

# ALASKA WORKERS' COMPENSATION BOARD



P.O. Box 115512

Juneau, Alaska 99811-5512

JEFFERY B. TOWNSEND, )  
)  
Employee, )  
Claimant, )  
)  
v. ) INTERLOCUTORY  
) DECISION AND ORDER  
)  
PRINCESS TOURS, ) AWCB Case No. 201810124  
)  
Employer, ) AWCB Decision No. 21-0045  
and )  
) Filed with AWCB Anchorage, Alaska  
TRAVELERS PROPERTY CASUALTY ) on May 27, 2021  
CO. OF AMERICA, )  
)  
Insurer, )  
Defendants. )  
)

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Employee Jeffrey Townsend's January 10, 2020 claim for permanent partial impairment (PPI) benefits was heard on the written record on May 27, 2021, in Anchorage, Alaska, a date selected on April 15, 2021. A January 25, 2021 hearing request gave rise to this hearing. Employee represents himself. Paralegal Christi Niemann represents Princess Tours and its insurer (collectively, Employer). The record closed at the hearing's conclusion on May 27, 2021.

## ISSUES

Employee contends a blood clot in his right calf diagnosed on December 6, 2019, arose out of and in the course of his employment. He contends long-distance travel in his personal motor vehicle from his home to medical appointments, totaling well over 9,000 miles over the course of many months, caused the blood clot to form.

Employer contends Employee cannot prove his blood clot arose out of and in the course of his employment or was an indirect result of treatment for his accepted work injury.

**1) Did Employee's blood clot arise out of and in the course of his employment?**

Employee contends he is entitled to PPI benefits for his right lower extremity blood clot.

Employer contends Employee provided no PPI rating for the blood clot and thus is not entitled to related PPI benefits.

**2) Is Employee entitled to PPI benefits for a blood clot?**

FINDINGS OF FACT

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

- 1) On June 20, 2018, Employee reported he slipped on a wet floor and landed on his right elbow while working for Employer. He described striking the ground with his forearm and feeling immediate pain in his right shoulder, and pain in the forearm, which developed over the next few days. Employee also reported "some popping and clicking" in the right shoulder. Right elbow x-rays showed no acute findings; while he had no right shoulder x-ray, the examiner opined there was evidence of a right shoulder rotator cuff injury. Diagnoses included an acute right rotator cuff strain and right elbow contusion with mild bursitis. (Maria Mandich, M.D. report, June 20, 2018).
- 2) On July 9, 2018, Employee's diagnoses included a right shoulder "traumatically induced rotator cuff tear" and right elbow contusion with injury to the medial collateral ligament. A right shoulder magnetic resonance imaging (MRI) confirmed numerous injuries to his right shoulder. (Jimmy Tamai, M.D. report; MRI report, July 9, 2018).
- 3) On August 16, 2018, Employee reported persistent pain in his right elbow and shoulder, and right hand numbness since June 17, 2018, when he fell on a wet kitchen floor while at work. He wanted to pursue right shoulder surgery. (Kurt Mentzer, M.D. report, August 16, 2018).
- 4) On December 20, 2018, Employee claimed temporary total disability benefits and a compensation rate adjustment and expressed frustration with how long it was taking to get his shoulder treated. (Claim for Workers' Compensation Benefits, December 19, 2018).

- 5) On March 1, 2019, Dr. Mentzer operated on Employee's right shoulder. (Operative Report, March 1, 2019).
- 6) In March 2019, Employee began physical therapy, which required him to drive long distances from his home to the therapists and for follow-up care with his physicians. This treatment-related travel continued for at least nine months. (See for example, Back in Action Physical Therapy report, March 15, 2019; Select Physical Therapy report, November 25, 2019).
- 7) On November 20, 2019, Employer paid Employee PPI benefits totaling \$5,310 for his right shoulder, which had a three percent PPI rating from a physician. (Agency file; "Payments" tab).
- 8) On December 6, 2019, Employee reported right leg pain and swelling. An emergency room physician diagnosed a deep vein blood clot, also known as a deep vein thrombosis (DVT), in his right calf. (Russell Johanson, M.D. report, December 6, 2019; experience).
- 9) On December 12, 2019, primary care provider Daniel Bang, M.D. stated in reference to Employee's blood clot, "Given the long drives in the car he has had from Talkeetna, would classify this as a provoked first time DVT." (Bang report, December 12, 2019).
- 10) On December 17, 2019, Dawn Shill, Pharm.D. charted in respect to Employee's blood clot, "Possible factors identified as recent long car rides from Talkeetna to Palmer/Anchorage for appts and decreased exercise overall since the summer." (Shill report, December 17, 2019). At the same visit, Dr. Bang commented on Employee's blood clot, stating:

