ALASKA WORKERS' COMPENSATION BOARD

P.O. Box 115512 Juneau, Alaska 99811-5512

SHARON A. GIBBONS, Employee, Claimant, v. ANCHORAGE SCHOOL DISTRICT, Self-Insured Employer, Defendant.	)	INTERLOCUTORY DECISION AND ORDER AWCB Case No. 202501682 AWCB Decision No. 26-0068 Filed with AWCB Anchorage, Alaska on August 27, 2026

Sharon A. Gibbon's (Employee) July 2, 2026 petition for a second independent medical evaluation (SIME) was heard on the written record on August 6, 2026, a date selected on July 13, 2026. The petition gave rise to the hearing. Attorney Adam Franklin represents Employee. Attorney Krista Schwarting represents Anchorage School District (Employer). The record closed on August 6, 2026.

ISSUE

Employee contends there is a significant medical dispute between Employee's attending physician and an employer's medical evaluator (EME). She 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 January 28, 2025, Employee reported she fell on the ice while getting out of her car last Thursday or Friday. Her left foot was on the ground, and it slipped from underneath her, she landed on her butt, hit her mid-back on the rear of the car. Employee complained of mid back pain and left knee pain. She had a history of left knee surgery and was told she basically had no cartilage, and she had no major back injuries or issues in the past. Employee was diagnosed with acute left knee pain and acute bilateral back pain, and she was referred to physical therapy. (Ruth Ann McGovern, MD, record, January 28, 2025).

2) On February 3, 2025, Employee requested her referral for physical therapy be sent somewhere else and a handicap placard because she found it hard to walk more than 200 feet without pausing or taking a break due to left knee pain. She had fallen on her knee and was referred to physical therapy by another physician at this medical provider's office. Employee was referred to physical therapy in Anchorage. (Ann Jennings, MD, February 3, 2025).

3) On February 6, 2025, Employer reported Employee was injured on January 23, 2025 when she fell while exiting her car in the parking lot. (First Report of Injury, February 6, 2025).

4) On March 10, 2025, Employee began physical therapy for left knee and bilateral hip pain which began after she fell at work on "January 3rd 2025." She reported she fell while getting out of her car in the school parking lot when she put her foot down on the ice and she fell flat on her buttocks with a twisting motion. (Reid Goneau, PT, record, March 10, 2025).

5) On April 24, 2025, Employee reported bilateral hip pain and left knee pain began after a fall in December 2024; her left hip was more affected. Magnetic resonance imaging (MRI) was ordered; and she was referred to an orthopedist for a potential steroid injection. (Jennings record, April 24, 2025).

6) On May 16, 2025, Employee attended physical therapy for her left knee and bilateral hips. She reported an incident at work earlier in the week which led to increased pain in her ribs and bilateral shoulders. (Rebecca Tamaki, PT, record, May 16, 2025).

7) On May 22, 2025, Employee reported falling on her buttocks in January, which she believed exacerbated her left knee pain from a prior surgery. She also reported hip pain, primarily located in the back and groin area. Left knee x-rays showed mild medial joint space narrowing, early

torque osteophyte formation and a left hip x-ray showed mild osteoarthritis with a fairly large CAM deformity. A left knee and hip MRI was ordered. (Lars Matkin, MD, record, May 22, 2025).

8) On May 23, 2025, a left hip MRI showed a full-thickness undersurface tear of the anterior acetabular labrum and moderate bilateral hamstring tendinopathy. (MRI report, May 23, 2025). A left knee MRI showed severe patellofemoral chondrosis and moderate knee effusion. (MRI report, May 23, 2025).

9) On May 23, 2025, Employer reported Employee was injured on May 13, 2025, when she was hit by a student in her back, ribs, and arms. (First Report of Injury, May 23, 2025).

10) On June 3, 2025, Employee reported she fell approximately six months ago on ice, landed on her back, and twisted her knee. She has persistent bilateral posterior hip pain and left knee pain despite activity modification and medication. Employee had no mechanical symptoms or instability. She was diagnosed with left femoral chondromalacia and bilateral hamstring tendinopathy and prescribed meloxicam. Thomas Paynter, MD, stated continuing physical therapy would be reasonable, and she should consider an intra-articular steroid injection or potential viscosupplementation for her left knee depending on symptoms in the future. (Paynter record, June 3, 2025).

11) On July 15, 2025, Dr. Matkin recommended a right hip MRI. (Matkin record, July 15, 2025).

