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December 30, 2015

Via Facsimile: (405) 751-0951, Email & Mail

Sandy Cassady
Claims & Risk Services
P. O. Box 21450
Oklahoma City, OK 73156

**ORDER
ATTACHED**

Re: *Brenda Biddle vs. City of Broken Arrow*
SSN: xxx-xx-4537
WCC No. 2013-10578 R
D/A: 06/06/2012

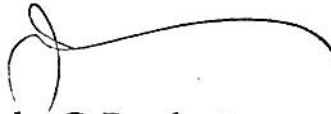
Dear Ms. Cassady:

Please see the attached Order Awarding the Nature and Extent of Permanent Partial Impairment Benefits received in the above-referenced matter. Please note payment of the Order is due not later than Friday, January 8, 2016.

If you have any questions, please do not hesitate to contact our office.

Very truly yours,

JOHN BARNHART, PC



John G. Barnhart
FOR THE FIRM

JGB/tm
Attachment

BEFORE THE WORKERS' COMPENSATION COURT OF EXISTING CLAIMS
STATE OF OKLAHOMA



FILED

WORKERS' COMPENSATION COURT
STATE OF OKLAHOMA
December 21, 2015
Katrina Stephenson
COURT CLERK

In re claim of:

BRENDA BIDDLE)	
Claimant)	
CITY OF BROKEN ARROW)	Court Number: 2013-10578R
Respondent)	
CITY OF BROKEN ARROW (OWN RISK #14157))	Claimant's Social Security
Ins. Carrier)	Number: xxx-xx-4537

**ORDER AWARDING THE NATURE AND EXTENT OF
PERMANENT PARTIAL IMPAIRMENT BENEFITS**

Now on this 15th day of DECEMBER, 2015, this cause came on for consideration pursuant to regular assignment and hearing on DECEMBER 8, 2015, before JUDGE MICHAEL W MCGIVERN, at Tulsa, Oklahoma, at which time claimant appeared in person and by counsel, MICHAEL R GREEN and respondent and insurance carrier appeared by counsel, JOHN G BARNHART.

The Court having considered the evidence and records on file, and being well and fully advised in the premises FINDS AND ORDERS AS FOLLOWS:

- 1 -

THAT on JUNE 6, 2012, claimant was employed by the above named respondent and such employment was subject to and covered by the provisions of the Workers' Compensation Code of the State of Oklahoma; and on said date claimant sustained accidental personal injury to the LEFT SHOULDER (aggravation of pre-existing condition), LEFT ARM, NECK, and LEFT HAND (aggravation of pre-existing condition) arising out of and in the course of claimant's employment.

- 2 -

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$735.00 per week for temporary total disability and \$323.00 per week for permanent partial impairment.

- 3 -

THAT as a result of said injury, claimant sustained 15 percent permanent partial impairment to the LEFT SHOULDER (positive finding including but not limited to full-thickness tear of the superior fibers of the infraspinatus tendon with retraction of fibers to the level of the glenoid, range of motion loss, weakness) over and above 6 percent pre-existing permanent partial disability of and 5 percent permanent partial disability to the NECK (range of motion loss) , 5 percent permanent partial disability to the LEFT HAND (numbness, tingling) , 0 percent permanent partial disability to the LEFT ARM (no anatomical abnormality), for which claimant is entitled to compensation for 111 weeks at \$323.00 per week, or the total amount of \$35,853.00 of which 36 weeks have accrued and shall be paid in a lump sum of \$11,628.00.

- 4 -

THAT accrual rate is based on maximum medical improvement date when finally released from all medical care.

- 5 -

THAT per medical records the Court finds the LEFT HAND was injured in this matter as well as the previously found compensable body parts.

- 6 -

THAT respondent and/or insurance carrier shall pay all reasonable and necessary medical expenses incurred by claimant as a result of said injury.

- 7 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$11,628.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$35,853.00 (less attorney fee) has been paid to claimant.

- 8 -

THAT Respondent shall pay court costs; Special Occupational Health and Safety Fund Tax of three-fourths of one percent (0.75%) of the amounts paid in lump sum of \$268.90 is levied against the Respondent; three-fourths of one percent of the continuing benefits awarded in this case shall be computed and paid as the same comes due. Pursuant to 85 O.S., Section 407, as amended by Laws 2013, HB 2201, c. 254, Section 49, eff. January 1, 2015, Respondent, if Own Risk, shall pay \$717.06 to the Workers' Compensation Administration Fund created by 85 O.S. Section 407, to be used for the costs of administering the Workers' Compensation Code as applicable to the Oklahoma Workers' Compensation Court of Existing Claims, representing two percent (2%) of the permanent disability award herein.

- 9 -

THAT pursuant to Title 85 O.S. Section 368, a final award fee of one hundred forty dollars (\$140.00) is taxed as a cost in this matter, and shall be paid by respondent.

- 10 -

THAT the sum of \$7,170.60 shall be deducted from the award herein and paid in lump sum to claimant's attorney as a fair and reasonable attorney fee; within twenty (20) days from the date of filing of this order, respondent or insurance carrier shall comply herewith.

BY ORDER OF:

/s/ Michael W McGivern

MICHAEL W MCGIVERN, JUDGE

pg/FBennett

A copy of the above and foregoing Court Order was mailed, by regular or Certified United States Mail, on this filed stamped date to:

Claimant's Attorney: MICHAEL R GREEN
3739 EAST 31ST ST
TULSA, OK 74135-1506

Respondent's Attorney: JOHN G BARNHART
PO BOX 701590
TULSA, OK 74170-

I do hereby certify that the above and foregoing is a true and correct copy of the original order signed by the Judge herein. Witness by my hand and the official seal of this court on this date.

Kathrina Saplerson

Court Clerk
December 21, 2015

