



CONNECTICUT WORKERS' COMP UPDATE

The law firm of **Strunk Dodge Aiken Zovas (SDAZ)** provides you with our **FALL 2025 WORKERS' COMPENSATION LAW UPDATE**. Please feel free to share this update with your colleagues. If someone inadvertently has been left off our email list and would like to receive future updates, please contact **Jason Dodge** at jdodge@ctworkcomp.com or 860-785-4503.



STRUNK DODGE AIKEN ZOVAS NEWS

Strunk Dodge Aiken Zovas has been named by Best Lawyers as a 2026 Tier 1 "Best Law Firm" in the area of Workers' Compensation Law-Employers and Personal Injury Litigation-Defendants. Best Lawyers is the oldest and most respected lawyer ranking service in the world. The U.S. News – Best Lawyers® "Best Law Firms" rankings are based on a rigorous evaluation process that includes the collection of client and lawyer evaluations, peer review from leading attorneys in the field, and review of additional information provided by law firms as part of the formal submission process.

Heather Porto of SDAZ was named **2026 "Lawyer of the Year"** by Best Lawyers for Workers' Compensation Law-Employers in the Hartford region. Congratulations to

Heather for this prestigious honor! Other attorneys at SDAZ that have won Lawyer of the Year Awards are **Courtney Stabnick** 2024, 2020 Litigation-Insurance, **Jason Dodge** 2023 Workers' Compensation Law-Employers, and **Lucas Strunk** 2017, 2015 Workers' Compensation Law-Employers.

Attorneys Anne Zovas, Lucas Strunk, Richard Aiken, Heather Porto, Philip Markuszka, Courtney Stabnick, Jason Dodge and Richard Stabnick of SDAZ have been selected by their peers for recognition of their professional excellence in Workers' Compensation- Employers in the 32nd edition of *The Best Lawyers in America*.



Attorney Heather Porto

Attorney Katie Dudack of SDAZ has been appointed to serve as Vice President of the Hartford County Bar Foundation (HCBF). The Foundation is the charity arm of the Hartford County Bar Association and provides grants to assist the poor, disabled and homeless in the greater Hartford area. Attorney Dudack is dedicated to the work of the Foundation as a means for lawyers in the Hartford area to give back to the community. The Foundation holds fundraising events throughout the year including a road race in the Spring which Atty Dudack co-chairs with Attorney Anne Zovas and an upcoming Battle of the Bands to be held in the fall.

On October 17, 2025 members of **Strunk Dodge Aiken Zovas** attended a Connecticut Bar seminar at the Hawthorne Inn in Berlin, Connecticut. The topic of the seminar was "arising out of and in the course of employment." **Richard Aiken, Jason Dodge, Heather Porto, Richard Stabnick, Matthew Sacco, Kylee Santos, Philip Markuszka, Courtney Stabnick, and Christopher Buccini of SDAZ** attended this all-day seminar which addressed compensability of injuries while traveling to and from work, off-premises injuries, idiopathic injuries, and injuries of unknown origin. Discussion was held regarding defenses that can be raised such as wilful and serious misconduct and intoxication. **Chief Judge Morelli** was present and talked to the attendees regarding

the Connecticut Workers' Compensation Commission's new efilg procedure (see below discussion regarding Memorandum 2025-09).

Attorney Christopher Buccini of SDAZ is Chairman of the Workers' Compensation Section of the Connecticut Bar Association. **Attorney Maribeth M. McGloin** is Secretary of the Section.

We are excited to announce that **SDAZ** has hired a new attorney, **Kylee R. Santos**. . She graduated Cum Laude from Quinnipiac University School of Law in 2024. Attorney Santos is admitted to practice in Connecticut. Attorney Santos represents self-insured and insured employers as well as municipalities before the Connecticut Workers' Compensation Commission. Prior to joining Strunk Dodge Aiken Zovas, Attorney Santos gained litigation experience representing children and families in the Connecticut Superior Courts for Juvenile Matters.