12) On July 16, 2026, Employee complained of right shoulder pain after one of her students hit in her in the shoulder on May 14, 2025. She said she had a previous injury to her right shoulder when she slipped and fell at work and that the student hitting her may have reinjured her shoulder. Employee said she had sharp shooting right shoulder pain and aches and occasionally she would notice that she would not have feeling in her shoulder. Daniel Cepela, MD, assessed right hand numbness and tingling and recommended electromyography studies. (Cepela record, July 16, 2026).

13) On July 22, 2025, a right hip MRI showed unchanged bilateral hamstring origin tendinopathy and findings suggestive of bilateral ischiofemoral impingement. (MRI report, July 22, 2025).

14) On August 8, 2025, Employee reported right periscapular pain, right arm pain, and right fourth and fifth finger numbness after a May 13, 2025 work injury when a student repeatedly punched her in the right shoulder and right upper back region. Jared Kirkham, MD, assessed cervical root irritation and recommended physical therapy and gabapentin. (Kirkham record, August 8, 2025).

15) On August 18, 2025, Tutankhamen Pappoe, MD, examined Employee for an EME for both work injuries. He stated he could not objectively say, to a reasonable degree of medical probability, that an acute injury occurred because there were no objective findings documented in the record supporting that Employee sustained an acute injury as a result of the January 23, 2025 work injury and there were no medical records contemporaneous to the January 23, 2025 work injury so he could not say the subjective complaints she reported on January 28, 2025 were causally related to the effects of the January 23, 2025 work injury " versus unrelated factors during the intervening period." If Employee did sustain acute injuries as a result of the January 23, 2025 work injury, she sustained at most a left knee contusion, right hip contusion, a left hip contusion, a right gluteal contusion, a left gluteal contusion, a lumbar sprain/strain, and a right shoulder contusion. Dr. Pappoe said those type of soft tissue injuries are "typically self limiting" and would not have been expected to require medical intervention for recovery. He also stated he could not objectively say, to a reasonable degree of medical probability, that an acute injury occurred for the May 13, 2025 work injury because there because there were no objective findings documented in the record supporting Employee sustained an acute injury as a result of the May 13, 2025 work injury and there were no medical records contemporaneous to the May 13, 2025 work injury. If Employee sustained an acute injury from the May 13, 2025 work injury, she sustained at most a right shoulder contusion, full resolution of symptoms would have occurred in four to six weeks and would not have been expected to require medical intervention for recovery. Dr. Pappoe opined Employee's ongoing left knee, bilateral hip, low back, and right shoulder pain are not causally related to the work injuries, and she had no objective physical findings upon examination. He said Employee's left knee pain complaints are related to her preexisting chronic left knee condition and her bilateral hip complaints are related to her preexisting bilateral hamstring origin tendinopathy and bilateral ischial femoral impingement. Dr. Pappoe stated the potential causes of Employee's subjective complaints include age, genetics, general home activities, general work activities, psychosocial factors, and preexisting conditions. Further diagnostic tests or studies are not warranted for the work injuries, and further medical treatment, including physical therapy, exercise, medication, chiropractic treatment, and surgery, are also not warranted for the work injuries. (Pappoe report, August 18, 2025).

16) On September 10, 2025, Employer denied all benefits as of September 9, 2025, based upon Dr. Pappoe's EME report stating there were no objective findings that would support an acute injury

as a result of the January 23, 2025 or May 13, 2025 work injuries, if there was an acute injury, it would most likely have been a right shoulder contusion that would have had full resolution within four to six weeks, there were no objective findings in the August 18, 2025 examination, Employee had a chronic left knee condition prior to the work injury and her ongoing left knee complaints are related to the preexisting condition, no further medical treatment is warranted for either injury, and there are no physical restrictions and no permanent impairment resulting from the work injuries. (Controversion Notice, September 10, 2025).

17) On September 19, 2025, Employee sought medical and transportation costs, a finding of unfair or frivolous controversion, penalty for late paid compensation and interest for the January 23, 2025 work injury. She described the injury as, "Due to icy conditions, I fell at work in the parking lot. I hit my back, twisted my knee as I lost footing. Hurt hips, knee, back." Under the reason for filing her claim, Employee wrote, "The controversion findings does not list medical findings documented in medical records. Further medical treatment denied." (Claim for Workers' Compensation Benefits, September 19, 2025).

18) On September 19, 2025, Employee filed a claim for her May 13, 2025 work injury, stating "was repeatedly hit while at work." Under the reason for filing a claim she wrote, "Medical findings not applied to controversion notice. Further medical treatment denied." Employee did not check any boxes for benefits she was seeking. (Claim for Workers' Compensation Benefits, September 19, 2025).