Mr. Townsend relates a short term history of prolonged driving sometimes 3 hours from Talkeetna to Anchorage/Palmer (or Denali to Fairbanks) for physical therapy for prior injuries. Due to the excessive time traveling, would call this a provoked DVT. . . . (Bang report, December 17, 2019).

- 11) On January 13, 2020, Employee claimed PPI benefits for a blood clot on his right leg "above the ankle," which he contends occurred from driving long hours from his home to Palmer and then Anchorage for treatment related to his work-related right shoulder, elbow and forearm injury. (Claim for Workers' Compensation Benefits, January 10, 2020).
- 12) On January 31, 2020, Employer denied Employee's claim for PPI benefits for his right leg blood clot citing a lack of evidence supporting his claim and specifically noting it had not received a PPI rating "associated with the employee's blood clot condition." (Answer, January 31, 2020).

13) On February 27, 2020, cardiovascular specialist Herbert Semler, M.D. saw Employee for an employer's medical evaluation (EME) on referral from a prior EME, to give an opinion about Employee's blood clot. In summary, Dr. Semler was not certain Employee ever had a blood clot, but if he did, in his opinion the most likely cause was his age and obesity. He stated Employee's belief that driving to medical appointments was a cause for a blood clot was "speculation" since many people drive every day and do not develop a DVT. Dr. Semler conceded inactivity can cause one, as can activity. In his view, Employee's surgery did not cause a blood clot because the DVT occurred too long after his work-related surgeries. He opined driving to appointments did not aggravate, accelerate or combine with any preexisting condition to cause symptoms, disability or need for medical treatment for the blood clot. Lastly, Dr. Semler opined Employee had no PPI rating under the *Guides to the Evaluation of Permanent Impairment*, Sixth Edition (*Guides*) for a blood clot. (Semler report, February 27, 2020).

14) On March 12, 2020, Employer denied Employee's claim for all benefits related to his DVT, based on Dr. Semler's EME report. (Controversion Notice, March 20, 2020).

15) On March 12, 2020, the parties attended a conference before a Board designee and discussed among other things his January 10, 2020 PPI benefit claim. The parties "discussed Employee's medical and parties noted the Employee has not received a PPI rating at this time." (Prehearing Conference Summary, March 18, 2020).

16) On March 13, 2020, Dr. Bang evaluated Employee and included a history of "acute DVT provoked by driving last year for prolonged road trips while going between Palmer, Fairbanks, and Anchorage for PT and care for his shoulder. Reports he has driven at least 9300 miles. . . ." This acute DVT was "now resolved." (Bang report March 13, 2020).

17) On March 18, 2020, Dr. Bang recorded:

Discussed his traveling situation in 2019 with prolonged driving between Anchorage, Fairbanks, and Palmer, sometimes 3.5 hours in the car [which] is Silverado truck with cruise control so he wasn't moving his legs. Discussed that this is why we would call this a provoked DVT. (Bang report, March 18, 2020).

18) On April 30, 2020, Dr. Bang reported:

Veteran phoned to reiterate his prolonged travel last year, over 9300 miles sometimes over snowy terrain going to medical appointments and physical

therapy; agreed that hours in a car would raise the risk for DVT. . . . (Bang report, April 30, 2020).

