

# ALASKA WORKERS' COMPENSATION BOARD



P.O. Box 115512

Juneau, Alaska 99811-5512

KEVIN T. TEMPLE, )  
)  
Employee, )  
Claimant, ) INTERLOCUTORY  
) DECISION AND ORDER  
v. )  
) AWCB Case No. 202411616  
STATE OF ALASKA, )  
) AWCB Decision No. 26-0014  
Self-Insured )  
Employer, ) Filed with AWCB Anchorage, Alaska  
Defendant. ) on February 18, 2026.  
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Kevin Temple (Employee)'s December 12, 2025 petition for a second independent medical evaluation (SIME) was heard on the written record on January 20, 2026, in Anchorage, Alaska, a date selected on December 16, 2025. The December 12, 2025 petition gave rise to this hearing. Attorney Patricia Huna represents Employee. Attorney Brent Williams represents the State of Alaska a self-insured employer (Employer). The record closed on January 20, 2026.

## ISSUES

Employee contends there is a significant medical dispute between Employee's attending physician and an employer's medical evaluator (EME). He contends this warrants an SIME.

Employer contends there is no significant medical dispute in this case, and an SIME is not necessary. It contends the request for an SIME should be denied.

**Shall this decision order an SIME?**

FINDINGS OF FACT

A preponderance of the evidence establishes the following facts and factual conclusions:

- 1) On August 22, 2024, Employee sustained an injury to his right heel while working as a corrections officer. (Employee Report of Injury, August 22, 2024).
- 2) On August 23, 2024, Employee went to Emergency Department of Alaska Regional Hospital. He reported worsening right heel pain from a work injury the day prior. Scott Deberard, MD., DO, diagnosed a strain of the right Achilles tendon. X-rays in the emergency department revealed no acute fractures or dislocations. Dr. Deberard recommended conservative treatment with pain medication, ace wrap, and crutches. If Employee's pain persisted for longer than a week he was to schedule an appointment with his orthopedist. (Deberard note, emergency department discharge summary, August 23, 2024).
- 3) On September 10, 2024, Employee was seen by Rabun Fox, MD., at Orthopedic Physicians of Alaska. Dr. Fox noted Employee had a minimal amount of distal Achilles enthesophyte with Haglund's deformity in his right heel but no evidence of other acute findings on his imaging. Dr. Fox diagnosed Employee with a strain of the right Achilles tendon. He noted Employee's pain began about two weeks prior and is limiting mobilization. Dr. Fox ordered magnetic resonance imaging (MRI) of the right ankle and recommended Employee attend physical therapy, use anti-inflammatories, and use a walking boot with a heel insert to alleviate pressure on his right heel. (Fox note, September 10, 2024).
- 4) On September 26, 2024, Marc Beck, MD., reviewed an MRI of Employee's right ankle. Dr. Beck noted mild tendinosis and thickening of the distal Achilles tendon with the presence of a calcaneal traction spur at the insertion of the Achilles, the anterior inferior tibiofibular ligament was diminutive in appearance, and a small pocket of fluid was tracking along the flexor hallucis longus tendon. (Beck note, September 26, 2024).
- 5) On October 8, 2024, Employee returned to Dr. Fox for a follow-up appointment. Employee reported ongoing pain and discomfort at the distal insertion of the Achilles. Dr. Fox ordered physical therapy to commence immediately, and to follow-up in four to six weeks. He noted if Employee continues to have symptoms or does not significantly improve further treatment options would be considered. (Fox note, October 8, 2024).

