State Bar of Michigan

Workers' Compensation Section Newsletter

Winter 2025

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From the Chair

Sean Shearer

My year in office seems to be moving along rather quickly. Here we are and it is almost time for our winter section meeting which will be held this year on Friday, December 5th from 9:00 a.m. until 12:00 p.m. I am excited to have this meeting at a new location this year--Frankenmuth, Michigan. This year's meeting will be held at the Frankenmuth Brewery which is located at located at 425 S. Main St., Frankenmuth, Ml 48734. `I look forward to seeing as many of my fellow section members as possible for breakfast and a spirited discussion. Our Director, Jack Nolish, and our Chief Magistrate, Kevin Kales, will be discussing various issues within the Agency (personally, I would like to know when the Okemos Agency will be reopening). I anticipate that the main issue addressed at the winter meeting will be the recently circulated memorandum regarding aged files at the Agency. It is an issue which affects us all and deserves substantive discussion amongst our Section members.

I truly believe that we-the Administration, the Board of Magistrates, Agency, staff, and the attorneys- will be able to resolve this issue adequately and expeditiously in the coming months. I do not view this as being an "us versus them" matter as it clearly affects all our clients as well as everyone working at Agency locations throughout the State of Michigan. The guidance provided by the recent memorandum is already starting to help clear the back log of cases. I am hopeful that the upcoming meeting will provide us all with an ample opportunity to discuss this larger issue and work together to MAKE COMP GREAT AGAIN!

I am very excited for 2026. Although the summer meeting location has not been finalized, I am optimistic that it will also be in a new location this year. Stay tuned for more details! I am also very pleased to report that we may be having a spring trip to Las Vegas this year. Attorney Deb Strain has put significant effort into planning the logistics, and it looks like we should have enough support to make it happen. If you are interested in joining us in Las Vegas from April 30 to May 3, 2026, please be sure to let either Deb or me know, as we are compiling a list of interested members.

I have a few housekeeping matters which I should mention. An updated list of our active section members was created, and copies are available at all Agency locations. (big shout out to Caitlin Gillies who volunteered to tackle this seemingly endless project!) If you have changed your phone number, address, or e-mail in the

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Jessica Super, Newsletter Editor

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From the Chair

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last 12 months, please let either Caitlin or me know so we can update your information. We want to be able to keep everyone in the section informed of upcoming events and other newsworthy happenings.

To all attorneys who request copies be made at the Agency, please try to bring copies of redemption papers, exhibits, facilitation summaries, etc. to the Agency rather than e-mailing them to the Agency staff and asking for printouts. Please have your materials assembled before you arrive to make everyone's day a bit easier. This has been a public service announcement.

I want to take a moment and acknowledge the recent passing of some of our colleagues.

Former Magistrate Beatrice Logan passed on November 3rd after a long battle with cancer. Magistrate Logan worked at both the Detroit and Pontiac Agency locations and will undoubtedly be remembered as a fair and impartial jurist who cared about the people who stood before her and who always took the time to listen. We will miss you, Bea.

Fred Bleakly, Jr. passed unexpectedly on November 9th while vacationing in St. Vincent. Fred was a great guy, period. I personally admired his zeal for representing injured workers. He was a first-rate attorney and a fearless advocate for those he represented. Fred left us way too soon and will be tremendously missed by all who knew him.

That is all I have for now. I look forward to seeing you all on December 5th in Frankenmuth! 🛠

Labor Advocates Continue to Demand Reform of Michigan's Comp Act

By Robert MacDonald

Labor advocates continue to call for reform of Michigan's workers' compensation law. They frequently point to the negative effects of the 2011 amendment to the Act, which—despite assurances from its proponents—significantly harmed Michigan's injured workers. Rather than receiving prompt, certain, and sustaining wage-loss benefits, many injured workers have their benefits reduced based on a hypothetical wage-earning capacity in jobs that are never offered and are not actually available to them. According to the National Academy of Social Insurance, Michigan ranks 48th out of all 50 states in the amount of workers' compensation benefits paid as a percentage of payroll.

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While in the minority, the full Senate Democratic Caucus under Senator Ananich's leadership introduced SB 368 of 2019. That proposal would have limited benefit reductions due to an injured worker's wage-earning capacity and provided greater clarity about when a job search should be required or excused. In 2023, after Michigan Democrats secured two seat majorities in both legislative houses, labor advocates, administration officials, and Democratic policymakers drafted numerous wide-ranging proposals to improve workers' compensation law. Following public hearings, the Senate Labor Committee under the leadership of Senator Cherry passed SB 1079 of 2024, which would have repealed the reduction of benefits based on a worker's wage-earning capacity and restored a definition of disability more akin to the 1987 law and *Haske v Transport Leasing, Inc*. 455 Mich 628 (1997).