19) On January 1, 2021, cardiovascular specialist Jay Schapira, M.D. reviewed Employee's medical records and spoke with him over Zoom for a second independent medical evaluation (SIME) limited to the blood clot issue. In summary, Dr. Schapira opined Employee's shoulder injury, reparative surgery and travel for physical therapy did not cause the DVT. In his view, the road travel time interrupted by physical therapy was insufficient to cause a blood clot even considering Employee's obesity. He stated the DVT was "idiopathic," not related to the shoulder injury and said the June 17, 2018 work injury was not the substantial cause of it. Dr. Schapira opined Employee had a zero percent PPI rating for the blood clot under the *Guides*. (Schapira report, January 1, 2021; see also Harvey Pullen assignment letter, October 23, 2020).

20) Given the March 12, 2020 discussion with a Board designee, Employer's January 31, 2020 answer to Employee's claim for PPI benefits, which denied his claim and advised he had not provided a PPI rating for a blood clot, the March 12, 2020 controversion based on Dr. Semler's zero percent PPI rating, and his prior receipt of PPI benefits for his shoulder based on a physician's rating, Employee knew or should have known he needed a PPI rating greater than zero to support his claim at hearing. (Experience, judgment and inferences drawn from the above).

21) On April 15, 2021, the parties stipulated to a written record hearing on May 27, 2012, limited to Employee's January 10, 2020 claim for PPI benefits, stating they were "prepared to move forward." (Prehearing Conference Summary, April 15, 2021).

22) Employee contends driving well over 9,000 miles over time to and from treatment for his right upper extremity injuries placed undue strain on veins and arteries around his right ankle, which he previously injured while serving in the Army. He takes exception to Dr. Bauer's EME and Dr. Schapira's SIME reports and makes several arguments to support his view that repetitive long-distance driving to receive medical treatment for his accepted work injury caused a blood clot in his right leg. Employee's brief does not mention a PPI rating for his blood clot and no PPI rating for a blood clot, greater than zero percent, is found in his agency file. (Written Brief/Final Arguments Blood Clot & SIME, May 17, 2021; agency file).

23) Employer does not dispute the distance Employee drove for medical treatment. It agrees he established a preliminary link between his work injury and his blood clot but contends its

evidence rebuts the raised presumption of compensability. Employer focuses primarily on causation, contends Employee has not proven his blood clot was work-related and has not provided a PPI rating for a blood clot greater than zero percent. (Employer’s Hearing Brief, May 20, 2021).

24) Blood clot causation and PPI ratings for them are unusual in workers’ compensation cases and not typically something the factfinders see. (Experience, judgment and observations).

25) Employee has called or emailed the Division with questions or comments at least 60 times during this case’s pendency. In summary, his calls included: notifying the Division that he had consulted a lawyer and gotten advice on several occasions; obtaining Division assistance in filling out forms; seeking advice on how to calculate a compensation rate; requesting a list of attorneys; seeking advice on how to obtain medical care for an unresolved part of his work injury; seeking advice on how to obtain care for his blood clot; to report disagreements he had with the SIME report; and inquiring about the deadline for filing his hearing brief. There is no record he ever contacted the Division to seek advice about how to perfect his PPI benefits claim. (Agency file, “Communications” tab, August 27, 2018 through May 24, 2021).

#### PRINCIPLES OF LAW

**AS 23.30.001. Intent of the legislature and construction of chapter.** It is the intent of the legislature that

- 1) this chapter be interpreted . . . to ensure . . . quick, efficient, fair, and predictable delivery of indemnity and medical benefits to injured workers at a reasonable cost to . . . employers. . . .

The board may base its decision not only on direct testimony, medical findings, 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 determinations of causation . . . degree of impairment . . . 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 (AWCAC) in *Bah v. Trident Seafoods Corp.*, AWCAC Decision No. 073 (February 27, 2008), addressed authority to order an SIME under AS 23.30.095(k) and AS 23.30.110(g). *Bah* stated if there was a "significant gap" in the medical evidence the board could order an SIME under §110(g).

**AS 23.30.110. Procedure on claims. . . .**

. . . .

(g) An injured worker claiming or entitled to compensation shall submit to the physical examination by a duly qualified physician which the board may order. . . .

**AS 23.30.120. Presumptions.** (a) In a proceeding for the enforcement of a claim for compensation under this chapter it is presumed, in the absence of substantial evidence to the contrary, that

(1) the claim comes within the provisions of this chapter. . . .

