

BEFORE THE WORKERS' COMPENSATION COURT OF THE STATE OF OKLAHOMA

FILED

**WORKERS' COMPENSATION COURT
STATE OF OKLAHOMA**

October 18, 2013

**Joyce Sanders
COURT CLERK**

In re claim of:

KENNETH HAMMAN
Claimant

CITY OF NORMAN
Respondent

CITY OF NORMAN (OWN RISK #10970)
Ins. Carrier

)
)
) Court Number: 2011-06613L
)
)
) Claimant's Social Security
) Number: xxx-xx-1893
)

**ORDER DETERMINING COMPENSABILITY AND AWARDING
PERMANENT PARTIAL DISABILITY BENEFITS**

Now on this 11th day of OCTOBER, 2013, this cause came on for consideration pursuant to regular assignment and hearing on SEPTEMBER 19, 2013, before JUDGE MICHAEL W MCGIVERN, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, SHILOH RENES 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 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 FEBRUARY 1, 2011, claimant became aware he/she had sustained accidental personal injury as a result of cumulative trauma to the and RIGHT SHOULDER arising out of and in the course of claimant's employment. Claimant's last injurious exposure to said trauma was on MARCH 24, 2011.

- 2 -

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$377.36 per week for temporary total disability and \$323.00 per week for permanent partial disability.

- 3 -

THAT as a result of said injury, claimant sustained 21 percent permanent partial disability to the RIGHT SHOULDER (surgery - mini open rotator cuff repair, open biceps tenodesis, arthroscopic acromioplasty, distal clavicle resection, extensive debridement, reduced range of motion, weakness, loss of strength), over and above pre-existing 3%, for which claimant is entitled to compensation for 105 weeks at \$323.00 per week, or the total amount of \$33,915.00 of which 19 weeks have accrued and shall be paid in a lump sum of \$6,137.00.

- 4 -

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

- 5 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$6,137.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$33,915.00 (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 \$254.36, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$678.30 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 \$6,783.00 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/ 

MICHAEL W MCGIVERN, JUDGE

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: JOHN C FORBES
PO BOX 50067
MIDWEST CITY, OK 73140-

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.

Joyce Sanders



Court Clerk
October 18, 2013

FILED

WORKERS' COMPENSATION COURT
STATE OF OKLAHOMA
September 28, 2012
Joyce Sanders
COURT CLERK

Court Number: 2011-06613L

Claimant's Social Security
Number: xxx-xx-1893

ORDER AUTHORIZING MEDICAL TREATMENT

- 1 -

- 2 -

THAT the Court finds claimant's job is physical in nature. Respondent's witness testified to same. The Court believes claimant's work has aggravated a pre-existing condition resulting in the need for current medical care.

- 3 -

THAT respondent is directed to provide medical care with a doctor of their choice. Said appointment to be made within thirty(30) days of the date of this order.

BY ORDER OF:

/s/ Michael W McGivern

MICHAEL W MCGIVERN, JUDGE

pj/KAmos

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Court Clerk
September 28, 2012