- 6) On November 12, 2024, at a follow-up appointment with Dr. Fox, Employee reported on going pain and limited progress with physical therapy. Dr. Fox diagnosed right Achilles tendinitis and recommended a platelet-rich plasma (PRP) injection. A referral for injection was placed, and Employee was to return in four to six weeks for follow-up. Dr. Fox placed Employee on light duty for two more weeks and then return to full duty. (Fox note, November 12, 2024).
- 7) On December 3, 2024, Employee underwent a PRP injection in his Achilles tendon, performed by Sharon Ong, MD. (Ong operative note, December 3, 2024).
- 8) On January 3, 2025, Employee was seen by Dr. Fox. Employee reported pain improvement after the injection. Dr. Fox noted mild improvement overall in examination. Employee was directed to follow-up in six to eight weeks if he has continued pain. Employee requested a return-to-work letter to get back to full activity, Dr. Fox provided the letter. (Fox report, January 3, 2025).
- 9) On April 16, 2025, Employee was evaluated by Ryan Moore, MD., Employer's EME physician. Dr. Moore performed a medical records review, an interview, and physical examination of Employee. Dr. Moore diagnosed Employee with chronic nonoccupational Achilles insertional tendinopathy / Achilles enthesopathy (calcaneal traction spur). He found the calcaneal spur and tendinopathy to be preexisting, likely caused by age, genetics, and Employee's active lifestyle. In his opinion the work injury led to a temporary exacerbation of Employee's preexisting pathology. Dr. Moore found Employee to be medically stable on February 2, 2025, six months after the reported work injury. He expounded on Employee's reports of pain, he found the symptoms would not be present if not for the preexisting pathology, he correlated his findings to person with a normal Achilles attachment would not have had an exacerbation of pain from simple stair climbing. He found the medical treatment to date to be reasonable and medically necessary, he opined with the passage of time, Employee's pain may resolve on its own without additional treatment. Based upon his finding of medical stability he provided a 0% PPI rating under the 6<sup>th</sup> edition of the AMA Guides. (Moore EME report, April 16, 2025).
- 10) On July 21, 2025, Employee came into the Workers' Compensation Office in Anchorage, Alaska. Employee brought a Controversion Notice sent to him on May 1, 2025 and filed the notice as evidence. (Agency file, observations, notes, Employee's evidence, July 21, 2025).
- 11) Employer never filed the May 1, 2025 Controversion Notice with the Division. (Agency file, observations).

12) On July 21, 2025, Employee filed a claim for temporary total disability (TTD), temporary partial disability (TPD), permanent total disability (PTD), a finding of an unfair or frivolous controversion, transportation costs, and medical costs. (Claim, July 21, 2025).

13) On August 13, 2025, Employer answered Employee's July 21, 2025 claim. Employer relies on Dr. Moore's EME opinion to deny Employee's claim for benefits. Employer references the May 1, 2025 controversion notice that was not filed with the Division, to rebut Employee's claim for a frivolous or unfair controversion. (Employer's Answer, August 13, 2025).

14) On August 29, 2025, Employee returned to Dr. Fox. He reported he continues to have significant pain in the posterior aspect of his Achilles. Dr. Fox noted Employee's pain began in September 2024 based upon his review of Employee's chart notes. Dr. Fox diagnosed Employee with right Achilles tendinitis, gastrocnemius equinus of right lower extremity, and Haglund's deformity of the right heel. Dr. Fox found the nonsurgical management of Employee's pain has not resolved Employee's condition. Employee expressed interest in proceeding with surgery. Dr. Fox explained surgery would likely entail a right Achilles tendon debridement and secondary repair without graft, a gastrocnemius recession, and calcaneal exostectomy. A surgical order would be placed when Employee selected a date. (Fox note, August 29, 2025).

15) On September 4, 2025, Employer denied all benefits to Employee. Employer based its denial on Dr. Moore's EME opinion regarding causation, compensability, treatment and medical stability. (Controversion Notice, September 4, 2025).

16) On December 12, 2025, Employee requested an SIME. Employee contends the August 29, 2025 opinion from Dr. Fox, and the April 16, 2025 opinion from EME physician Dr. Moore establish a medical dispute warranting an SIME. (Petition for SIME, December 12, 2025).

17) On January 5, 2026, Employer answered Employee's petition for an SIME. Employer contends Employee's request is untimely, there is no dispute between the physicians and Employee's request should be denied. (Employer's Answer to Employee's SIME Petition, January 5, 2026).