Benefits sought by an injured worker are presumed to be compensable and the §120 presumption applies to any claim for compensation under the Act. *Meek v. Unocal Corp.*, 914 P.2d 1276 (Alaska 1996). To attach the presumption an employee must first establish a "preliminary link" between his injury and the employment. *Tolbert v. Alascom, Inc.*, 973 P.2d 603 (Alaska 1999). In claims based on highly technical medical considerations, medical evidence is often needed to provide the preliminary link. *Burgess Construction Co. v. Smallwood*, 623 P.2d 312 (Alaska 1981). Credibility is not examined at this step. *Veco, Inc. v. Wolfer*, 693 P.2d 865 (Alaska 1985).

If the employee's evidence raises the presumption, it attaches to the claim and the burden of production shifts to the employer. Credibility is not examined at the second step. *Wolfer*. If the employer's evidence is sufficient to rebut the presumption, it drops out and the employee must prove his case by a preponderance of the evidence. This means the employee must "induce a belief" in the minds of the fact finders the facts being asserted are probably true. *Saxton v.*

*Harris*, 395 P.2d 71, 72 (Alaska 1964). In this last step, the evidence is weighed, inferences are drawn from the evidence, and credibility is considered. *Steffey v. Municipality of Anchorage*, 1 P.3d 685, 691 (Alaska 2000). Conversely, if the employee cannot cause the §120 presumption to attach to his claim, he bears the burden to prove his case.

**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). When doctors disagree, the board determines which has greater credibility. *Moore v. Afognak Native Corp.*, AWCAC Decision No. 087 (August 25, 2008).

**AS 23.30.190. Compensation for permanent partial impairment; rating guides.** (a) In case of impairment partial in character but permanent in quality, and not resulting in permanent total disability, the compensation is \$177,000 multiplied by the employee’s percentage of permanent impairment of the whole person. . . .

(b) All determinations of the existence and degree of permanent impairment shall be made strictly and solely under the whole person determination as set out in the American Medical Association Guides to the Evaluation of Permanent Impairment. . . .

In *Stonebridge Hospitality Associates, LLC v. Settje*, AWCAC Decision No. 153 (June 14, 2011), the board at hearing determined that because a self-represented worker who has filed a claim for PPI benefits had not obtained a PPI rating, her claim for PPI benefits was not “ripe” and withheld adjudicating the issue. On appeal, the commission noted the parties clearly identified PPI benefits as an issue for hearing; therefore, the parties’ interests at hearing were adverse and there was a substantial and immediate controversy between them on the PPI issue. *Settje* found the PPI claim was ready to be decided at hearing because the injured worker understood she needed a rating to obtain PPI benefits, an EME physician had opined she had not suffered a work-related injury, an SIME doctor concluded she did not sustain a PPI rating from the work injury and just prior to hearing, the injured worker acknowledged she had no PPI rating even though PPI benefits were a central issue at the forthcoming hearing. *Settje* weighed hardship to the employer because the board withheld judgment on the PPI issue at hearing, and



found the employer’s potential liability for PPI and other benefits continued and would result in the need to incur additional attorney fees and costs. *Settje* concluded the PPI statute required the injured worker to obtain a rating “if she wanted an award of PPI benefits and was dissatisfied with [the employer’s] evidence in that respect.” *Settje* vacated the board’s decision and remanded so the board could adjudicate the employee’s PPI claim “based on the record” at the first hearing, effectively resulting in the injured worker’s claim being denied because she had provided no PPI rating greater than zero at hearing.

**8 AAC 45.122. Rating of permanent impairment. . . .**

. . . .

(c) A rating of zero impairment under AMA guides is a permanent impairment determination. . . .

ANALYSIS

**1) Did Employee’s blood clot arise out of and in the course of his employment?**

Employee contends he had driven well over 9,000 miles over a lengthy period to obtain medical care for his accepted work-related right shoulder and elbow injuries, and this sedentary travel caused a blood clot. Employer contends he must first show the DVT arose out of and in the course of his employment or arose indirectly as a result of obtaining treatment for his work injury, before he can be entitled to PPI benefits for the DVT.

