 Ms. Garrigus worked with vocational retraining in 2012. She was interested in returning to work
17 and was hopeful about working with persons with disabilities. Ms. Garrigus believes she could have
18 recommenced her training program in February or March 2018. She believes further that she could
19 have physically worked full-time in a job like a Social Service Aide in early 2018. Ms. Garrigus has not
20 worked since her industrial injury in 2007.

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22 Dave Garrigus has been married to Deadra Garrigus for 26 years. Mr. Garrigus was present with
23 Ms. Garrigus during the time of her hip replacement surgery and MRSA infection. By early 2018,
24 Mr. Garrigus believed that Ms. Garrigus' hip had returned to normal, except for taking oral antibiotics.
25 Between 2016 and 2018 Mr. Garrigus observed steady improvement of her hip.

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27 Karen Larson is a Vocational Rehabilitation Counselor. Ms. Larson reviewed the claim of
28 Deadra Garrigus upon request. Ms. Larson noted that Ms. Garrigus entered retraining through the
29 Department's plan implementation process in 2012, with the goal of retraining as a Social Services Aide.
30 Ms. Garrigus was able to complete an AA degree to that end, and in 2012 she was found completed
31 plan employable. Ms. Larson also had the opportunity to interview Ms. Garrigus. Ms. Larson observed
32 that Ms. Garrigus has lifting, sitting, standing, and walking restrictions that limit her to sedentary to light
33 duty, which are the same restrictions she had in 2012, and which restrictions appear to be permanent.
34 These restrictions result from this claim, as well as preexisting claims and other conditions. Ms. Larson
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1 looked at Ms. Garrigus's age, education, and experience, her current restrictions of allowed conditions,
2 as well as any preexisting or subsequent physical limitations from unrelated causes. Ms. Larson noted
3 that Ms. Garrigus had additional back treatment after she completed her retraining plan, and that she
4 was therefore referred out for another assessment in 2017. It was noted that Ms. Garrigus never actually
5 returned to work in her field of retraining, and that because of the six years that had transpired,
6 Ms. Garrigus needed to be assessed to determine whether or not her skills would need to be updated
7 in order to be competitively gainfully employed. Ms. Larson observed that a vocational rehabilitation
8 counselor did an assessment in 2017 on Ms. Garrigus' ability and skills, and he found, that given his
9 research, Ms. Garrigus was not employable based upon transferable skills from her prior training,
10 without additional training. Ms. Larson agrees with that conclusion. In Ms. Larson's opinion, on a more
11 probable than not basis, in February 2018, Ms. Garrigus did not have the skills to work as a Social
12 Service Aide without more training. Ms. Larson did consider Ms. Garrigus' post-injury hip injury and
13 MRSA, but did not believe that her hip condition was causing Ms. Garrigus any difficulties which would
14 relate to her ability to work. Ms. Larson also reviewed medical records. Ms. Larson reviewed
15 independent medical examination records from Dr. Blackstone, where he concluded that Ms. Garrigus
16 could work as a Social Service Aide. Ms. Larson understood that the attending physician at the time of
17 her review was Dr. Andrew Manista. From Ms. Larson's review of the medical records, Ms. Garrigus
18 did not need further orthopedic treatment in 2018 for her hip replacement. Nor was there any indication
19 from an infectious disease specialist that treatment for Ms. Garrigus in 2018 would prevent her from
20 going to school or going to work as a Social Services Aide. As of February 27, 2018, it was Ms. Larson's
21 opinion, on a more probable than not basis, that she would have recommended additional retraining for
22 Ms. Garrigus to obtain the skills necessary to be competitively employable, and her opinion would be
23 the same as of March 14, 2018. In Ms. Larson's opinion, based upon review of the medical and
24 vocational information, and taking into account Ms. Garrigus's age, education, job experience, physical
25 residuals, and labor markets, as of February 27, 2018, Ms. Garrigus would not have been able to obtain
26 competitive gainful employment without receiving further vocational services. Her opinion would be the
27 same as of March 14, 2018.