18) Employee argues a dispute exists between Dr. Fox and Dr. Moore regarding causation, compensability, medical treatment and medical stability. Employee contends after Dr. Moore's EME opinion he was controverted and did not seek medical treatment from Dr. Fox until five months later on August 29, 2025. Employee presented with on-going pain complaints and Dr. Fox recommended proceeding with surgical intervention as Employee had previously attempted more

conservative treatment methodologies with limited success. It is Employee’s position that his on-going reports of pain after EME show that he is not medically stable from his work injury and Dr. Fox’s surgical recommendation shows Employee is not medically stable. Employee admits he is requesting an SIME 60 days after the date of Dr. Fox’s August 29, 2025, report but contends the Board in its discretion can waive a procedural requirement in the interest of justice. Employee argues there is a dispute, it is significant and an SIME opinion would assist the Board in making a determination on disputed issues in Employee’s case. (Employee’s Hearing Brief, January 13, 2026).

19) Employer contends there is no medical dispute between Dr. Fox and Dr. Moore. Specifically, Employer notes Dr. Fox never explicitly stated “the work injury was the substantial cause” of Employee’s disability or need for treatment. Therefore, in the absence of a dispute an SIME should not be ordered. Turning to whether the dispute is significant, Employer contends there is no dispute so it cannot be significant. Thirdly, Employer contends an SIME would not assist the panel in deciding Employee’s case as there is ample medical records from which the Board could rely in issuing an opinion. Employer argues Employee received Dr. Moore’s opinion in May of 2025 and failed to request an SIME within 60 days under 8 AAC 45.092(g)(2). Employer contends Employee waited too long to request an SIME and it should be denied. Employer acknowledges the Board may order an SIME on its own motion but should not due to the current medical records being sufficient. (Employer’s Hearing Brief, January 13, 2026).

### PRINCIPLES OF LAW

**AS 23.30.001. Legislative intent.** It is the intent of the legislature that

(1) this chapter be interpreted so as to ensure . . . quick, efficient, fair, and predictable delivery of . . . benefits to injured workers at a reasonable cost to . . . employers; . . .

The Board may base its decision on not only direct testimony and other tangible evidence, but also on the Board’s “experience, judgment, observations, unique or peculiar facts of the case, and inferences drawn from all of the above.” *Fairbanks North Star Borough v. Rogers & Babler*, 747 P.2d 528, 533-34 (Alaska 1987).

**AS 23.30.095. Medical treatments, services, and examinations. . . .**

(k) In the event of a medical dispute regarding . . . causation, medical stability, ability to enter a reemployment plan, degree of impairment, functional capacity, the amount and efficacy of the continuance of or necessity of treatment, or compensability between the employee’s attending physician and the employer’s independent medical evaluation, the board may require that a second independent medical evaluation be conducted by a physician or physicians selected by the board from a list established and maintained by the board. The cost of an examination and medical report shall be paid by the employer. . . .

The Alaska Workers’ Compensation Appeals Commission in *Bah v. Trident Seafoods Corp.*, AWCAC Dec. No. 073 (February 27, 2008) addressed the Board’s authority to order an SIME under §095(k). *Bah* stated in *dicta*, that before ordering an SIME it is necessary to find the medical dispute is significant or relevant to a pending claim or petition. *Bah* said when deciding whether to order an SIME, the Board considers three criteria, though the statute requires only one:

- 1) Is there a medical dispute between Employee’s physician and an EME?
- 2) Is the dispute significant? and
- 3) Will an SIME physician’s opinion assist the Board in resolving the disputes? (*Id.*).

Section 095(k) and §110(g) are procedural in nature, not substantive, for the reasons outlined in *Deal v. Municipality of Anchorage*, AWCAC Dec. No. 97-0165 (July 23, 1997). Under §135(a) and §155(h), wide discretion exists to consider any evidence available when deciding whether to order an SIME to assist in investigating and deciding medical issues in claims, to best “protect the rights of the parties.” Under §110(g) the Board may order an SIME when there is a significant “gap” in the medical evidence ,or a lack of understanding of the medical or scientific evidence prevents the Board from ascertaining the rights of the parties and an SIME opinion would help. *Bah*.