Attorney Kylee R. Santos

Attorneys Richard Aiken, Jason Dodge, Lucas Strunk, Anne Zovas, Heather Porto and Philip Markuszka were named Super Lawyers for 2025 in the field of workers' compensation law. **Attorneys Ariel MacPherson, and Matthew Sacco of SDAZ** were named "Rising Stars" in workers' compensation law.

Attorneys Anne Zovas, Richard Aiken, Lucas Strunk, Jason Dodge and Richard Stabnick of SDAZ have received an AV rating by Martindale-Hubbell. Martindale-Hubbell states that the AV rating is the highest peer rating standard. This is given to attorneys who are ranked at the highest level of professional excellence for their legal expertise, communication skills, and ethical standards by their peers."

The 27th Annual Verrilli-Belkin WC Charity Golf Event was held on September 8th at Shuttle Meadow Country Club in Kensington. This was a fantastic event (regardless of skill level!) with all proceeds going to the Connecticut Foodshare, an organization that provides meals to those in Connecticut who struggle with food insecurity. The outing is for Connecticut Bar Association members and primarily those in the Workers' Compensation Section. **Attorney Richard Aiken of SDAZ** organizes this golf outing every year.

Strunk Dodge Aiken Zovas has been named the Connecticut representative of the National Workers' Compensation Defense Network. The NWCDN is a nationwide network of workers' compensation defense law firms that partner with other attorneys to provide clients with expertise, education, and guidance in the field of workers' compensation. Only one firm per state is selected for this prestigious organization. If representation is needed in a state outside of Connecticut, the NWCDN network provides a vetted list of law firms that can provide excellent legal assistance to clients of **SDAZ**.

Kids' Chance of Connecticut had its annual Charity Golf Outing on Monday, September 29, 2025 at the Glastonbury Hills Country Club. Over \$40,000 was raised that the event for KCOC. This charity provides educational scholarships to the children of Connecticut workers who have been seriously or fatally injured in work-related accidents. **Attorney Phil Markuszka of SDAZ** is a member of the Board of KCOC and assisted organizing the outing. **Attorneys Katie Dudack and Chris Buccini of SDAZ** golfed at the event..



Attorneys Chris Buccini, Phil Markuszka and Katie Dudack at the KCOC Golf Event

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SDAZ can provide your company with seminars regarding Connecticut Workers' Compensation issues. Please contact us about tailoring a seminar to address your needs.

We do appreciate referrals for workers' compensation defense legal work. When referring new files to SDAZ for workers' compensation defense please send them to one of the attorneys' email: azovas@ctworkcomp.com, raiken@ctworkcomp.com, lstrunk@ctworkcomp.com, jdodge@ctworkcomp.com, hporto@ctworkcomp.com, nberdon@ctworkcomp.com, cstabnick@ctworkcomp.com, cbuccini@ctworkcomp.com, pmarkuszka@ctworkcomp.com, cdangelo@ctworkcomp.com, amacpherson@ctworkcomp.com, rstabnick@ctworkcomp.com, mmcgloin@ctworkcomp.com, ksantos@ctworkcomp.com or by regular mail. We will respond acknowledging receipt of the file and provide you with our recommendations for defense strategy.

Please contact us if you would like a copy of our laminated "Connecticut Workers' Compensation at a glance" that gives a good summary of Connecticut Workers' Compensation law to keep at your desk.

LEGISLATIVE UPDATE

The legislature in the 2025 session attempted a "fix" of what many viewed as an incorrect decision from the Connecticut Supreme Court, *Gardner v. Department of Mental Health and Addiction Services*, 351 Conn. 488 (March 18, 2025) (see below review of that decision). As a result of *Gardner*, the Administrative Law Judges were given discretion to award ongoing temporary partial benefits notwithstanding that the claimant may have achieved maximum medical improvement. This was viewed as a significant expansion of employers' exposure for workers' compensation benefits.

