

BEFORE THE WORKERS' COMPENSATION COURT OF EXISTING CLAIMS
STATE OF OKLAHOMA

FILED

WORKERS' COMPENSATION COURT
STATE OF OKLAHOMA
February 25, 2015
Katrina Stephenson
COURT CLERK

In re claim of:

HAROLD D GLOVER)	
Claimant)	
)	Court Number: 2010-09686F
NORMAN FIRE DEPARTMENT)	
Respondent)	
)	Claimant's Social Security
)	Number: xxx-xx-3085
CITY OF NORMAN (OWN RISK #10970))	
Ins. Carrier)	

ORDER REOPENING CLAIM ON CHANGE OF CONDITION
FOR THE WORSE AND AWARDED ADDITIONAL
PERMANENT PARTIAL DISABILITY

Now on this 20th day of FEBRUARY, 2015, this cause came on for consideration pursuant to regular assignment and hearing on FEBRUARY 10, 2015, before JUDGE L BRAD TAYLOR, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, RICHARD A BELL 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 FOLLOW:

- 1 -

THAT on OCTOBER 31, 2012 an order was entered herein finding that as a result of cumulative trauma (FIRST AWARENESS & LAST EXPOSURE on JUNE 29, 2010), claimant sustained an accidental personal injury arising out of and in the course of claimant's employment, for which an award of 3 percent permanent partial disability as a result of PSYCHOLOGICAL OVERLAY and 23 percent permanent partial disability to the LEFT LEG was entered.

- 2 -

THAT subsequent to that order, claimant sustained a change in physical condition for the worse to the LEFT LEG.

- 3 -

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$717.00 per week for temporary total disability and \$359.00 per week for permanent partial disability.

- 4 -

THAT on APRIL 1, 2014, DR. ANDERSON performed surgery on claimant's LEFT LEG (medial hemiarthroplasty).

- 5 -

THAT as a result of said change of condition, claimant has sustained 22 percent permanent partial disability to the LEFT LEG, over and above the 23 percent previously awarded (FOR A TOTAL OF 45% FOR THIS INJURY ALONE), for which claimant is entitled to compensation for 60.5 weeks at \$359.00 per week or a total of \$21,719.50 of which 38 weeks have accrued and shall be paid in lump sum of \$13,642.00.

- 6 -

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

- 7 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$13,642.00 and pay the balance of said award at the rate of \$359.00 per week until the total award of \$21,719.50 (less attorney fee) has been paid to claimant.

- 8 -

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$162.90, representing three-fourths of one percent (0.75%). "Pursuant to 85 O.S. § 407, as amended by Laws 2013, HB 2201, c. 254, § 49, eff. January 1, 2015, Respondent, if Own Risk, shall pay \$434.39 to the Workers' Compensation Administration Fund created by 85 O.S. § 407, to be used for the costs of administering the Workers' Compensation Code as applicable to the Oklahoma Workers' Compensation Court of Existing Claims, representing two percent (2%) of the permanent disability award herein."

- 9 -

THAT pursuant to Title 85 O.S. Section 368, a filing fee of one hundred thirty dollars (\$130.00) is taxed as a cost in this matter, and shall be paid by claimant to the Court unless a filing fee for claimant's motion to reopen was previously paid, within twenty (20) days from the date this order becomes final.

- 10 -

THAT the sum of \$4,343.90 shall be deducted from the award herein and paid in lump sum to claimant's attorney as a fair and reasonable attorney fee; within 20 days from the date of filing of this order, respondent or insurance carrier shall comply herewith.

BY ORDER OF:

/s/ 

L BRAD TAYLOR, JUDGE

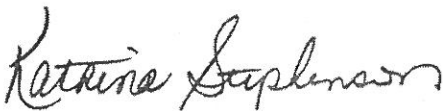
ca/CRichardson

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: RICHARD A BELL
PO BOX 1529
NORMAN, OK 73070-1529

Respondent's Attorney: R BLAINE NICE
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.



Court Clerk
February 25, 2015