The committee also passed SB 1080 of 2024, sponsored by Senator Cavanagh, which had widespread support amongst many stakeholders. That bill would have partially restored the presumption of conclusive dependency for surviving spouses for 208 weeks and restored a simpler formula for how partial dependency is determined. However, the Democratic "lame duck" session ended without either bill receiving a vote in the full Senate or House.

Senators Cherry and Cavanagh have now reintroduced versions of those bills as SB 74 and SB 75 of 2025. In addition to repairing the definition of disability and eliminating the reduction in benefits for phantom/hypothetical wages a worker is not able to obtain, SB 74 includes other proposed reforms. It would repeal the draconian 2011 amendment that eliminates wage loss benefits for injured workers who are terminated from reasonable employment "for fault." It would remove the possibility of the potential reduction in benefits due to a person's prior criminal record. The bill also eliminates offensive and dated statutory terminology requiring proof of 'imbecility' in cases involving a brain injury or other mental disability. It raises the maximum compensation rate from 90% to 100% of the state average weekly wage. The bill provides that the value of lost health and dental insurance following an injury would be included in the average weekly wage calculation even if that resulted in an amount higher than 2/3 of the state average weekly wage. The bill provides for 52 weeks of specific loss benefits for those suffering serious and permanent scarring or disfigurement to the face or head. SB 75 reintroduces last year's popular death benefit proposal to restore a conclusive presumption for surviving spouses for the first 208 weeks, restores the prior formula for determining partial dependency (abrogating *Lesner v Lesner Disposal*, Inc. 466 Mich 95 (2002)), and raises the funeral and burial expense cap to $12,000.

The Democratic House Labor Caucus has also introduced a large package of bills, House Bills 5177-5191 of 2025, that address similar and other issues. HB 5177 would provide greater workers' compensation protection to more workers unless the employing business established that the worker was an independent contractor under a version of the "ABC" test. HB 5178 would provide double compensation to workers injured due to an employer's serious or willful MIOSHA violations, and an intentional tort claim could be brought where an employee demonstrated that an employer willfully disregarded actual knowledge of substantial risk that an injury would occur. HB5181 and HB5189 provide ideas for reforming the small claims and mediation processes. HB5182 would strengthen injured workers' rights to treat with a physician of their choice. Since 2011, the waiting period for physician choice has been 28 days from the onset of treatment; the bill would restore a 10-day rule, following notice of injury. The bill would also require insurers to authorize reasonable medical care, or pay fees, costs and penalties for authorization unreasonably withheld. HB5183 would prevent employees from losing their benefits due to trivial misconduct. HB 5184 would increase the potential penalties for non-payment owing under the Act from $50/day and $1,500 maximum to $100/day, up to a maximum of $25,000, and permit penalties to be awarded where there is no bona fide dispute. HB 5187 codifies limitations on when overpayments can be recouped, similar to those found in Agency Rule 10(6). HB 5188 would require all parties-- not just some parties-- to pay a $100 redemption fee. HB 5190 would similarly codify many of the current vocational rehabilitation rules and procedures but allow vocational rehabilitation plans lasting 208 weeks, or greater under special circumstances. HB 5191 seeks to revive the uninsured employer's security fund.

HB 5179 is the identical version of the popular Senate bill SB 75 to reform death benefits. HB5186 includes similar reforms contained in the current Senate disability bill SB 74, but it is significantly more ambitious. In addition to restoring the definition of disability to one more akin to *Haske* and eliminating benefit reductions due to phantom wages, the bill would raise the maximum rate to 150% of the state

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average weekly wage. All injured workers would receive annual cost-of -living adjustments. The bill would also restore protection to injured workers with pre-existing conditions who are currently denied benefit coverage by the 2011 amendment's requirement that work result in medically distinguishable new pathology. The bill provides guaranteed weeks of benefits to workers discharged in retaliation for asserting their workers' compensation rights. The bill eliminates proof limitations on those filing claims for mental disability. The bill ends discrimination against older injured workers by eliminating the reduction in benefits by Social Security retirement benefits and by eliminating the higher burden of proof for workers suffering from conditions of the aging process. Coordination of other benefits could never be used to reduce the benefit rate by more than 50%.