The 2025 legislation (Public Act 25-12) is designed to resolve the expansion of benefits brought by the *Gardner* decision and involved some give-and-take between those legislators who believed that certain benefits should be increased and those that did not want the *Gardner* decision to be applied. The legislation made the following changes:

- For all claims from July 1, 1993 forward, a Judge shall be required to establish maximum medical improvement and place the claimant on permanency benefits if the claimant is receiving temporary partial benefits. If the claimant is totally disabled, he/she will be entitled to ongoing benefits for total disability notwithstanding the fact that he/she may have been placed at maximum medical improvement.
- For claims on and after July 1, 2025, C.G.S. § 31-308(b) will be expanded to allow for permanency of the esophagus (180 weeks) and the intestinal tract (347 weeks). Additionally, the permanency benefits for the cervical spine shall be increased from 117 weeks to 208 weeks.
- For any death claim where there is no presumptive dependent or dependent in fact, the parents of the decedent employee shall be entitled to receive benefits for 312 weeks.
- C.G.S. § 31-308a was amended to allow for a supplemental 60 weeks of post-specific benefits, inclusive of any benefits awarded pursuant to § 31-308a(a). To qualify for benefits under this provision, the claimant must be unable to perform his/her usual work and either be actively engaged in a vocational rehabilitation service or equivalent program, or have completed this service or program.
- A working group will be established “to study rehabilitation services available” to employees with work injuries. The working group will review whether rehabilitation services are adequately funded and will consider incentives, including stipends, to encourage the utilization of rehabilitation services.

The only retroactive application of the statute deals with the *Gardner* decision and essentially states that for all claims from July 1, 1993 to the present time a Judge must award permanent partial disability benefits if maximum medical improvement has been reached and the claimant is capable of work. We have some question as to whether this retroactive legislation will stand up to judicial review. In Connecticut, normally the “date of injury” rule will apply, which means that the version of the statute in effect as of the date of injury controls what the rights and liabilities of the parties are. This retroactive legislation is counter to that rule. Moreover, there is question as to whether the retroactive application of this substantive change to the statute will pass constitutional muster under both the state and federal constitutions.

The permanency for the esophagus and intestinal track probably will not affect many claims. On the other hand, the increase of permanency for the neck will provide enhanced benefits to many injured employees. The increase in permanency for the

neck seems to make sense when compared to the number of weeks that are allowed for permanency to the lumbar spine (374 weeks).

The expansion of death benefits to parents of a deceased employee was brought about by the recent death of a young State of Connecticut employee who was struck by a drunk driver while he was working on a road crew. No workers' compensation benefits were paid since the young worker was not married. Many found this result to be unfair and therefore sought this legislative change.

The increase of § 31-308a benefits to 60 weeks may provide a substantial increase to injured workers who are not able to return to their normal jobs and/or who have been assessed low permanency ratings. It will also likely increase the number of individuals who will be willing to participate in the state's vocational retraining program. The legislation as passed is vague as to whether there are 60 weeks of benefits for each body part that is injured or whether 60 is the total number of supplemental weeks regardless of the number of body parts involved. We expect claimants' counsel will attempt to seek supplemental awards of 60 weeks for each body part that is injured.

We interpret the statutory changes to § 31-308a to allow the employer to take credit for any § 31-308a benefits previously paid. For example, if the claimant had been paid a permanency award of 10% of the lumbar spine and received 37.4 weeks of § 31-308a benefits then the net additional benefits that could be claimed amounts to 22.6 weeks (60 supplemental weeks minus the 37.4 weeks previously paid). If this interpretation is correct then the claimants who have received a lower number of weeks of § 31-308a previously will benefit more from this new legislation; for example, a claimant who received a 5% of the leg and equivalent § 31-308a benefits for 7.75 weeks might be able to receive an additional 52.25 weeks.

Should you have any questions regarding this new legislation, please do not hesitate to contact us.

CONNECTICUT WORKERS' COMPENSATION COMMISSION NEWS

MEMORANDUM NO. 2025-09

Starting October 1, 2025, the Workers' Compensation Commission (WCC) will accept the submission of certain forms and documents electronically through our enhanced [GovQA System](#). The updated system will streamline the form submission process and make it more convenient for everyone involved. Electronic filing is not required. Parties are still welcome to file forms by mail (certified mail where required), fax, or hand-delivery.