19) On October 10, 2025, Employer denied medical and transportation costs, an unfair or frivolous controversion, and penalty and interest based upon Dr. Pappoe's report for both work injuries. (Answer, October 10, 2025).

20) On October 20, 2025, Employer denied time loss benefits after September 9, 2025, PPI benefits, reemployment benefits, and medical and transportation benefits based upon Dr. Pappoe's report in both cases. (Controversion Notice, October 20, 2025).

21) On October 22, 2025, the Board designee administratively joined the cases, making the January 23, 2025 work injury the master case. (Prehearing Conference Summary, October 22, 2025).

22) On January 5, 2026, Dr. Jennings wrote a letter addressed "To whom it may concern" stating:

> I am the primary care provider for the above named patient. In January 2025 she suffered a fall and was seen in clinic here January 28, 2025 for knee pain and back

> pain from the fall, I believe the fall occurred on 1/23/25. She was then seen in February and again in April for knee and hip pain.
>
> In May of 2025 she had an MRI of her left hip and left knee. Left hip showed a full thickness labrum tear. Right knee showed severe patellofemoral chondrosis. MRI of right hip was done 7/22/25 and showed hamstring tendonopathy [sic] and ischiofemoral impingement. She has had longstanding back pain but prior to her fall in January we had never discussed hip pain so it is reasonable to assume the fall resulted in her hip pathology.
>
> She was seen 6/2/25 for 2 weeks of shoulder pain after incident 5/13/25 where she was struck by a student at work. At that time she reported she was unsure if shoulder pain was from fall in January or incident in May. Xray of the shoulder was done 6/2/25 and normal in appearance. (Jennings letter, January 5, 2026).

23) On January 26, 2026, a cervical spine MRI showed "degenerative changes and associated stenoses." (MRI report, January 26, 2026). A right shoulder MRI showed moderate acromioclavicular arthritis and subacromial subdeltoid bursitis. (MRI report, January 26, 2026).

24) On January 29, 2026, Employee reported on May 13, 2025, a student repeatedly punched her in the right shoulder and right upper back region, and she developed right medial and superior periscapular pain and right chest pain. She also had diffuse pain in her right arm and numbness in her right fourth and fifth fingers. Employee denied neck pain. There were no concerning neurological deficits on her first exam on August 8, 2025 and her right upper extremity electrodiagnostic testing on August 20, 2025 was normal. Dr. Kirkham recommended physical therapy and Employee completed six sessions over six weeks with no improvement. A cervical MRI showed moderate bilateral neuroforaminal stenosis at C5-6 and C7-T1 and her right shoulder MRI showed moderate AC arthritis and subacromial-subdeltoid bursitis. Dr. Kirkham diagnosed chronic right shoulder pain that may be related to rotator cuff syndrome with no evidence of a more significant structural injury. He said the cervical MRI showed chronic degenerative changes with some neuroforaminal stenosis at C5-6 and C7-T1 that may account for her right shoulder blade pain and right arm pain. Employee was not interested in nonsteroid anti-inflammatory drugs; Dr. Kirkham offered a trial right C7-T1 interlaminar epidural steroid injection. He encouraged Employee to stay active and did not recommend any restrictions on her activities. (Kirkham, January 29, 2026).

25) On July 2, 2026, Employee sought an SIME due to a dispute between EME physician Dr. Pappoe, based upon her August 18, 2025 report, and Dr. Jennings, based upon her January 5, 2026

letter, regarding causation and compensability. She listed the body parts in dispute as knee, shoulder, and bilateral hips. (Petition and SIME form, July 2, 2026).

26) On July 13, 2026, the Division scheduled the August 6, 2026 written record hearing on Employee's SIME petition. It stated briefs are due on July 30, 2026. (Written Record Hearing Notice, July 13, 2026).

27) On July 30, 2026, Employer contended Employee's SIME form only cited medical evidence for the hip condition from Dr. Jennings, while it also listed knee and shoulder. It contended Dr. Kirkham is treating Employee's orthopedic issues, not Dr. Jennings. Employer contended Employee is not entitled to an SIME to bolster her own physician's opinion or to obtain another opinion at Employer's expense. It contended Employee failed to prove a significant medical dispute between the EME and her attending physicians because the EME acknowledged there could have been hip contusions caused by the work injury. Employer requested Employee's petition for an SIME be denied. (Employer's Hearing Brief, July 30, 2026).

