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

In re claim of:

DAVID TEUSCHER

CITY OF NORMAN

Claimant

Respondent

Ins. Carrier

CITY OF NORMAN (OWN RISK #10970)

LILLU
WORKERS' COMPENSATION COURT
STATE OF OKLAHOMA
February 27, 2018
Katrina Stephenson
COURT CLERK
Court Number: 2017-04378K
Claimant's Social Security

Number: xxx-xx-4105

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ORDER DETERMINING COMPENSABILITY AND AWARDING PERMANENT PARTIAL IMPAIRMENT BENEFITS

Now on this 8th day of FEBRUARY, 2018, this cause came on for consideration pursuant to regular assignment and hearing on FEBRUARY 5, 2018, before JUDGE L BRAD TAYLOR, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, JEFFREY M COOPER and respondent and insurance carrier appeared by counsel, BRADLEY J MCCLURE.

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 the Court finds that claimant's testimony was credible.

-2-

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 DECEMBER 20, 2013, claimant became aware he had sustained accidental personal injury as a result of cumulative trauma to the LEFT SHOULDER arising out of and in the course of claimant's employment. Claimant's last injurious exposure to said trauma was on DECEMBER 1, 2013.

- 3 -

THAT the major cause of claimant's injury is due to a single event on DECEMBER 20, 2013, as a result of changing a flat tire on city vehicle.

. 4 -

THAT respondent admits accident and injury.

- 5 -

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

- 6 -

THAT on FEBRUARY 28, 2014, DR. DAVID BOBB performed an extensive surgery. DR. BOBB "unusual complex partial thickness tear...." (Claimant's Exhibit #1).

- 7 -

THAT on JULY 11, 2014, DR. BOBB performed 2nd surgery (open surgery with a scar 8" - 10"). Claimant has had a prolonged course of physical therapy.

- 8 -

THAT claimant has no history of injury or accident to his LEFT SHOULDER.

-9 -

THAT as a result of said injury, claimant sustained 29 percent permanent partial impairment to the LEFT SHOULDER, for which claimant is entitled to compensation for 145 weeks at \$323.00 per week, or the total amount of \$46,835.00 of which 44 weeks have accrued and shall be paid in a lump sum of \$14,212.00.

- 10 -

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

- 11 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$14,212.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$46,835.00 (less attorney fee) has been paid to claimant.

- 12 -

THAT Respondent shall pay court costs; Special Occupational Health and Safety Fund Tax of three-fourths of one percent (0.75%) of the amounts paid in lump sum of \$351.26. Pursuant to 85 O.S., Section 407, as amended by Laws 2013, HB 2201, c. 254, Section 49, eff. January 1, 2015, Respondent, if Own Risk, shall pay \$936.70 to the Workers' Compensation Administration Fund created by 85 O.S. Section 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.

- 13 -

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.

THAT the sum of \$9,367.00 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:

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:

JEFFREY M COOPER

415 NW 11TH STREET

OKLAHOMA CITY, OK 73103-

Respondent's Attorney:

JEANNE SNIDER

PO BOX 370

NORMAN, OK 73070-

BRADLEY J MCCLURE

1327 N ROBINSON

OKLAHOMA CITY, OK 73103-4848

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 27, 2018