Listed below are the forms and documents WCC will accept through the GovQA System:

The following claim forms and documents will be accepted as attachments:

- 30C: Notice of Claim for Compensation

- 30D: Dependent's Notice of Claim for Compensation
- 36: Notice of Intention to Reduce or Discontinue Payments
- 43: Notice to Administrative Law Judge and Employee of Intention to Contest Employee's Right to Compensation Benefits
- 44: Order to Second Injury Fund in Cases of Concurrent Employment
- Brief or Proposed Finding
- Hearing Request
- Hearing CANCELLATION Request
- Lien Notice
- Medical Documentation (in conjunction with a Commission Medical Exam as ordered by WCC)
- Notice of Appearance
- Petition for Review
- Motions
- Stipulation (for Review only - original copies must be brought to hearing)

The following administrative forms and documents will be accepted as attachments:

- 6B: Coverage Election by Employee who is an Officer of a Corporation or a Manager of an LLC
- 6B-1: Coverage Election by Employees who are Members of a Partnership
- 75: Coverage Election by Sole Proprietor
- Claim Filing Location Form/ Notice to Employees
- Medical Care Plan Application for Employer
- Self-Insurance Application
- WCR-1: Rehabilitation Request

Additionally, the following administrative forms may be filled out and submitted directly online:

- Contact Information Change Form (Parties may use this form to make changes to their contact information or add an email address to receive hearing notices electronically)
- Hearing Questionnaire (You must have received a survey number from WCC in order to complete this questionnaire)

Please note that parties submitting these documents to WCC electronically must continue to send physical copies to the other parties to a claim, by certified mail or hand-delivery, if required.

The Commission's new form submission service is a centralized, secure public records system that builds on the current GovQA information and records requests portal. The [GovQA portal](#) allows requestors to track their requests and form submissions, while also standardizing workflows for employees.

GovQA is the largest provider of cloud-based Software as a Service (SaaS) automated workflow solutions for government compliance. Its Public Records Management

software handles more requests for state and local governments than any other software provider.

NEW STATUTE BOOKS

The Commission has just released new red statute books with all of the Connecticut Workers' Compensation statutes, regulations and related statutes in it. If anyone needs a copy please contact us and we will send a book to you.

MEMORANDUM NO. 2025-07

A new, updated [Authorization for Release of Medical Records \(PDF\)](#) is now available on the Workers' Compensation Commission website. The form has been revised to be HIPAA compliant, as well as compliant with Connecticut's Reproductive Rights Shield Law.

The use of WCC's form is not mandatory. It has been provided for your convenience. Parties may use another HIPAA compliant form if they prefer.

We encourage all parties to review the updated form and utilize it if it suits your needs.

MEMORANDUM NO. 2025-08

Effective October 1, 2025, the Workers' Compensation Commission (WCC) will begin invoicing fees for Freedom of Information Act (FOIA) requests through our enhanced [GovQA System](#). The new process will streamline billing of fees and allow for credit/debit card payments. When a records request incurs fees, the requestor will automatically be notified and receive a copy of the invoice which they can then pay online, through mail, or in-person at one of WCC's offices.

WCC will only charge a customer the cost of what WCC pays for providing records. For physical copies, the cost is \$0.25 per page plus postage, if applicable. Effective October 1, 2025, and subject to State Contract #22PSX0156, the cost to retrieve closed files from archive will now be \$23.00 for the first box/file and \$1.80 for each additional box/file. Should records need to be returned to archives, the cost will be \$1.80 per box/file. Retrieval fees will only be charged for archived claims with a full & final stipulation on file.

MEMORANDUM 2025-02

Effective July 7, 2025, where a claimant cancels a scheduled Commission Medical Examination **less than two business days prior to the date of the examination**, the Commission recommends that the physician's office limits the cancellation fee to **\$300.00**. There shall be no cancellation fee assessed for CMEs cancelled more than two business days prior to the exam. Where a claimant fails to attend a Commission Medical Examination and does not call or otherwise alert the physician's office prior to the appointment time, the Commission recommends that the physician's office limit the no show fee to **\$450.00**.

