OF THE STA	TE OF OKLAHOMA	COMM	133104		
JERRY WAYNE YOUNTS, Claimant,)))	6 COMPE	MAR 07 WORKER NSATION C	Či	SSION
vs.)) WCC No. 2013-07227 X) XXX-XX-1837				
THE CITY OF NORMAN, OKLAHOMA, a Municipal Corporation, Own Risk,))				
Respondent.	<i>)</i>)				

IN THE ADMINISTDATIVE WODKEDS! COMPENSATION

REQUEST FOR REVIEW

COMES NOW the Respondent, City of Norman, by and through its attorneys of record, Jeanne Snider and Rickey J. Knighton, and appeals to the Commission, of and from the Order of the Workers' Compensation Court, made and entered on the 28th day of February, 2014, by Judge Bob Lake Grove. For grounds for this appeal, the Respondent alleges and states as follows:

- 1. That a copy of said order is being attached to this Appeal and made a part thereof as Exhibit A.
- 2. That the Trial Court erred in finding in paragraph -3- that the claimant sustained 40 percent permanent partial disability to the whole man back and 15 percent permanent partial disability to the left foot (drop).
- 3. That the issue of injury and disability to the Claimant should be redetermined by the Court En Banc in order to reasonably compensate the Claimant for injury.
- 4. That the Trial Court's decision was contrary to law and against the clear weight of the evidence.

WHEREFORE, Respondent, City of Norman, prays that this matter be placed on the Oral Argument Docket and that upon hearing of said matter by the Comission that such other and further order be made as to reasonably compensate the Claimant for this injury.

THE CITY OF NORMAN, OKLAHOMA,

A MUNICIPAL CORPORATION

JEFF H. BRYANT CITY ATTORNEY

Jeanne Snider, OBA #19223 Assistant City Attorney

Ricky J. Knighton, II, OBA #17257

Assistant City Attorney

P. O. Box 370

Norman, Oklahoma 73070

(405) 366-5489

CERTIFICATE OF SERVICE

On this 1th day of March, 2014, I, Jeanne Snider, do hereby certify that I mailed a true and correct copy, postage prepaid, of the above and foregoing to:

Joseph Biscone II 105 North Hudson Avenue, Suite 100 Oklahoma City, OK 73102-4801

On this 1th day of March, 2014, I, Jeanne Snider, do hereby certify that I hand-delivered a true and correct copy of the above and foregoing to:

Cindy Jones, Court Reporter 1915 N. Stiles Workers Compensation Court Oklahoma City, Oklahoma 73105

Jeanne Snider

EXHIBIT "A"

BEFORE THE WORKERS' COMPENSATION COURT OF EXISTING CLAIMS

In re claim of:	FILED WORKERS' COMPENSATION COURT STATE OF OKLAHOMA February 28, 2014
JERRY WAYNE YOUNTS Claimant	Joyce Sanders COURT CLERK
CITY OF NORMAN Respondent) Court Number: 2013-07227X
CITY OF NORMAN (OWN RISK #10970) Ins. Carrier	Claimant's Social Security Number: xxx-xx-1837

ORDER AWARDING THE NATURE AND EXTENT OF PERMANENT PARTIAL IMPAIRMENT BENEFITS

Now on this 13th day of FEBRUARY, 2014, this cause came on for consideration pursuant to regular assignment and hearing on FEBRUARY 12, 2014, before JUDGE BOB LAKE GROVE, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, JOSEPH C BISCONE II and respondent and insurance carrier appeared by counsel, JEANNE SNIDER.

The Court having considered the evidence and records on file, and being well and fully advised in the premises FINDS AND ORDERS AS FOLLOWS:

-1-

THAT on MAY 23, 2013, claimant was employed by the above named respondent and such employment was subject to and covered by the provisions of the Workers' Compensation Act of the State of Oklahoma; and on said date claimant sustained accidental personal injury to the LOW BACK with consequential injury to the LEFT FOOT (DROP) arising out of and in the course of claimant's employment.

-2-

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$771.00 per week for temporary total disability and \$323.00 per week for permanent partial impairment.

THAT as a result of said injury, claimant sustained 40 percent permanent partial impairment to the WHOLE MAN LOW BACK (objective medical evidence, loss of range of motion, weakness, and three unoperated disc per MRI with subsequent surgery and resulting in permanent anatomical abnormality) and 15 percent permanent partial disability for the LEFT FOOT (DROP)(objective medical evidence, loss of range of motion and neuropathy resulting in permanent anatomical abnormality), for which claimant is entitled to compensation for 233 weeks at \$323.00 per week, or the total amount of \$75,259.00 of which 23 weeks have accrued and shall be paid in a lump sum of \$7,429.00.

-4-

THAT respondent and/or insurance carrier shall pay all reasonable and necessary medical expenses incurred by claimant as a result of said injury through the date of this order.

- 5 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$7,429.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$75,259.00 (less attorney fee) has been paid to claimant.

-6-

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$564.44, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$1,505.18 to the Workers' Compensation Administration Fund, representing two percent (2%) of the permanent disability award herein.

-7-

THAT pursuant to Title 85 O.S. Section 368, a final award fee of one hundred forty dollars (\$140.00) is taxed as a cost in this matter, and shall be paid by respondent to the Court Administrator.

-8-

THAT the sum of \$15,051.80 shall be deducted from the award herein and paid in lump sum to claimant's attorney as a fair and reasonable attorney fee; within twenty (20) days from the date of filing of this order, respondent or insurance carrier shall comply herewith.

BY ORDER OF:

/S/Dob Lake -

BOB LAKE GROVE, JUDGE

ca/KAnderson

A copy of the above and foregoing Court Order was mailed, by regular or Certified United States Mail, on this filed stamped date to:

Claimant's Attorney:

JOSEPH C BISCONE II

105 N HUDSON AVE STE 100 OKLAHOMA CITY, OK 73102-4801

Respondent's Attorney:

JEANNE SNIDER

PO BOX 370

NORMAN, OK 73070-

I do hereby certify that the above and foregoing is a true and correct copy of the original order signed by the Judge herein. Witness by my hand and the official seal of this court on this date.

SEAL

Court Clerk

February 28, 2014