

**O R D E R
APPROVING COMMUTATION**

Injury No.: 00-028200

Employee: Richard Allen
Employer: TNI (USA) D/B/A AATCO
Insurer: Liberty Mutual Insurance Company

On January 17, 2008, the administrative law judge approved a Stipulation for Compromise Settlement. Under the Stipulation, employer/insurer agreed either to fund a trust for employee's future medical needs as required by the Centers for Medicare and Medicaid Services or to leave future medical open. The parties have now filed a Joint Motion to Commute Medical Benefit Compensation (Joint Motion). Pursuant to the terms of the parties' agreement, employer/insurer will pay to employee \$81,281.00 to fund a Medicare Set Aside Trust, in the manner approved by the Centers for Medicare & Medicaid Services.

We approve \$81,281.00 as the commuted value of employee's future medical care with regard to the above-referenced injury. The Commission finds that a commutation of the future medical portion of the Stipulation for Compromise Settlement is in the best interest of the employee.

The above-mentioned Joint Motion submitted pursuant to §287.530 RSMo, is in proper form and order. The motion is granted. A copy of the Joint Motion is attached and incorporated by reference.

Given at Jefferson City, State of Missouri, this 11th day of February 2009.

LABOR AND INDUSTRIAL RELATIONS COMMISSION

William F. Ringer, Chairman

Alice A. Bartlett, Member

John J. Hickey, Member

Attest:

Secretary

PARTIAL AWARD

Employee: Larelle Risley

Injury No.: 93-003478

Dependents: N/A

Employer: Branson R-4 School District

Additional Party: N/A

Insurer: Self

Hearing Date: May 13, 1999

Checked by: RSM:pjs

FINDINGS OF FACT AND RULINGS OF LAW

1. Are any benefits awarded herein? Yes
2. Was the injury or occupational disease compensable under Chapter 287? Yes
3. Was there an accident or incident of occupational disease under the Law? Yes
4. Date of accident or onset of occupational disease: January 22, 1993
5. State location where accident occurred or occupational disease contracted: Taney County, Missouri
6. Was above employee in employ of above employer at time of alleged accident or occupational disease? Yes
7. Did employer receive proper notice? Yes
8. Did accident or occupational disease arise out of and in the course of the employment?
Yes
9. Was claim for compensation filed within time required by Law? Yes
10. Was employer insured by above insurer? Yes
11. Describe work employee was doing and how accident happened or occupational disease contracted: While employee was making dough, she unexpectedly caught her hand in the dough machine.
12. Did accident or occupational disease cause death? No Date of death? N/A

13. Parts of body injured by accident or occupational disease: right hand
14. Compensation paid to-date for temporary disability: None
15. Value necessary medical aid paid to date by employer/insurer? \$6,445.32
16. Value necessary medical aid not furnished by employer/insurer? -0-
17. Employee's average weekly wages: \$148.75
18. Weekly compensation rate: \$93.84/\$93.84
19. Method wages computation: by agreement

COMPENSATION PAYABLE

20. Amount of compensation payable: \$95,000.00 per stipulated settlement

Unpaid medical expenses: None

TOTAL: \$95,000.00

Each of said payments to begin as upon receipt of this award and signed stipulation and be subject to modification and review as provided by law. This award is only temporary or partial, is subject to further order, and the proceedings are hereby continued and the case kept open until a final award can be made.

IF THIS AWARD IS NOT COMPLIED WITH, THE AMOUNT AWARDED HEREIN MAY BE DOUBLED IN THE FINAL AWARD, IF SUCH FINAL AWARD IS IN ACCORDANCE WITH THIS TEMPORARY AWARD.

The compensation awarded to the claimant shall be subject to a lien in the amount of 25 percent of all payments hereunder in favor of the following attorney for necessary legal services rendered to the claimant: William Francis

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Based on the reports and deposition testimony of the experts presented at the hearing, I find that the aneurysm the employee suffered subsequent to the accident was not related thereto. Therefore, I find that any and all medical bills incurred for treatment of the effects of the aneurysm are not the responsibility of the employer/self-insurer in this case. I find instead that the employer/self-insurer are liable only for the initial injury to the claimant's hand in the amount of \$6,445.32, which has already been paid.

Date: _____

Made by: _____

Rebecca S. Magruder
Administrative Law Judge
Division of Workers' Compensation

A true copy: Attest:

Jo Ann Karll
Director
Division of Workers' Compensation