Finally, HB 5185 is a similar proposal to the Senate Democrats' proposal from 2019, limiting the reduction of benefits by a worker's hypothetical wage- earning capacity, and clarifying what sort of job search is required and when it is excused.

While the political dynamics have changed since Republicans regained control of the State House, at least some legislators express cautious optimism that common ground can be reached in a bipartisan consensus to reform at least some of the defects in our current worker's compensation system. Few practitioners support the current benefit calculations of surviving widows and widowers, the reduction of benefits based on phantom wages, or the overly complex disability definition that burdens both employers and employees with unnecessary litigation. Whether lawmakers seize this moment will determine if Michigan finally abandons the harmful provisions adopted in 2011 Amendments and restores a workers' compensation system that is fair, functional, and worthy of the workers it is meant to protect. 🛠

Caselaw Updates

By Jacob Bender

Razo v. GM & Sons, Inc.
(2025 ACO#9)

Plaintiff worked for a cement company and was traditionally off work from December through March. During those months, he collected unemployment benefits. Following a work injury, Defendant was ordered to pay medical benefits and wage loss. Defendant appealed arguing that wage loss was not owed during the seasonal layoff period, citing MCL 418.301(4)(c) ("The employee shall establish a connection between the disability and reduced wages in establishing the wage loss.").

The matter had already been before the WDCAC twice on the issue of whether a seasonal employee was owed lost wages year-round. The WDCAC previously held that "wage loss may be established by demonstrating that he was unsuccessful in procuring work available that he is able to perform, showing a good-faith effort to obtain work, and 'a connection' between the disability and the reduction in wages attendant to the lack of success."

Ultimately, the WDCAC again held that wage loss was owed year-round, noting that:

1. Medical evidence demonstrated that Plaintiff could no longer perform the heavy work he typically did for Defendant; and
2. Plaintiff's and Defendant's VEs testified Plaintiff would be limited to minimum wage jobs; and
3. Plaintiff kept sufficient job search logs documenting his search to demonstrate entitlement to wage loss benefits on a year-round basis (as opposed to only seasonally as Defendants argued).

Notably, the WDCAC also addressed the sufficiency of Plaintiff's job search efforts. Plaintiff searched for work at various locations, including Kroger, Meijer, Walmart, and other factories. He compiled a 5-page job search log, which he testified was filled out by prospective employers. Plaintiff was Spanish-speaking, understood only about 50% of English, and wrote in Spanish. Some logs lacked job descriptions or dates. Plaintiff provided his medical restrictions to prospective employers during his search. Further, since he was unsuccessful in applying for year-round employment, he demonstrated that he had year-round

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wage loss (not just seasonal). It is important to note that the Plaintiff's inability to read English and his reliance on others to fill out the job search logs for him was a specific reason cited by the WDCAC for why the lack of dates was not fatal to his job search efforts.

Smith v. Mark Harwell Trucking, LLC
(2025 ACO#8)

Plaintiff worked for Defendant as a trucker. By mutual agreement, he kept his assigned truck at his home rather than at Defendant's shop, 70 miles away. This arrangement benefited both parties by saving time and fuel, as Plaintiff's daily pickup location was only four miles from his house. Plaintiff typically worked 13-14 hours per day.

On July 22, 2017, while driving home from work, Plaintiff stopped at a gas station along his route to get some snacks for the next workday. He parked the truck in the center turn lane of the road, as there was nowhere else to park. While returning to his vehicle, he was struck by a car. Defendant denied liability, arguing that the injury occurred outside the scope of Plaintiff's employment.

The WDCAC held that the injury was compensable, applying the standard from *Thomas v Certified Refrigeration, Inc.*, 392 Mich 623, 634 (1974). Under *Thomas*, an injury arises from employment so long as any deviation from the work-related trip is not so substantial that it dwarfs the business portion of the trip. In this case, WDCAC held that the employer benefited from keeping the truck at Plaintiff's house, as it saved 70 miles of gas compared to driving it to their shop at the end of the day. They noted the company's owner made the same sort of stops while working. Additionally, the WDCAC noted that Plaintiff's workday was not completed until he had completed a post-trip inspection, which was done at his house. Since the employer received a benefit and essentially treated the Plaintiff's house as their own location, the injury was compensable.

This decision has been appealed to the Court of Appeals.