In either situation, when determining responsibility for the payment of the late cancellation or no-show fee, the parties and the administrative law judge should implement a fault-based approach that takes into account the circumstances surrounding the claimant's failure to attend the examination.

MEMORANDUM 2025-04

Memorandum 2025-04 has been issued by Chief Administrative Law Judge Morelli regarding maximum compensation rates. The Chairman has ordered that the maximum total disability rate for injuries occurring after October 1, 2025 is **\$1,716.00** (based on the estimated average weekly wage of all employees in Connecticut). The maximum temporary partial/permanent partial disability rate for accidents after October 1, 2025 is **\$1,220.00** (based on the average weekly earnings of production and related workers in manufacturing in Connecticut).

BURIAL EXPENSES

As of January 1, 2025, the burial fee for deaths covered under the Workers' Compensation Act is \$14,371.23 based on the overall 2024 CPI-W increase for the northeast of 3.5%. Connecticut General Statutes Section 31-306 was amended in 2021 to reflect that the compensation for burial benefits will be adjusted by the percentage increase in the consumer price index for urban wage earners and clerical workers in the Northeast as defined in the United States Department of Labor's Bureau of Labor Statistics.

MILEAGE REIMBURSEMENT

As of January 1, 2025 the mileage reimbursement rate is 70 cents per mile.

Previously on January 1, 2024, the mileage reimbursement rate was 67 cents per mile, on January 1, 2023 the mileage rate had been 65.5 cents per mile and as of July 1, 2002 the rate had been at 62.5 cents per mile.

MEMORANDUM 2024-03

Effective July 1, 2024, wage statements should be attached to all Voluntary Agreements. If the claimant is concurrently employed, wage statements from all employers should be included with the submission. Failure to attach a wage statement(s) will result in the rejection of the Voluntary Agreement.

WORKERS' COMPENSATION PORTAL

The Commission does have a website where you can look up such information as to whether a hearing is assigned, list of all claims for an employee, status of a Form 36, and interested parties. This is quite a useful site and is a different website than the Commission's main site. It can be found at:

<http://stg-pars.wcc.ct.gov/Default.aspx>

NEW COMPENSATION REVIEW BOARD PANEL

The new CRB panel beginning January 1, 2026 will be Administrative law Judges Colette Griffin and Michael Anderson along with Chief Administrative Law Judge Morelli.

CASE LAW

POST v. RAYTHEON TECHNOLOGIES/PRATT & WHITNEY, 235 Conn. App. 901, AC 48047 (September 16, 2025)

The Connecticut Appellate Court in a “per curiam” decision (all Judges agreed with the decision) affirmed the dismissal of this workers’ compensation claim by the CRB and Trial Judge. The claimant alleged that she fell at work on the company premises on February 14, 2022 causing a fracture to her left leg. While the respondents acknowledged that the claimant fell at work they denied liability in the case. The respondents contended that the claimant’s injury did not “arise out of” her employment; rather, respondents asserted that the claimant’s fall was because of a pre-existing, non-occupational foot drop.

The claimant had several prior left hip surgeries which caused a foot drop. As a result of this, the claimant became more susceptible to falling. The claimant did wear a brace on her left ankle to stop falls although she admitted that it was uncomfortable. The claimant fell at a restaurant outside of work in January 2022, one month before the work accident. A fellow worker testified that he saw the claimant prior to the work accident, and she was having difficulty walking. The claimant came in to work early in the morning on the date of the accident and was walking to her workstation at the time of the fall.

Following the fall, the claimant reported to numerous medical providers that she had fallen on rock salt. At the formal hearing, however, the claimant acknowledged that she did not see any rock salt at the time of her fall but did say that there had been rock salt outside of work as she entered the premises. The claimant also testified at the formal hearing that there may have been a small puddle of water on the floor where she fell. The claimant did not know why she fell, however.