**AS 23.30.110. Procedure on claims.**

. . . .

(g) An injured employee claiming or entitled to compensation shall submit to the physical examination by a duly qualified physician which the board may require. The place or places shall be reasonably convenient for the employee. The physician or physicians as the employee, employer, or carrier may select and pay for may participate in an examination if the employee, employer, or carrier so requests. Proceedings shall be suspended and no compensation may be payable for a period during which the employee refuses to submit to examination.

**8 AAC 45.092. Second independent medical evaluation. . . .**

(g) If there exists a medical dispute under in AS 23.30.095(k),

(1) the parties may file a

(A) completed second independent medical form, available from the division, listing the dispute together with copies of the medical records reflecting the dispute, and

(B) stipulation signed by all parties agreeing

(i) upon the type of specialty to perform the evaluation or the physician to perform the evaluation; and

(ii) that either the board or the board's designee determine whether a dispute under AS 23.30.095(k) exists, and requesting the board or the board's designee to exercise discretion under AS 23.30.095(k) and require an evaluation;

(2) a party may petition the board to order an evaluation; the petition must be filed within 60 days after the party received the medical reports reflecting a dispute, or the party's right to request an evaluation under AS 23.30.095(k) is waived;

(A) the completed petition must be filed timely together with a completed second independent medical form, available from the division, listing the dispute; and

(B) copies of the medical records reflecting the dispute; or

(3) the board will, in its discretion, order an evaluation under AS 23.30.095(k) even if no party timely requested an evaluation under (2) of this subsection if

(A) the parties stipulate, in accordance with (1) of this subsection, to the contrary and the board determines the evaluation is necessary; or

(B) the board on its own motion determines an evaluation is necessary.

(h) In an evaluation under AS 23.30.095(k). . . . The board may direct

(1) a party to make a copy of all medical records, including medical providers' depositions, regarding the employee in the party's possession, put the copy in chronological order by date of treatment with the initial report on top, number the records consecutively, and put the records in a binder;

(2) the party making the copy to serve the binder of medical records upon the opposing party together with an affidavit verifying that the binder contains copies of all the medical reports relating to the employee in the party's possession;

(3) the party served with the binder to review the copies of the medical records to determine if the binder contains copies of all the employee's medical records in that party's possession; the party served with the binder must file the binder with the board not later than 10 days after receipt and, if the binder is

(A) complete, the party served with the binder must file the binder upon the board together with an affidavit verifying that the binder contains copies of all the employee's medical records in the party's possession; or

(B) incomplete, the party served with the binder must file the binder upon the board together with a supplemental binder with copies of the medical records in that party's possession that were missing from the binder and an affidavit verifying that the binders contain copies of all medical records in the party's possession; the copies of the medical records in the supplemental binder must be placed in chronological order by date of treatment, with the initial report on top, and numbered consecutively; the party must also serve the party who prepared the first binder with a copy of the supplemental binder together with an affidavit verifying that the binder is identical to the supplemental binder filed with the board;

(4) the party, who receives additional medical records after the binder has been prepared and filed with the board, to make two copies of the additional medical records, put the copies in two separate binders in chronological order by date of treatment, with the initial report on top, and number the copies consecutively; the party must file one binder with the board not later than seven days after receiving the medical records; the party must serve the other additional binder on the opposing party, together with an affidavit stating the binder is identical to the binder filed with the board, not later than seven days after receiving the medical records;

In *McEvelly vs. Municipality of Anchorage*, AWCB Dec. No. 16-0009, (February 26, 2016), the Board declined to order an SIME while acknowledging a dispute existed between the employee's treating physician and employer's EME physician. The Board reasoned the employee was injured forty years prior and the record contained ample medical evidence regarding disputed issues upon which the panel could rely and make a determination. An SIME was not ordered, and the panel

noted an SIME is not an opportunity for a party to receive an additional medical opinion when the record contains enough evidence for a determination to be made.