Employee’s claim raises a factual dispute about causation to which the presumption of compensability analysis applies. AS 23.30.120(a)(1). Employer concedes Employee raised the presumption about blood clot causation, the only claim decided here. *Meek*. Without regard to credibility, Employer rebuts the presumption with Drs. Semler’s and Schapira’s reports. Both stated the work injury, surgery to address it and travel for treatment did not cause the right lower extremity blood clot. *Tolbert; Wolfer*. Consequently, Employee must prove his claim that his DVT arose out of and in the course of his employment or occurred as a result of travel for his work injury, by a preponderance of the evidence. *Saxton*.

To support his claim, Employee produced his opinion and statements from Dr. Shill a pharmacist who said “possible factors” contributing to the DVT included “recent long car rides” for

treatment, and Dr. Bang a primary care physician who opined Employee's travel sometimes exceeding 3.5 hours in his vehicle while on cruise control caused a "provoked DVT." Employee's lay opinion is given no weight because there is no evidence he has any experience, training or knowledge about what causes blood clots. AS 23.30.122; *Smith*. Drs. Shill's and Bang's opinion are given some weight because they are trained medical professionals and Dr. Bang's opinion is somewhat supported by Dr. Semler's opinion that inactivity can cause a blood clot. AS 23.30.122; *Smith*.

By contrast, two cardiovascular specialists, Drs. Semler and Schapira opined Employee's cumulative travel over many months is not relevant and his individual trips were insufficient to cause a blood clot in his leg. Both unequivocally stated the road trips Employee took to obtain medical treatment for his accepted work injury did not cause or contribute to his DVT. Both physicians are in agreement on causation and stated the work injury, surgery to repair it, and travel for medical treatment related to it were not the substantial cause of the blood clot. Dr. Semler offered an alternative cause -- Employee's age and obesity was the substantial cause of the DVT. The opinions of these cardiovascular specialists are given greater weight than those offered by Employee's physicians. AS 23.30.122; *Smith*; *Moore*. Employee failed to meet his burden of proof; the right lower extremity blood clot did not arise out of or in the course of his employment and did not indirectly result from treatment or travel related to it. *Saxton*.

## **2) Is Employee entitled to PPI benefits for a blood clot?**

Employee contends he is entitled to PPI benefits for a blood clot he developed in his right leg in December 2019. AS 23.30.190(a). Because this decision finds Employee's right lower extremity blood clot did not arise out of and in the course of his employment, did not arise from treatment for his work injury and did not occur indirectly as a result of travel for treatment, Employee is not entitled to PPI benefits related to the DVT. Therefore, his January 10, 2020 claim for PPI benefits for a blood clot will be denied.

Alternately, even had this decision found the DVT was compensable, it would still deny his claim for PPI benefits. Employee provided no PPI rating for a blood clot under the *Guides* greater than the zero percent ratings from Drs. Semler and Schapira. AS 23.30.190(b); 8 AAC 45.122(c). The §120(a) presumption would not attach because Employee provided no medical

evidence of a PPI rating for his blood clot greater than zero. *Tolbert*. Though he opined about causation, Employee did not even offer his own lay opinion that he had a PPI rating greater than zero for a blood clot that his physician Dr. Bang said on March 13, 2020, was “now resolved.” Without regard to credibility, even had he offered a lay opinion about a PPI rating, Employee’s opinion would be insufficient to raise the presumption because a PPI rating for a DVT is a highly technical medical issue outside what even experienced fact-finders normally see in a workers’ compensation claim. Accordingly, it requires medical evidence to cause the presumption to attach. *Rogers & Babler; Smallwood*. Since Employee presented no PPI rating greater than zero percent from a qualified medical provider for his blood clot, he would have failed to raise the presumption and meet his burden. *Wolfer; Saxton*.

In some cases a “gap” in the medical evidence could require an SIME under AS 23.30.110(g). *Bah*. But there is no gap in the medical evidence because cardiovascular specialists Drs. Semler and Schapira already provided expert opinions stating Employee has a zero percent PPI rating under the *Guides* for his blood clot. Moreover, there has already been an SIME addressing this issue under AS 23.30.095(k). Thus, there is no basis for ordering another SIME under §110(g).