The respondents presented the testimony of Dr. Raymond Sullivan, a foot specialist, who opined that the claimant's pre-existing left foot drop was a substantial factor in causing her fall at work. The Administrative Law Judge concluded that Dr. Sullivan's testimony was persuasive that the claimant's foot drop was a substantial contributing factor in causing the fall. The Judge found there was no credible or persuasive evidence that there was rock salt on her shoe when she fell or that there was water on the floor. The Judge dismissed the claim concluding that the fall was caused solely by her left foot drop condition.

A Motion to Correct was filed by the claimant post the trial decision; that Motion to Correct was not granted regarding the claimant's contention that walking at work was a contributing factor to her fall. The claimant throughout the case had contended that her fall could not have occurred had she not been walking, that she had to walk to get to her work station, that walking at work was incidental to her employment and therefore the fall arose out of her employment. Implicit in the Judge's denial of the Motion to Correct was that he did not agree with the claimant's assertions regarding walking being a substantial factor in the cause of the fall.

The Compensation Review Board affirmed the dismissal on appeal finding that the record was "devoid of evidence that any workplace condition or activity contributed to the claimant's injury." The Board found that the respondents had successfully rebutted any presumption of compensability.

Following the CRB decision the claimant took the appeal to the Appellate Court, however, she was unable to cite any decision in her favor supporting the proposition that an idiopathic fall on level ground at work should be considered compensable. An idiopathic fall at work has been defined to be a fall due to a personal infirmity.

Oral argument before the Appellate Court was held on September 4, 2025. Former Connecticut Supreme Court Judge Palmer, Judge Clark and Judge Westbrook were on the panel presiding over this appeal. Judge Palmer had previously issued the decision in the leading case on idiopathic injuries at work, *Clements v. Aramark Corporation*, 339 Conn.402 (2021). The Appellate Court issued their ruling affirming the dismissal of this claim within twelve days of the oral argument.

This case is important since it provides guidance as to what a respondent is required to do to defend a claim that may be due to a personal infirmity. Generally, an injury to a worker on the employer's premises is presumed to be compensable; the respondents should try and rebut that presumption by presenting medical and lay testimony that the claimant's pre-existing condition is the cause of the fall and nothing at work has

contributed to the injury. The respondents need to prove not only that the claimant had a pre-existing condition but also that the injury at work was caused by the personal infirmity. The respondents in this case were able to rebut any presumption of compensability based on strong testimony of Dr. Sullivan on causation and the lay witness who supported the contention that the claimant struggled while walking.

A petition for certification has been filed by the claimant to the Connecticut Supreme Court and we are waiting for the Court to decide whether they will accept an appeal in the case.

This case was recently reported in The Journal of the Connecticut Defense Lawyers Association, "The Defense," Fall 2025 issue.

This claim was successfully defended by **Attorney Jason Dodge of SDAZ**.

SCHMIDT v. CITY OF NORWICH, 6554 CRB-8-24-9 (September 5, 2025)

The finding of a compensable leg injury and all benefits due was affirmed by the Compensation Review Board on appeal. The claimant worked as a police officer for the City of Norwich. He voluntarily participated in a basketball game against the New London police department for a community event organized by Sound Community Services and the State of CT Department of Mental Health and Addiction Services. The game took place at Mohegan Sun. The claimant was given permission to leave work early on the day of the event in order to participate. During the basketball game, the claimant injured his knee by way of meniscal tears and a complete rupture of his ACL. At trial, the claimant as well as his department chief testified as to the details of the event, as well as their impressions of its purpose. The administrative law judge did not explicitly find that the injury arose out of and in the course of employment, as it did not occur during normal police work nor on employment premises. Despite this, and the acknowledgement that the employer neither sponsored nor paid for the event, the administrative law judge found the injury compensable. This finding arises from the claimant's testimony that he was playing on behalf of the police department, shown by wearing Norwich Police Department insignia shirts with their patch on them, and that the event was advertised as Norwich PD vs New London PD. Additionally, the administrative law judge looked to the language of Sec. 31-275 (16)(B)(i), which specifically contemplates the compensability of an injury sustained during a claimant's participation in a social/recreational event depends on a determination of the major purpose of the event. The testimony given at trial indicated that the police department's relationship with the event organizer serves the department's interest in public safety and mental health through community engagement, and the officers' participation fosters that interest. Therefore, while participating was voluntarily, it was not solely for social/recreational purposes. The Board indicated that the judge did not err in his standard of review and the findings shall not be disturbed.

