

FINAL AWARD DENYING COMPENSATION
(Affirming Award and Decision of Administrative Law Judge)

Injury No.: 03-064556

Employee: Owen Wedig
Employer: KV Pharmaceutical Co.
Insurer: Liberty Mutual Insurance Co.
Additional Party: Treasurer of Missouri as Custodian
of Second Injury Fund (Denied)
Date of Accident: March 13, 2003
Place and County of Accident: St. Louis County

The above-entitled workers' compensation case is submitted to the Labor and Industrial Relations Commission (Commission) for review as provided by section 287.480 RSMo. Having reviewed the evidence and considered the whole record, the Commission finds that the award of the administrative law judge is supported by competent and substantial evidence and was made in accordance with the Missouri Workers' Compensation Act. Pursuant to section 286.090 RSMo, the Commission affirms the award and decision of the administrative law judge dated March 2, 2007, and awards no compensation in the above-captioned case.

The award and decision of Administrative Law Judge John Howard Percy, issued March 2, 2007, is attached and incorporated by this reference.

Given at Jefferson City, State of Missouri, this 28th day of June 2007.

LABOR AND INDUSTRIAL RELATIONS COMMISSION

William F. Ringer, Chairman

Alice A. Bartlett, Member

John J. Hickey, Member

Attest:

Secretary

AWARD

Employee: Owen Wedig

Injury No.: 03-064556

Dependents: N/A
Employer: KV Pharmaceutical Co.
Additional Party: Second Injury Fund (Denied)
Insurer: Liberty Mutual Insurance Co.
Hearing Date: December 6, 7, 8 and 14, 2006

Before the
**Division of Workers'
Compensation**
Department of Labor and Industrial
Relations of Missouri
Jefferson City, Missouri

Checked by: JHP:tr

FINDINGS OF FACT AND RULINGS OF LAW

1. Are any benefits awarded herein? No
2. Was the injury or occupational disease compensable under Chapter 287? No
3. Was there an accident or incident of occupational disease under the Law? No
4. Date of accident or onset of occupational disease: N/A
5. State location where accident occurred or occupational disease was contracted: N/A
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? No
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 occurred or occupational disease contracted: N/A
12. Did accident or occupational disease cause death? No Date of death? N/A
13. Part(s) of body injured by accident or occupational disease: N/A
14. Nature and extent of any permanent disability: N/A
15. Compensation paid to-date for temporary disability: None
16. Value necessary medical aid paid to date by employer/insurer? None

Employee: Owen Wedig Injury No.: 03-064556

17. Value necessary medical aid not furnished by employer/insurer? None
18. Employee's average weekly wages: \$604.80
19. Weekly compensation rate: \$403.20 PTD/TTD/\$340.12 PPD
20. Method wages computation: Stipulation

COMPENSATION PAYABLE

21. Amount of compensation payable: None
22. Second Injury Fund liability: No

TOTAL:

-0-

23. Future requirements awarded: None

Said payments to begin N/A and to be payable and be subject to modification and review as provided by law.

The compensation awarded to the claimant shall be subject to a lien in the amount of N/A of all payments hereunder in favor of the following attorney for necessary legal services rendered to the claimant:

N/A

FINDINGS OF FACT and RULINGS OF LAW:

Employee: Owen Wedig

Injury No.: 03-064556

Dependents: N/A

Before the
**Division of Workers'
Compensation**

Employer: KV Pharmaceutical Co.

Department of Labor and Industrial
Relations of Missouri
Jefferson City, Missouri

Additional Party: Second Injury Fund (Denied)

Insurer: Liberty Mutual Insurance Company

Checked by: JHP:tr

Date: _____

Made by: _____

John Howard Percy
Administrative Law Judge
Division of Workers' Compensation

A true copy: Attest:

Patricia "Pat" Secret
Director
Division of Workers' Compensation