In *Blanco v. Taku Fisheries*, AWCB Dec. No. 07-0294, 9 (September 25, 2007), the Board declined to order an SIME regarding employee's PPI rating. The Board noted that neither employee or employer's physicians disagreed as to a 3% PPI rating, rather employee disagreed with his own physicians. An SIME was not ordered.

In *Patterson v. Matanuska-Susitna Borough School District*, 523 P.3d 945, 957 (Alaska 2022), the Supreme Court upheld a denial of an SIME request. The Court noted the employee waited to request an SIME eight months after a final decision in her case, 17 months after a hearing on her claim, and more than 18 months after she initially received a medical report creating a dispute.

**8 AAC 45.090. Additional examination. . . .**

(b) Except as provided in (g) of this section, . . . the board will require the employer to pay for the cost of an examination AS 23.30.095(k), AS 23.30.110(g), or this section.

ANALYSIS

**Shall this decision order an SIME?**

The Alaska Workers' Compensation Act must be interpreted to ensure the quick, efficient, fair, and predictable delivery of indemnity and medical benefits to injured workers at a reasonable cost to the employers. AS 23.30.001(1). Employee's December 12, 2025 SIME petition notes a difference of opinion between Employee's treating physician, Dr. Fox, and Employer's EME physician, Dr. Moore, on whether Employee's work-injury is the substantial cause of his disability and need for treatment, whether the medical treatment he is receiving is reasonable and medically necessary, and whether Employee is medically stable.

*(1) Employee's SIME request was not timely.*

Employee first sought treatment for his injury with orthopedist Dr. Fox on September 10, 2024 due to ongoing pain in his right heel. On January 3, 2025, Employee was seen by Dr. Fox after

receiving an injection in his heel, Employee reported improvement to his pain and requested a note to return to work. Dr. Fox informed Employee to return in six to eight weeks if he continued to have pain. Dr. Fox provided a diagnosis of Achilles tendinitis. On April 16, 2025, EME physician Dr. Moore found Employee only suffered an exacerbation of a preexisting Achilles condition that was not substantially caused by Employee's work injury in August of 2024. Moore diagnosed Employee with nonoccupational Achilles tendinopathy. Dr. Moore's EME diagnosis creates a dispute with Dr. Fox's diagnosis of Employee's work injury. On August 29, 2025, Dr. Fox attributed Employee's Achilles pain to his work injury on August 22, 2024, through his notes indicating he had been treating Employee's Achilles pain since September 2024. Employee had 60 days after receiving Dr. Fox's August 29, 2025 report to request an SIME. 8 AAC 45.092(g)(2). If an SIME request is untimely the right to request an SIME is "waived." *Id.* Employee did not petition for an SIME until December 12, 2025, over eight months since receiving Dr. Moore's EME report, and four months after receiving Dr. Fox's August 29, 2025 report thereby waiving his right to request an SIME. *Id.* However, Employee also correctly points towards another regulation that is directly on point, which provides a panel can order an SIME even if a party did not timely request one. 8 AAC 45.092(g)(3). Moreover, in addition to having the independent authority to order an SIME based on disputed medical opinions, a panel has further authority to order an SIME when there are gaps in the medical evidence that would prevent a panel from ascertaining the parties' rights, or where an SIME will facilitate a panel's understanding of the medical evidence. AS 23.30.110(g); *Bah.* Therefore, an untimely filed petition does not necessarily preclude an SIME.