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42 Andrew Philip Manista is an orthopedic surgeon certified by his peers. One of Dr. Manista's
43 patients was Deadra Garrigus. Dr. Manista first saw Ms. Garrigus on December 8, 2008, for lumbar
44 conditions. Dr. Manista was also aware of the July 2016 total right hip replacement under which
45 Ms. Garrigus went. Dr. Manista was also aware that post hip surgery, Ms. Garrigus suffered from a
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1 MRSA-type infection. As of January 2018, Dr. Manista felt that Ms. Garrigus could physically work as a
2 Social Service Aide, considering her whole person, on a full-time basis. As of January 2018, Dr. Manista
3 did not feel that Ms. Garrigus's hip condition alone prevented her from engaging in work type activities,
4 or going to school. Dr. Manista's opinion would be the same as of March 2018, and was provided on a
5 more probable than not basis.
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9 Dan Hughes has a doctorate of physical therapy. Dr. Hughes saw Deadra Garrigus on
10 March 19, 2018 for a functional capacities examination. During the examination, Ms. Garrigus showed
11 quite a few limitations with her activity levels, with the major ones coming from her low back and right
12 shoulder. She also had complications with her neck and hip. Dr. Hughes limited Ms. Garrigus's sitting
13 abilities to no more than 30 minutes at a time, three hours in an eight hour day. He limited her static
14 standing to 10 minutes at a time, and walking to 20 minutes at a time. Dr. Hughes restricted
15 Ms. Garrigus' ability to climb stairs to seldom; occasional limited neck and trunk twisting; seldom
16 bending, stooping, and squatting; and restricted reaching. Dr. Hughes also found Ms. Garrigus to be
17 slightly restricted with keyboarding and wrist flexion-extension, more with handling, grasping,
18 manipulation, and foot controls. Dr. Hughes limited Ms. Garrigus' lifting waist to shoulder level to eight
19 pounds, and restricted her from all overhead lifting. Dr. Hughes found Ms. Garrigus able to carry 10
20 pounds, 50 feet, and to perform some pushing and pulling. Dr. Hughes did not feel that Ms. Garrigus
21 was able to perform the duties of a minimart gas station manager and cashier from a functional or safe
22 basis. Dr. Hughes also held the opinion on a more probable than not basis that Ms. Garrigus was not
23 able to perform the job of a Social Services Aide on a full-time continuous basis. At the time of his
24 testing, Dr. Hughes did not find Ms. Garrigus' hip to be the major limiting factor when it came to most of
25 her functional tasks. The major limiting factor, other than the reaching and lifting above her head, was
26 mainly related to her low back. Dr. Hughes felt that if it were for her hip alone, Ms. Garrigus would not
27 have as great of limits as she had and would, from the perspective of her hip, be able to perform the
28 position of Social Services Aide. Dr. Hughes believed that Ms. Garrigus could more probably than not
29 work on a part-time basis, but he did not believe that a job existed on a full-time basis within her functional
30 capacities. Dr. Hughes found Ms. Garrigus' testing to be valid, and noted no inconsistencies in the
31 results of her testing.
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43 Preeti Kondal is an infectious disease specialist certified by her peers. Dr. Kondal met
44 Ms. Garrigus in August 2016, during a hospitalization for an infection in Ms. Garrigus's right hip, for
45 which cultures grew out as MRSA. Dr. Kondal continued to follow and treat Ms. Garrigus at the time of
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1 her deposition, in December 2018. At that time, Ms. Garrigus's hip was healed, and they decided to
2 stop antibiotic treatment. As of February and March 2018, in Dr. Kondal's opinion, although Ms. Garrigus
3 had ongoing pain in her hip, she had full range of motion and was doing pretty well. In Dr. Kondal's
4 opinion, as far as the infection in her hip was concerned, that condition did not prevent Ms. Garrigus
5 from going to school full-time, nor did it prevent her from working on a full-time basis. Dr. Kondal
6 provided her opinions on a more probable than not basis.
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10 Bruce Blackstone is an orthopedic surgeon, certified by his peers. He was largely retired at the
11 time of his deposition in January 2019. Dr. Blackstone performed an independent medical examination
12 of Deadra Garrigus on December 28, 2017, and also reviewed medical records. Dr. Blackstone noted
13 that Dr. Manista performed an L4-L5 laminectomy on Ms. Garrigus on March 10, 2009. After several
14 months, Ms. Garrigus complained again of increased low back pain. Further conservative treatment
15 included steroid injections and physical therapy. At the time of Dr. Blackstone's examination,
16 Ms. Garrigus's main complaints were right shoulder pain and low back pain, as well as lower extremity
17 neurologic symptoms, pain, tingling, numbness, and weakness, right greater than left. Ms. Garrigus' hip
18 was not one of her main complaints at the time of his examination. Dr. Blackstone concluded that
19 Ms. Garrigus's low back condition, as of the time of his examination, was not amenable to additional
20 surgical treatment because of her having suffered from a MRSA infection. Dr. Blackstone diagnosed a
21 lumbar sprain-strain; spinal stenosis; lumbar spondylosis related to her industrial injury; as well as
22 cervical spondylosis and right upper extremity radiculopathy unrelated to the industrial injury. In addition,
23 Dr. Blackstone diagnosed right shoulder rotator cuff syndrome bursitis accepted as related to the
24 September 2007 injury; right shoulder glenohumeral arthrosis unrelated to the industrial injury; bilateral
25 knee chondromalacia unrelated to the industrial injury; and unrelated history of right total hip complete
26 arthroplasty, complicated by infection. In Dr. Blackstone's opinion, Ms. Garrigus was able to work some
27 jobs, but had significant limitations in regard to her ability to stand and walk for more than 15 minutes at
28 a time. Dr. Blackstone believes Ms. Garrigus should not be lifting more than five pounds on an
29 occasional basis, and certainly no more than ten pounds. In Dr. Blackstone's opinion, Ms. Garrigus
30 should not be working around machinery or moving equipment; should not be climbing ladders; and
31 should not be expected to kneel, crawl, squat, or bend at the waist on a more than seldom basis. Dr.
32 Blackstone believes those restrictions are permanent. At the time of his examination, Dr. Blackstone
33 believed that Ms. Garrigus was capable of working as a Social Services Aide. Dr. Blackstone believes
34 that working as a store manager was more than Ms. Garrigus could handle. At the time of his
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1 examination, Dr. Blackstone believed Ms. Garrigus was physically capable of going through a retraining
2 program. Dr. Blackstone could recommend no further specific curative medical treatment. He believed
3 any recommendations that may have been given for additional back surgery were inappropriate, due to
4 the history of her hip infection with MRSA. Dr. Blackstone rated Ms. Garrigus at a permanent impairment
5 level Category 4 at the time of his examination in December 2017. Dr. Blackstone did not have available
6 to him for review any records from Dr. Brodie Wood or his office leading up to the hip replacement, nor
7 did he have any records of the specific hip surgeries. Dr. Blackstone was unaware whether or not Ms.
8 Garrigus had been referred to an infectious disease specialist, related to her MRSA infection. Dr.
9 Blackstone was not of the opinion that Ms. Garrigus' hip condition, and/or the MRSA infection, prevented
10 her from going to school or working full-time, in and of itself. The Social Services job to which Dr.
11 Blackstone released Ms. Garrigus, was consistent with Dr. Blackstone's restrictions. Dr. Blackstone
12 provided his opinions on a more-probable-than-not basis.