DUBUQUE v. STATE OF CONNECTICUT/DEPARTMENT OF CORRECTION, 6563 CRB-1-24-11 (October 17, 2025)

The claimant had a compensable back injury in Connecticut and was paid 33% of the back. The treating physician was Dr. Zhou. The claimant moved to South Carolina and authorization was given to treat with a physician there. The claimant was referred to another physician in South Carolina who recommended a VIA disc injection. The Connecticut Medical Guidelines apparently are silent as to whether this procedure is appropriate for a low back injury. The claimant sought to have the injection authorized through the medical care plan in place with the State of Connecticut. The claimant went through three levels of review of the proposed procedure; at each level the claim for treatment was denied because the procedure was not within the guidelines and there was no compelling or convincing explanation for the procedure to be performed. After fully exhausting the appeal procedures within the medical care plan, Administrative Regulation 31-279-10(f), the claimant sought review by the Administrative Law Judge. The Administrative Law Judge per the Regulation could only overturn the decision of the medical care plan if the prior decision was unreasonable, arbitrary or capricious. The Judge overturned the decision of the medical care plan and authorized the procedure. He concluded that the medical care plan's decision was unreasonable. There was medical support from the treating physician stating that the procedure was reasonable and necessary. The State of Connecticut contended that the procedure was experimental. The Compensation Review Board affirmed the authorization of the medical procedure stating that the Administrative Law Judge had followed the regulations correctly and there was support for his decision in the record.

ANAAM v. ATLAS METALLIZING AND THE HARTFORD, 6559 CRB-8-24-10 (October 3, 2025)

The Compensation Review Board affirmed the finding of administrative law judge, Judge Mylnarczyk, that the denial contained in the respondents' Form 43 was timely and sufficient to put the claimant on notice that the claim was being contested. The claimant filed a Form 30C on October 24, 2014, for repetitive trauma injuries sustained from June 29, 1999, to August 4, 2014. The respondents filed a Form 43 in response on November 13, 2014. After many years of hearings, the claimant filed a motion to preclude alleging the respondents failed to file a timely denial of the claim. The respondents filed an objection, attaching the certified mail receipts which reflected copies of the denial were delivered to the claimant on November 12, 2014, and to the Commission on November 13, 2014. While the Form 43 did not list the body parts denied, it contested the claim by stating "No accident, injury, occupational disease or repetitive motion injury arising in and out of the course and scope of employment. No medical documentation has been received to support causal connection . . .". The trier determined the denial was filed timely and delivered timely to the claimant. Additionally, the trier concluded that the language used was sufficient to put the claimant on notice that all alleged body parts in relation to the claim were being denied. On appeal, the

claimant asserted the Form 43 did not meet the specificity requirement required by Sec. 31-294c (b). The claimant also contended that clerical errors in the Form 43 brought into question whether the denial was even in relation to the notice of claim. The Board was not persuaded. CRB referenced the two-part test in deciding a motion to preclude, (1) whether the employee's notice of claim is adequate on its face, and (2) whether the employer failed to comply with Sec 31-294c by either filing a notice to contest or by commencing payment within 28 days of the notice of claim. The Board found that the trier's finding was reasonable and no errors were present. The Board also concluded that the trier did not erroneously deny the claimant's motion to correct as it appeared the extensive corrections proposed by the claimant reflected his desire to have the trier adopt the claimant's conclusions rather than his own. The rulings were therefore affirmed.