This decision takes into account Employee is a self-represented lay litigant. One could contend he may not have known he needed a PPI rating from a physician to support his claim. But the facts suggest otherwise: On November 20, 2019, Employer paid Employee PPI benefits for his shoulder based on a physician’s three percent PPI rating. Employee’s January 10, 2020 claim requested only PPI benefits for a blood clot in his right leg. His treating physicians Drs. Bang and Shill but did not provide any PPI ratings. Employer’s January 31, 2020 answer to his claim denied Employee’s request for PPI benefits in part because he had not provided a PPI rating for his blood clot. Dr. Semler’s February 27, 2020 report said if Employee had a DVT, he had no PPI rating for it under the *Guides*. The parties attended a prehearing conference on March 12, 2020, at which they discussed the PPI benefits claim and acknowledged Employee did not yet have a PPI rating. Based on Dr. Semler’s February 27, 2020 opinions, Employer controverted the blood clot PPI claim on March 20, 2020, putting the claim in contest. On January 1, 2021, Dr. Schapira stated Employee’s travel did not cause the DVT and said he had a zero percent PPI rating for it under the *Guides*. Lastly, Employee has called or emailed the Division at least 60

times since August 27, 2018, to seek guidance and advice. There is no evidence he ever inquired about how to perfect his claim for PPI benefits.

*Settje*, with facts strikingly similar to the above, resolves this final concern. Given Employer's prior PPI benefit payment for Employee's three percent shoulder rating, its answer denying his claim for lack of a PPI rating, the prehearing conference discussion noting he had no rating, Employer's denial of his PPI benefit claim, and Drs. Semler's and Schapira's zero percent rating opinions, Employee knew or should have known the PPI rating issue was disputed and ready for hearing when he agreed to the May 27, 2021 hearing date. Well before the April 15, 2021 prehearing conference setting this hearing, the parties' PPI positions were adverse and there was a ripe PPI dispute ready for adjudication. The relevant prehearing conference summary expressly stated the issue for this written record hearing is his claim for PPI benefits; therefore, he had notice of the PPI issue and his need to produce a *Guides* rating higher than zero percent. *Settje*.

*Settje* placed the burden on Employee to produce evidence supporting his claim for PPI benefits for his DVT; he failed to do so. His hearing brief does not even address PPI benefits and he has not provided a physician's *Guides*-based PPI rating greater than zero percent. AS 23.30.190(b). Consequently, had this decision found the "resolved" blood clot was a compensable injury or condition, Employee presented no rating supporting his claim for PPI benefits related to it and his PPI claim would still be denied. *Settje*.

Employee has another claim in his agency file but it is unclear if the issues in that claim are resolved. There may also remain issues regarding PPI benefits for his elbow. Consequently, this decision is "interlocutory," or in other words interim and non-final because it only resolves the PPI benefits issue for Employee's blood clot as set forth in his January 10, 2020 claim. Since this is not a "final decision," it is not "appealable" as "a matter of right." However, if a party wants to seek appellate review of this decision as a matter of the appeal commission's "discretion," they may do so by filing a petition for review with the AWCAC in accordance with the instructions below. Parties may call the division at 269-4980 if they have any questions about how to proceed.

CONCLUSIONS OF LAW

- 1) Employee's blood clot did not arise out of and in the course of his employment.
- 2) Employee is not entitled to PPI benefits for a blood clot.

ORDER

Employee's January 10, 2020 claim for PPI benefits for his right lower extremity blood clot is denied in accordance with this decision.

Dated in Anchorage, Alaska on May 27, 2021.

ALASKA WORKERS' COMPENSATION BOARD

\_\_\_\_\_/s/  
William Soule, Designated Chair

\_\_\_\_\_/s/  
Nancy Shaw, Member

\_\_\_\_\_/s/  
Randy Beltz, 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 accord 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

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board to modify this decision under AS 23.30.130 by filing a petition in accord 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 Final Decision and Order in the matter of Jeffery B. Townsend, employee / claimant v. Princess Tours, employer; Travelers Property Casualty Co. of America, insurer / defendants; Case No. 201810124; dated and filed in the Alaska Workers' Compensation Board's office in Anchorage, Alaska, and served on the parties by certified US Mail on May 27, 2021.

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/s/  
Kimberly Weaver, Office Assistant