13 Daniel Cox is a Vocational Rehabilitation Counselor. Mr. Cox was assigned to review the case
14 of Deadra Garrigus, and in that context received reports and records from doctors and others to review.
15 Mr. Cox also met and worked with Ms. Garrigus herself. Their first appointment was
16 September 27, 2017. Mr. Cox noted that the industrial injury was in 2007, and Ms. Garrigus underwent
17 vocational training to be a Social Services Aide between 2010 and 2012, at Grays Harbor College. A
18 Social Services Aide is a sedentary level job. After review and analysis, in Mr. Cox's opinion at the time
19 he drafted his report, Ms. Garrigus was currently not able to work as a Social Services Aide, and would
20 not be likely to benefit from retraining as a Social Services Aide based on her medical conditions,
21 unrelated to her industrial injury. Mr. Cox opined that Ms. Garrigus did not have the current skills to be
22 a Social Services Aide, even though she trained to be a one, because many of the skills she learned in
23 2010 and 2012 would be out of date, and she would have lost some of those skills. In Mr. Cox's opinion
24 Ms. Garrigus's post-industrial degenerative joint disease of the right hip, which became complicated by,
25 post-operative MRSA, was the most limiting condition that she has. Mr. Cox based this opinion on his
26 review of medical records. Mr. Cox did not analyze whether there were jobs available for sedentary only
27 Social Services Aides in the relative job market. Mr. Cox did note that Ms. Garrigus's original work
28 pattern was full-time level. Based upon Washington State Law, in Mr. Cox's opinion if Ms. Garrigus is
29 unable to work at that original work pattern, she is considered unemployable. Mr. Cox reviewed medical
30 records from Dr. Blackstone, wherein Dr. Blackstone indicated that Ms. Garrigus was physically able to
31 work as a Social Services Aide, on December 28, 2017. Mr. Cox does not recall whether or not he
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1 contacted Dr. Wood, Ms. Garrigus' hip surgeon, to ask him whether orthopedically the hip permanently
2 restricted her from going to school or working full-time. Mr. Cox does not believe he asked Ms. Garrigus'
3 infectious disease physician about her ability to work relative to her hip. None-the-less, in Mr. Cox's
4 opinion, as of March 7, 2018, Ms. Garrigus was not able to work or participate in vocational rehabilitation
5 due to unaccepted conditions, specifically her hip. Mr. Cox based his opinion, at the time he provided
6 his February 28, 2018 report, upon the opinions of Dr. Andrew Manista and Dr. Bruce Blackstone. After
7 questioning at the time of his deposition, Mr. Cox concluded he did not have a full opinion yet on whether
8 or not Ms. Garrigus was able to work as a Social Services Aide, and or able to benefit from retraining.
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11 To have probative value, expert opinions must be based upon "full knowledge of all material
12 facts" established by, or inferable from, the record including opinions given based upon a hypothetical
13 question or review of medical history.⁴ A worker is entitled to benefits under the Industrial Insurance Act
14 if the industrial injury is a proximate cause of the alleged condition for which benefits are sought. The
15 law does not require the industrial injury be the sole proximate cause of the condition.⁵ If the injury
16 complained of is the proximate cause of the condition for which benefits are sought, the previous
17 condition of the worker is "immaterial and recovery may be had for the full disability independent of any
18 preexisting or congenital weakness".⁶ The worker is to be taken as is, with all preexisting frailties and
19 bodily infirmities. In addition, the consequences of treatment for an industrial injury are considered to
20 be part and parcel of the injury itself.⁷
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23 The Department can pay time-loss compensation benefits only by specific grant of authority.
24 RCW 51.32.090, payment for total temporary disability, permits the Department to pay time-loss
25 compensation benefits where the worker is unable to perform or obtain reasonably continuous gainful
26 employment. To establish entitlement to additional time-loss compensation benefits, the worker must
27 prove through medical testimony, or vocational testimony, based on proven and assumed medical
28 facts of loss of function, that he or she was unable to perform reasonably continuous gainful
29 employment during the period for which time-loss compensation is sought.⁸ Eligibility for pension is
30 determined by objective evidence of the injured worker's physical condition, taking into account
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42 ⁴ *Sayler v. Dep't of Labor & Indus.*, 69 Wn.2d 893 (1966).