Warren v. Ford Motor Co.
(2025 ACO#7)

An application for hearing was filed on August 13, 2018, alleging injury dates of 1992 and 2012. The case remained unresolved for several years, leading to multiple rescheduled trial dates. A priority trial date was initially scheduled for December 7, 2021, but an extension was granted, and the trial was rescheduled for February 8, 2022. On that date, both parties believed they were close to a settlement, and a final trial date was scheduled for December 13, 2022. On December 13th, Plaintiff requested an extension to resolve outstanding issues, which was granted. During this extended period, Defendant agreed to settle and pay Plaintiff $100,000 on the condition that Plaintiff apply for and receive a disability pension. However, Plaintiff never fulfilled this condition. By May 2023, the case remained unresolved, and the agency issued a Notice of Hearing for June 20, 2023, requiring Plaintiff to explain why the case should not be dismissed.

On June 19, 2023, Plaintiff filed a Motion to Enforce Redemption Agreement requesting that the magistrate impose the facilitation agreement and require Defendant to pay the settlement amount under the theory of estoppel. The Magistrate declined to do so and instead dismissed Plaintiff's Application for Hearing, noting that he could not impose settlement upon the parties and that the Board of Magistrates lack equitable powers (and estoppel is an equitable remedy). Finally, the Magistrate noted that even if he had equitable powers, estoppel would not apply (since Plaintiff failed to apply for a disability pension as agreed to, instead applying for a regular pension). The WDCAC affirmed the Magistrate's order and noted that no enforceable contract ever existed because a redemption agreement is not enforceable until it is approved by a magistrate.

Wagonschutz v. General Motors
(2025 ACO #6)

Plaintiff worked for Defendant as a floater, covering various positions. He was injured at work in 2018. In 2015, he started a powder coating business with his father and brother. In 2016, he injured his back while moving a trailer at home and had an L5-S1 fusion (and another surgery after that to correct a foot drop). He returned to work for Defendant in 2017 after this injury at home.

On February 1, 2018, he slipped on some water on the floor at work and fell down three or four stairs. By that time, he was not taking any pain medication from his prior 2016 non-work injury. Subsequent imaging after his fall at work showed loosening of the S1 screw and non-union at L5-S1. On May 1, 2018, he had surgery to re-fuse L5-S1. At trial, the magistrate issued an open award, and Defendant appealed.

The WDCAC previously remanded this case in part due to the magistrate ordering payment for a condition not claimed on the Application for Hearing.

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The WDCAC remanded this case again, this time because the magistrate failed to address subsequent employment as instructed in the WDCAC's prior remand order. The magistrate held on remand that because Plaintiff could not return to his prior work that paid maximum wages, he was totally disabled. However, in *Browder v. Endeavor Airlines*, 2024 ACO#3, the WDCAC held that inability to earn maximum wages does not preclude a person from being partially disabled, and that analysis still needs to be conducted.

Ehlen v. Ram Constr. Services of Michigan
(2025 ACO #5)

Plaintiff worked for Defendant for twenty years as a laborer and mason. Her job required her to use a 60-pound jackhammer, operate a 30-pound jackhammer overhead, and carry up to 100 pounds. Plaintiff stopped working in September 2019 due to back and shoulder pain. On February 21, 2023, the magistrate found the injury work related, found Plaintiff totally disabled, and held that Plaintiff's failure to provide timely notice did not prejudice Defendant.

On appeal, Defendant raised four arguments: (1) Plaintiff did not provide timely notice; (2) the magistrate's conclusions regarding Plaintiff's job duties were not supported by evidence; (3) Plaintiff's condition resulted from non-work-related issues; and (4) the magistrate's finding of total disability was unsupported.

Defendant argued that Plaintiff's failure to give notice resulted in the inability to have a witness at the job site, take photographs of the accident or assess potential causes of injury, and conduct drug testing. However, the magistrate determined that none of these concerns were applicable in this case because there was no specific injury requiring immediate investigation. Defendant further contended that had they known of the condition, they would have found alternative work for Plaintiff. The WDCAC found this argument unpersuasive and affirmed the magistrate's decision.

Next, Defendant argued the magistrate's conclusions about Plaintiff's job duties were unsupported because Plaintiff failed to demonstrate how she performed her work activities and used her tools. The WDCAC rejected this argument, noting that common sense indicated her job duties required extensive use of her shoulders. The WDCAC further noted that a finder of fact is permitted to use common sense in making findings, citing *People v. Simon*, 189 Mich App 565, 567–568 (1991).