*(2) There are medical disputes between Employee's physician and an EME physician.*

There are medical disputes between Dr. Fox, and EME Dr. Moore. Dr. Fox on August 29, 2025 attributed Employee's pain specifically, right Achilles tendinitis, gastrocnemius equinus of the right lower extremity, and Haglund's deformity of right heel to his work injury. Dr. Moore diagnosed Employee with chronic nonoccupational Achilles insertional tendinopathy he found to be pre-existing. In Moore's opinion, Employee's preexisting tendinopathy was aggravated by the work injury temporarily, he found Employee medically stable on February 22, 2025 roughly six months after Employee first sought treatment. Moore expounded Employee's work injury produced a temporary change in Employee's Achilles, but it was not possible that the work injury

“caused” his current condition, rather it simply exacerbated his preexisting tendinopathy. After attempting conservative treatment, injections, and physical therapy, Dr. Fox recommended Employee undergo an Achilles debridement procedure as Employee’s pain from the date of his injury remained. Indicating Employee was not yet medically stable. Employee has not yet had surgery. These opinions go to “causation” and “compensability.” Dr. Fox recommended additional treatment after the EME which addresses “medical stability” and “the amount and efficacy of the continuance of or necessity of treatment.” AS 23.30.095(k).

*(3) The medical disputes are significant.*

Dr. Moore found Employee to be medically stable as of February 22, 2025. Employer denied benefits on May 1, 2025 however, that controversion notice was never filed with the Division. Employee filed a claim for indemnity benefits, and medical costs on July 21, 2025. Employee sought treatment with Dr. Fox for ongoing pain on August 29, 2025 and surgery was recommended. Medical treatment, specifically surgery, is expensive. *Rogers & Babler*. Employee has also claimed TTD, TPD, and transportation costs. These claims may result in considerable benefits if Employee prevails, making the disputes “significant.”

*(4) Will an SIME physician’s opinion assist the panel in resolving the disputes?*

The parties presented medical evidence from qualified physicians on both sides with divergent opinions. Dr. Fox believes the injury is work related as Employee’s pain symptoms arose from the work event and have yet to subside. Dr. Moore found Employee to have a preexisting condition that was exacerbated by the work event but quickly resolved and stabilized. These two opinions are in direct contrast. Experience shows an SIME physician’s opinion on medical disputes typically helps the fact-finders resolve differences in opinions among treating and EME doctors. *Rogers & Babler*. Additionally, an SIME physician’s opinion on Employee’s right Achilles diagnoses, whether preexisting or not, and treatment would fill a “gap” that currently exists between the opposing physicians’ causation opinions and treatment opinions. Therefore, an SIME physician’s opinion will assist the panel in resolving these disputes and this claim. *Deal; Bah; Seybert; Olafson*.

While PPI is not expressly in dispute, this decision to order a SIME will include this issue as well. *Deal; Bah.* Adding PPI comports with the legislature's intent that the Act be interpreted to ensure quick and efficient delivery of benefits, if Employee is entitled to them, at a reasonable cost to Employer under §.001(1). Adding this issue will also prevent the need for another SIME later. The SIME physician can weigh in on PPI, if Employee is found medically stable or if any claimed body parts are deemed medically stable.

### CONCLUSIONS OF LAW

An SIME will be ordered.

### ORDER

- 1) Employee's December 12, 2025 petition for an SIME is granted.
- 2) An SIME will be performed by orthopedic surgeon from the authorized list. If, at the time of processing, the designee determines that an orthopedic surgeon is not available or qualified to perform the examination under 8 AAC 45.092(e), the designee will notify the parties and request that they provide names, addresses, and curriculum vitae of physicians in accordance with 8 AAC 45.092(f).
- 3) The medical disputes are "causation," "compensability," "the amount and efficacy of the continuance of or necessity of treatment," "medical stability," and "degree of impairment," related to Employee's right foot symptoms.
- 4) All filings regarding the SIME must be sent to workerscomp@alaska.gov, and served on opposing parties.
- 5) Employer will make two copies of all employee's medical records in its possession, including medical providers' depositions, put the copies in chronological order by treatment date, starting with the first medical treatment and proceeding to the most recent medical treatment, number the pages consecutively, put them in two binders. This must be done on or before **March 12, 2026**. Employer must serve one binder on Employee and file one with the Division, with an affidavit verifying the binders contain all medical records in its possession, by **no later than 5:00 PM Alaska Time on March 12, 2026**.
- 6) The binders may be returned for reorganization if not properly Bates stamped and prepared in accordance with this prehearing summary.