43 ⁵ *Wendt v. Dep't of Labor & Indus.*, 18 Wn. App. 674 (1977).

44 ⁶ *Dennis v. Dep't of Labor & Indus.*, 109 Wn.2d 467 (1987).

45 ⁷ *Anderson v. Allison*, 12 Wn.2d 487 (1942), *Ross v. Erickson Construction Co.*, 89 Wash. 634 (1916); and *In re Arvid Anderson*, BIIA Dec., 65 170 (1986).

46 ⁸ *Johnson v. Dep't of Labor & Indus.*, 45 Wn.2d 71 (1958); *Fochtman v. Dep't of Labor & Indus.*, 7 Wn. App. 286
47 (1972); *In re Carol Westerlund*, Dckt. No. 91 6516 (February 11, 1993).

1 appropriate limitations on physical activities, as well as age, education, skills, and general aptitude
2 for functioning in the labor market.⁹ Generally, to prove total disability, a worker must present medical
3 testimony showing loss of function caused by the industrial injury. A worker can prove permanent
4 total disability without medical testimony if he or she presents the testimony of a vocational expert,
5 who offers the opinion that there is no work a claimant can obtain or perform, and that the industrial
6 injury is a proximate cause of the inability to obtain or perform work. However, the opinion of the
7 vocational expert must be based on proven and assumed medical facts of loss of function proximately
8 caused by the injury.¹⁰

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10 I am convinced that, as of February 27, 2018, Ms. Garrigus was unable to perform continuous
11 gainful employment. I am persuaded further that as of March 14, 2018, Ms. Garrigus had reached
12 maximum medical improvement and was permanently and totally disabled. I find the combined opinions
13 of the medical experts to be convincing, that as of the winter and spring of 2018, Ms. Garrigus' disability
14 was causally related to her industrial injury. Mr. Cox appears to have been, at best, confused, or at
15 worse, ill-informed regarding the opinions of the experts who cared for and examined Ms. Garrigus, and
16 the sequelae of her hip surgery and infection. Ms. Garrigus was, at most, able to perform sedentary
17 work during the time period at issue, such as that required for a Social Services Aide. Unfortunately,
18 without re-training, Ms. Garrigus did not have the skills and experience to perform any employment
19 within her physical limitations, at the time her income benefits were suspended. I am convinced further
20 that, in light of Ms. Garrigus's age, education, and experience, she is totally disabled according to the
21 Industrial Insurance Act. Ms. Garrigus's total disability was permanent as of March 14, 2018, and
22 primarily caused by her industrial injury.