28) On July 31, 2026, Employee filed a hearing brief by email dated July 30, 2026 at 6:19 p.m. She contended there is a dispute between Employee's physician and the EME about whether she was injured at work and whether additional treatment is needed as Employee's providers are all premised on her assertion that she fell and the EME states she was not injured at work, or her complaints are all related to her age and natural degeneration. Only Dr. Kirkham indicated that Employee's need for physical therapy or any additional treatment is simply naturally occurring. She contended the dispute is significant as she continues to have significant pain issues, particularly in her hips, and she has been diagnosed with a torn labrum which could require surgery, although she has pursued conservative treatment to date. Employee contended an SIME would assist the Board in resolving the dispute because an SIME can offer an opinion regarding her pathology and symptomology is likely related to her work injury to resolve the dispute as to whether her hip complaints are likely caused by a fall or are a natural consequence of her advancing age and naturally occurring joint degeneration. (Email, July 30, 2026; Employee's SIME Brief, July 31, 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*.

> **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.

> **AS 23.30.122. Credibility of witnesses.** The board has the sole power to determine the credibility of a witness. . . .

The Board's credibility finding "is binding for any review of the Board's factual findings." *Smith v. CSK Auto, Inc.*, 204 P.3d 1001, 1008 (Alaska 2009).

> **AS 23.30.135. Procedure before the board**. (a) . . . The board may make its investigation or inquiry or conduct its hearing in the manner by which it may best ascertain the rights of the parties. . . .
>
> **AS 23.30.155. Payment of compensation**. . . .
>
> (h) The board may upon its own initiative at any time in a case in which payments are being made with or without an award, where right to compensation is controverted, or where payments of compensation have been increased, reduced, terminated, changed, or suspended, upon receipt of notice from a person entitled to compensation, or from the employer, that the right to compensation is controverted, or that payments of compensation have been increased, reduced, terminated, changed, or suspended, make the investigations, cause the medical examinations to be made, or hold the hearings, and take the further action which it considers will properly protect the rights of all parties.

Section .095(k) and §.110(g) are procedural in nature, not substantive, for the reasons outlined in *Deal v. Municipality of Anchorage*, AWCB 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*.

An SIME's purpose is to have an independent medical expert provide an opinion about a contested issue. *Seybert v. Cominco Alaska Exploration*, 182 P.3d 1079, 1097 (Alaska 2008). The decision to order an SIME rests in the discretion of the Board, even if jointly requested by the parties. *Olafson v. State Department of Transportation*, AWCAC Dec. No. 06-0301 (October 25, 2007). Although a party has a right to request an SIME, a party does not have a right to an SIME if the Board decides one is not necessary for the Board's purposes. *Id*. at 8. An SIME is not a discovery tool exercised by the parties; it is an investigative tool exercised by the Board to assist it by providing a disinterested opinion. *Id*. at 15.

Maher v. Doyon Associated, LLC, AWCB Dec. No. 17-0087 (July 27, 2017) declined to order an SIME in a case with medical disputes. It determined "medical personnel with the relevant

expertise" had already reviewed and analyzed the injured worker's test results. *Id.* at 11. *Maher* concluded:

> Although an SIME may be ordered when there is a medical dispute, the existence of a medical dispute alone does not require an SIME. Wide discretion exists when deciding on whether to order an SIME.

O'Connell v. Chevron Corp., AWCB Dec. No. 15-0108 (August 28, 2015) declined to order an SIME when it found "sufficient evidence" already in the record. *Id*. at 11. *LaBlanc v. AK Inga's Galley*, LLC, AWCB Dec. No. 19-0106 (October 11, 2019) found a significant medical dispute over treatment but declined to order an SIME "because there is sufficient evidence to make a determination regarding Employee's claim for medical treatment." *Id*. at 5. *Hernandez v. Ocean Beauty Seafoods, LLC*, AWCB Dec. No. 20-0085 (September 24, 2020) declined to order an SIME because physicians had already addressed the issue and "another SIME would unnecessarily delay this case and unduly burden Employer with a unreasonable cost." *Id*. at 4. *Gonzalez v. Ocean Beauty Seafoods, LLC*, AWCB Dec. No. 21-0013 (February 22, 2021) did not order an SIME where it found significant disputes but found "an additional medical opinion would not aid the fact-finders in resolving the disputes" and "an SIME would unnecessarily delay this case." *Id*. at 5. *Hughes v. Medical Park Family Care*, AWCB Dec. No. 21-0089 (September 21, 2021) denied an SIME, even given medical disputes, where the case had dragged on too long. Lastly, and more recently, *Rasmuson v. Mat-Su Regional Medical Center*, AWCB Dec. No. 25-0072 (October 29, 2025) denied an injured worker's request for an SIME where medical disputes existed and the disputes were significant, but the Board found there was enough expert medical opinions and evidence in the file with which a panel could render a considered decision and order at a merits hearing, without the inherent cost and delay involved with an SIME.