The Defendant then argued that because the magistrate did not specifically find the Plaintiff's earlier (2011, 2017, 2018) shoulder issues to be work-related, her 2019 shoulder condition could not be work-related. The WDCAC rejected this argument for two reasons. The first was that Plaintiff had filed a last day of work injury claim under MCL 418.301(1) which requires the magistrate to determine whether the overall work exposure up to her last day caused or aggravated her disability, not whether the prior injuries were work related. Second, under the same statute, an injury is compensable if work *causes, contributes to, or aggravates* a pre-existing condition in a way that creates a new or worsened pathology. The WDCAC upheld the magistrates' finding of a work-related injury as there was sufficient medical evidence to prove that work caused, contributed to, or aggravated Plaintiff's condition.

Finally, Defendant argued that Plaintiff should not be found totally disabled because vocational experts testified that she retained some wage-earning capacity, and there was evidence of her working part-time. The WDCAC agreed that the disability determination analysis must consider the possibility of earning wages below maximum capacity. The case was remanded to resolve this issue.

Henderson v. Macy's/Macy's Retail Holdings, LLC
(2025 ACO #4)

On February 20, 2013, Plaintiff was working for Defendant when she pulled out a cabinet drawer, causing four other cabinets to fall on her, rendering her unconscious. Plaintiff was diagnosed with a left foot contusion and later developed Reflex Sympathetic Dystrophy. On September 9, 2013, Plaintiff filed an application for mediation or hearing regarding these injuries. On October 2, 2019, Plaintiff amended her complaint to allege a psychological disability.

At trial, the magistrate found that Plaintiff's foot injury was work-related but had resolved by February 20, 2014 (the date of Defendant's IME). Regarding the Plaintiff's psychological disability claim, the magistrate held that Plaintiff had not met her burden because the claim was not supported by treatment records and because the magistrate did not find the testimony of the examining doctor credible. However, the magistrate failed to provide any explanation for why the medical opinion was unpersuasive.

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The WDCAC held that this lack of analysis was grounds for remand under *Woody v. Cello-Foil Products*, 450 Mich 588 (1996) and *Kostamo v. Marquette Iron Mining Co.*, 405 Mich 105 (1979). A magistrate must provide an explanation that "[is] sufficiently detailed so that we can separate the facts it found from the law it applied, and that conclusory findings are inadequate because we need to know the path it has taken through the conflicting evidence, the testimony it has adopted, the standards followed and the reasoning used to reach its conclusion." Kostamo, 405 Mich at 594-595.

Howell v. Stapleton's Corner Market, LLC
(2025 ACO #3)

Plaintiff worked at a Subway sandwich counter for Defendant. On May 20, 2020, Plaintiff was working at the counter on a busy day when she began to feel lightheaded and dizzy. Plaintiff sat down briefly and then stood up from the chair, causing her to pass out. Defendant subsequently sent her for an IME, which stated that her hypothyroidism was the likely cause of the fall. On November 28, 2022, the magistrate issued an order holding that Plaintiff's injuries were purely personal medical problems and that her work environment neither aggravated the pathology of those conditions nor increased the risk of injury.

On appeal, Plaintiff argued that the act of getting out of her chair was sufficient to establish a work-related injury. The WDCAC disagreed, holding that the fall was idiopathic in nature. The WDCAC applied *Ledbetter v. Michigan Carton Company*, 74 Mich App 330 (1977), which held that an injury caused by strictly personal reasons is not compensable unless the location of the fall aggravated or increased the injury. Here, there was no evidence that the work environment contributed to the risk of her falling, as her low blood pressure, caused by her hyperthyroidism, would have caused the same result whether she sat and stood at work or at home.

Charles et. al. v. GMC
(2025 ACO #2)

Four cases were consolidated to determine whether GMC could consider the plaintiffs' receipt of Social Security Disability Insurance benefits ("SSDIB") in coordinating their workers' compensation and disability pension benefits. In 2009, GMC and UAW amended their collective bargaining agreement to permit the coordination of SSDIB.

Plaintiffs argued that the last sentence of MCL 418.354(11) does not permit such coordination, as it states: "[S]ocial security disability insurance benefits shall only be so considered if section 224 of the social security act, 42 USC 424a, is revised so that a reduction of social security disability insurance benefits is not made because of the receipt of worker's compensation benefits by the employe." The magistrate held that GMC had not coordinated benefits as defined under Section 354 and therefore had not committed a violation. Plaintiffs appealed.