7) **Not later than 10 days after receipt of the binders**, Employee must review the binders to determine if they contain all Employee's medical records in Employee's possession. If the binders are complete, Employee must file an affidavit with the Division verifying the binder contains copies of all medical records in Employee's possession. If the binders are incomplete, Employee must make two copies of the additional medical records missing from the first set of binders. Each copy must be put in a separate binder (as described above). Then one set of supplemental binders and an affidavit verifying the medical records completeness must be filed with the Board. The remaining supplemental binder must be served upon Employer together with an affidavit verifying that it is identical to the binder filed with the Board. **Employee is directed to file with the Division and serve the binders on opposing parties within 10 days of receipt.**

8) Any party who receives additional medical records or physicians' depositions after the binders have been prepared and filed with the Division, is directed to make two supplemental binders as described above with copies of the additional records and depositions. **Within seven days** after receiving the records or depositions, the party must file one supplemental binder with the Division, and serve one supplemental binder on Employer together with an affidavit verifying that it is identical to the binder filed with the Division. All service must be made on Employer's attorney.

9) The assigned workers' compensation officer will review, prepare, and submit to the SIME physician questions in accordance with 8 AAC 45.092(h).

10) The parties may review their rights under 8 AAC 45.092(j) to question an SIME physician after the parties receive the physician's report.

**11) The parties are advised that a failure to comply with the above orders may result in the SIME going forward notwithstanding a party's noncompliance.**

12) SIME physicians are often located outside of Alaska and long-distance travel may be required. If Employee requires travel accommodations, he must request an accommodation from the Employer. The accommodation request must be accompanied by a letter from Employee's attending physician in their workers' compensation case, pursuant to and within the constraints of AS 23.30.095(a) and 8 AAC 45.082(b), detailing the necessary accommodation.

Dated in Anchorage, Alaska on February 18, 2026.

ALASKA WORKERS' COMPENSATION BOARD

\_\_\_\_\_  
/s/  
Kyle Reding, Designated Chair

\_\_\_\_\_  
/s/  
Anthony Ladd, Member

PETITION FOR REVIEW

A party may seek review of an interlocutory or other non-final Board decision and order by filing a petition for review with the Alaska Workers' Compensation Appeals Commission. Unless a petition for reconsideration of a Board decision or order is timely filed with the board under AS 44.62.540, a petition for review must be filed with the commission within 15 days after service of the board's decision and order. If a petition for reconsideration is timely filed with the board, a petition for review must be filed within 15 days after the board serves the reconsideration decision, or within 15 days from date the petition for reconsideration is considered denied absent Board action, whichever is earlier.

RECONSIDERATION

A party may ask the board to reconsider this decision by filing a petition for reconsideration under AS 44.62.540 and in accordance with 8 AAC 45.050. The petition requesting reconsideration must be filed with the board within 15 days after delivery or mailing of this decision.

MODIFICATION

Within one year after the rejection of a claim, or within one year after the last payment of benefits under AS 23.30.180, 23.30.185, 23.30.190, 23.30.200, or 23.30.215, a party may ask the board to modify this decision under AS 23.30.130 by filing a petition in accordance with 8 AAC 45.150 and 8 AAC 45.050.

CERTIFICATION

I hereby certify the foregoing is a full, true and correct copy of the Interlocutory Decision and Order in the matter of KEVIN TEMPLE, employee / claimant v. STATE OF ALASKA, employer; STATE OF ALASKA, insurer / defendants; Case No. 202411616; dated and filed in the Alaska Workers' Compensation Board's office in Anchorage, Alaska, and served on the parties by certified U.S. Mail, postage prepaid, on February 18, 2026.

\_\_\_\_\_  
/s/  
Rochelle Comer, Workers' Compensation Officer I