ANALYSIS

Shall this decision order an SIME?

Employee requested an SIME under AS 23.30.095(k). Employer objected to the request on several grounds, including there is no significant medical dispute because Dr. Jennings only addressed Employee' hip condition while the SIME form listed her knee and shoulder and the EME physician acknowledged there could have been hip contusions caused by the work injury. The Alaska

Workers' Compensation Act must be interpreted to ensure quick, efficient, fair, and predictable delivery of indemnity and medical benefits to injured workers at a reasonable cost to employers. AS 23.30.001(1). Employee's request for an SIME can be granted if there is a significant medical dispute between her attending physician and the EME, and an SIME will assist to resolve the party's dispute, or if there is a gap in the medical evidence. AS 23.30.095(k); AS 23.30.110; *Bah.*

Dr. Jennings' letter only addressed causation for her hip which stated it was reasonable to assume the January 2025 fall at work resulted in her hip pathology. She did not address causation for Employee's knee at all in the letter when she listed the severe patellofemoral chondrosis, nor did she address causation for Employee's right shoulder when she stated that Employee reported she was unsure if her shoulder pain on June 2, 2025 was from the May 2025 work injury or the January 2025 fall. Dr. Kirkham diagnosed cervical root irritation and recommended physical therapy and gabapentin for Employee's right shoulder but he did not address whether the work injuries were the substantial cause of her need for medical treatment right shoulder treatment in his August 8, 2025 record; he also diagnosed chronic right shoulder pain and offered an injection but did not address whether the work injuries were the substantial cause of Employee's need for right shoulder medical treatment in his January 29, 2026 record.

The EME physician, Dr. Pappoe, questioned whether both work injuries occurred, contending there were no contemporaneous records, and opined if Employee sustained an injury, she at most sustained a left knee contusion, right hip contusion, a left hip contusion, a right gluteal contusion, a left gluteal contusion, a lumbar sprain/strain, and a right shoulder contusion which resolved, and her current complaints were due to her age, genetics, general home activities, general work activities, psychosocial factors, and preexisting conditions.

Because Employee's treating physicians did not address causation for her right shoulder and knee, there is no medical dispute regarding her right shoulder and knee. AS 23.30.095(k). An SIME's purpose is to provide an expert opinion regarding a contested issue, not to provide a discovery tool to obtain an opinion for a party when their physician has not provided one. *Seybert*; *Olafson*. A lack of opinion from Employee's treating physician on causation for her right shoulder and knee

does not a constitute a gap in the medical record preventing the Board from ascertaining the rights of the parties or understanding the medical or scientific evidence. *Bah*; AS 23.30.135(a).

Employee sought medical and transportation costs for her January 2025 work injury for her hips which Employer controverted based upon Dr. Pappoe's report. Therefore, this is a significant medical dispute regarding causation and compensability regarding Employee's hips between Drs. Jennings and Pappoe. AS 23.30.095(k); *Bah*.

An SIME is not required every time there is conflicting medical evidence. *Maher*. If a panel finds Dr. Jennings more credible, Employee will likely win on her hips claim. AS 23.30.122; *Smith*. If a panel finds Dr. Pappoe more credible, Employer will likely win on Employee's hips claim. *Id*. Therefore, there are enough medical opinions and evidence in this case to enable a panel to make a determination regarding Employee's claim for medical treatment. *LaBlanc*; *Hernandez*; *Bah*. In this case, an SIME would be an unnecessary and unreasonable cost to Employer. AS 23.30.001(1); *Bah*. Employee's July 2, 2026 petition for an SIME will be denied. *Rasmuson*.

CONCLUSION OF LAW

This decision shall not order an SIME.

ORDER

1) Employee's July 2, 2026 petition for an SIME is denied.

Dated in Anchorage, Alaska on August 27, 2026.

ALASKA WORKERS' COMPENSATION BOARD

/s/
Kathryn M Setzer, Designated Chair

/s/
Brian Zematis, 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. The power to order reconsideration expires 30 days after the date the decision was mailed. If no action is taken on a petition for reconsideration within the time allowed to order reconsideration, the petition is considered denied.

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 Sharon A. Gibbons, employee / claimant v. Anchorage School District, self-insured employer / defendant; Case No. 202501682; 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 August 27, 2026.

/s/
Lorvin Uddipa, Workers' Compensation Technician