33 DECISION

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35 In Docket No. 18 12990, the claimant, Deadra D. Garrigus, filed an appeal with the Board of
36 Industrial Insurance Appeals on March 14, 2018. The claimant appeals a Department order dated
37 March 14, 2018. In this order, the Department closed this claim with a permanent partial impairment
38 equal to Category 4 of permanent lumbosacral impairments. This order is incorrect and is reversed
39 and remanded to pay a pension and additional temporary total disability benefits.
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46 ⁹ *In re Tamidee Crosby*, Dckt. No. 01 23843 (February 23, 2004).

47 ¹⁰ *Fochtman v. Dep't of Labor & Indus.*, 7 Wn. App. 286 (1972).

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FINDINGS OF FACT

1. On July 3, 2018, an industrial appeals judge certified that the parties agreed to include the Jurisdictional History in the Board record solely for jurisdictional purposes.
2. Deadra D. Garrigus sustained an industrial injury on September 12, 2007, when she fell in standing water, injuring her back and right shoulder.
3. As of March 14, 2018, Ms. Garrigus's conditions proximately caused by the industrial injury were fixed and stable and did not need further proper and necessary treatment.
4. Ms. Garrigus is 54 years old, right-handed, and married to Dave Garrigus. Ms. Garrigus originally dropped out of school in the ninth grade, and later obtained her GED, and attended some college as part of vocational re-training.
5. Ms. Garrigus is able to work some sedentary jobs, but has significant limitations in regard to her ability to stand and walk for more than 15 minutes at a time. Ms. Garrigus cannot lift more than five pounds on an occasional basis, and certainly no more than ten pounds. Ms. Garrigus cannot work around machinery or moving equipment, cannot climb ladders or be expected to kneel, crawl, squat, or bend at the waist on a more than seldom basis. Those restrictions are permanent. Ms. Garrigus does not have the education, training, or experience to perform work within her physical limitations.
6. Ms. Garrigus was unable to perform or obtain gainful employment on a reasonably continuous basis from February 27, 2018, through March 14, 2018, due to the residuals of the industrial injury, and taking into account her age, education, work history, and preexisting conditions.
7. Ms. Garrigus was unable to perform or obtain gainful employment on a reasonably continuous basis as of March 14, 2018, when she reached maximum medical improvement, due to the residuals of the industrial injury and taking into account the claimant's age, education, work history, and preexisting conditions.

CONCLUSIONS OF LAW

1. The Board of Industrial Insurance Appeals has jurisdiction over the parties and subject matter in this appeal.
 2. Ms. Garrigus was a temporarily totally disabled worker within the meaning of RCW 51.32.090 from February 27, 2018, through March 14, 2018.
 3. The Department order dated March 14, 2018, is incorrect and is reversed. This matter is remanded to the Department to pay time-loss compensation benefits from February 27, 2018, through March 14, 2018.
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4. Ms. Garrigus was a permanently totally disabled worker within the meaning of RCW 51.08.160, as of March 14, 2018.
5. This matter is also remanded to the Department to find Ms. Garrigus permanently totally disabled as of March 14, 2018.

Dated: March 13, 2019



BRENDA M. BONO
Industrial Appeals Judge
Board of Industrial Insurance Appeals

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**Addendum to Proposed Decision and Order
In re Deadra D. Garrigus
Docket No. 18 12990
Claim No. AG-13806**

Appearances

Claimant, Deadra D. Garrigus, by Williams Wyckoff & Ostrander, PLLC, per Douglas P. Wyckoff
Employer, WSCO Petroleum Co., (did not appear)
Department of Labor and Industries, by Office of the Attorney General, per Shawn W. Gordon

Hearing Testimony Considered

Claimant Witnesses

1. Karin Larson
2. Dave Garrigus
3. Deadra Garrigus

Perpetuation Deposition Testimony Considered

The following depositions are published in accordance with WAC 263-12-117 with all objections overruled and all motions denied except as indicated below.

Claimant Witnesses

1. Dr. Andrew P. Manista

The deponent reserved signature on this deposition. 30 days have passed since the court reporter served the deposition on the deponent. No certification was received from the court reporter and no motion to suppress has been made. The deposition is published in accordance with CR 32(d)(4).

Exhibit 1 to Dr. Manista's deposition is renumbered as Board Exhibit 13 and admitted.

2. Dan Hughes
3. Dr. Preeti Kondal

Department Witnesses

1. Dr. Bruce Blackstone
2. Daniel J. Cox

Other

Exhibits 1-13 are admitted