On appeal, the WDCAC addressed the issue of preemption. The WDCAC held that under *Arbuckle v. General Motors LLC*, 499 Mich 521 (2016), disputes regarding collective bargaining agreements ("CBAs") fall within the scope of the federal Labor Management Relations Act ("LMRA"), and only federal law may govern the interpretation and application of a CBA. However, state law is not preempted by federal law if there is a right that arises from state law and does not require contract interpretation. Here, the right to not have SSDIB coordinated is found in a state statute but would require interpretation of the CBA and its terms to resolve. Accordingly, MCL 418.354(11) was determined to be preempted by the LMRA. The WDCAC then held that Plaintiffs had no basis for their argument under federal law and affirmed the magistrate's decision. 🛠

Mission

The Workers' Compensation Law Section of the State Bar of Michigan provides education, information and analysis about issues of concern through meetings, seminars, its website, public service programs, and publication of a newsletter. Membership in the Section is open to all members of the State Bar of Michigan.

Memo from the Director

Jack Nolish

As I was preparing my semi-annual MSIA presentation, I analyzed the hearings docket. Much to my dismay, the data showed a significant number of aging cases, a declining rate of litigation, a reduced rate of resolution, and a decrease in both the number and value of redemptions. I am also aware that many claimants are unrepresented. I address their complaints directly, as well as indirectly through their contacts with legislators and the Governor's office. This analysis has led the Board of Magistrates to implement actions aimed at making progress toward faster and more frequent resolution of pending cases.

The negative reaction I received from certain segments of the bar reminded me of a song. In 1971, Tamla Records, a subsidiary of Motown, released Marvin Gaye's album *What's Going On*, which opened with the title track. The lyrics include:

Don't punish me with brutality,

Talk to me,

So you can see

Oh, what's going on, What's going on, What's going on, What's going on….

From my perspective, here is what's going on:

The statewide hearings docket has been in the mid-8,000 range for several years. Some of you may recall when it was nearly three times that size. At that time, we had more than 30 Administrative Law Judges in contrast to today's 14-person Board of Magistrates. We also had far more fixed location hearing sites, depositions in Detroit cases that were conducted after trial, live court reporters, and one page "green sheet" decisions often completed while the hearing was still in progress. Cases were settled in the corridors, redemption papers were written on site, and everyone involved in the case was physically present for the hearing and then received carbon copies of the approved order. CMS was not involved. And all of this was done before lunch.

What has not changed in some time is the number of reported injuries, which has consistently remained in the 21,000 to 25,000 range annually for more than a decade. There was one outlier year involving COVID related reports, but few of those claims became litigated cases.

Meanwhile, the number of litigation filings has dropped to roughly 4,500 to 5,000 per year. The number of cases litigated to decision has declined even more sharply. It looks like there will be less than a dozen actual decisions written this year. The number of redemptions so far this year is also on track to be less than it was last year, and the real inflation value of redemptions has declined by over 20% in the last ten years.

Of the approximately 8,000 cases, about 60% are more than a year old and half are over two years old. Some cases are even older.

I do not make these observations in a vacuum. I am aware of significant delays in obtaining critical medical records; significant increase in the complexity and cost of litigation, including the high cost of depositions and seemingly endless delays in resolving CMS set-asides. I have recently become aware of a particular set-aside agent that just cannot seem to get things done- even with delays exceeding a year. Many people do not realize our Funds Administration encounters all the same problems when trying to develop and resolve cases. I am also aware of frequent and needless delays in payment of redemption proceeds, including fees. I also understand the problem facing employers/carriers in trying to respond to *in pro-per* claims that often involve individuals that are difficult to handle, and their claims are seemingly endless.

As to the song line about "Not punishing me with brutality," any of you who participated in section or other meetings are aware that some of them do turn out that way.

I do not believe anyone benefits from endless delays in resolution of claims. I hear the allegations of delay to build-up accrued or to increase billable hours, not to mention starving the injured worker into submission. These are neither new nor totally lacking in some credibility.

We now have a plan in place to move the docket forward, though it is not cast in stone. Positive suggestions for improvement are always welcome; however, conspiracy allegations and blanket condemnations are not welcome. Specific problems, such as the long delay set aside agent, need to be made known to me so that I can try to assist. Identified sources of medical record delays would also be useful. Heads of organizations tend to take my calls, but, if I am going to try to assist, I need to know about real, identifiable situations. Be advised that comments that begin with "people are saying" or "I have a case" do not provide me with much to go on.

Let's work together to go from "what's going on?" to "We'll get it done!" 🛠