SCHRECKENGOST v. ZWALLY HAULING, MARKEL FIRSTCOMP INS & VIRGINIA SURETY CO, 6558 CRB-4-24-10 (SEPTEMBER 25, 2025)

The Compensation Review Board granted a motion to dismiss this appeal, upon the grounds that it was filed beyond the statutory appeal period. Therefore, the Board had no jurisdiction, though if it did, there was no finding of procedural errors in this matter. Administrative Law Judge Colangelo determined that the appellee, Attorney Kenneth A. Beck, was entitled to payment of legal fees for his representation of the claimant prior to Attorney Enrico Vaccaro, the appellant, filing an in lieu of appearance. Attorney Beck represented the claimant from April 3, 2006, to January 3, 2008. Attorney Vaccaro filed an in lieu of appearance on January 3, 2008. Attorney Beck subsequently placed a lien on the file in the amount of \$7,588.27. Attorney Vaccaro represented the claimant until settlement was reached by way of full and final stipulation in the amount of \$915,857. Attorney Vaccaro received an attorney's fee of \$183,171.40. Attorney Vaccaro and Beck were not able to resolve the disagreement of whether Attorney Beck was owed fees from the award. The matter went to a formal hearing, where Judge Colangelo found based upon the totality of circumstances, Attorney Beck was entitled to the full amount of his lien, representing a fair and equitable division of the fee. In his argument for his appeal, Attorney Vaccaro argued that he did not receive a copy of the formal hearing finding until after the filing period lapsed due to postal services error. He also contended that his due process was violated. The Board was not persuaded by either argument. Nonetheless, as the Board did not have jurisdiction to take action due to the untimely filing, they affirm the findings of the trier.

GAUDETT v. CITY OF BRIDGEPORT, 6561 CRB-4-24-10 (October 24, 2025)

The claimant was a police officer with the City of Bridgeport. In December 2010 he became Chief of Police. He retired in 2016. While he was the Chief of Police he was diagnosed with hypertension on February 23, 2015. His treating physician provided a rating on March 30, 2016 of 23% of the heart. An RME doctor on August 1, 2016 provided a rating of 14% of the heart. The respondent contended that the claimant was not entitled to benefits under section 7–433c arguing that the statute had been repealed at the time that he was Chief of Police. The trial judge dismissed the claim. The Compensation Review Board affirmed that dismissal, however, the Appellate Court reversed that in 2023 and found that the claimant was entitled to benefits. Subsequently, on October 13, 2023 a finding and award was issued for 18.5% of the heart based on a compromise of the ratings with a maximum medical improvement date of August 1, 2016. The total award was paid in full in October 2023 by the respondent, however, the claimant sought interest on the award pursuant to section 31–295(c). The trial judge dismissed the claim for interest and concluded that there was no meeting of the minds of the parties regarding compensability of permanency until the October 2023 finding. The CRB reversed in part and determined that interest was owed on the 14% rating issued by the RME physician from the date of the Appellate Court decision in 2023. Judge Dilzer in a rare dissent disagreed and contended that interest was due on the permanency from the date of the RME rating of 14% as of the maximum medical improvement date of August 1, 2016.

JANE DOE v. XYZ DRUG COMPANY, formal hearing decision (October 24, 2025)

This matter, which concerned a 2007 compensable right subtrochanteric femur fracture sustained when the Claimant slipped on ice while running errands at the behest of her employer, proceeded to and through 11 formal hearing sessions between November 14, 2019 and June 20, 2024. While the underlying claim was accepted, including a fracture repair surgery in 2007 and a revision procedure in 2011, the Respondents disputed the extent of disability and the reasonableness, necessity, and relatedness of medical treatment undertaken. The Claimant maintained that throughout the claim, she remained totally disabled, and the Respondents maintained that the Claimant had attained a work capacity no later than April 2, 2016. To that effect, the Respondents filed a Form 36 received by the Commission on May 2, 2016 to convert the claimant's benefits from total disability to permanent partial disability. This Form 36 was at issue for the formal hearing. The Claimant also sought authorization of pain management treatment and reimbursement for significant out-of-pocket expenses, including those related to a 24-hour home health aide and extensive modifications to the Claimant's personal residence.

The Claimant's credibility was thoroughly questioned, as the Respondents contended that the Claimant's testimony regarding her daily functionality was at odds with extensive surveillance evidence and with the Claimant's regular performance of a rigorous workout routine. Were the Claimant's treating physicians to have reviewed the surveillance evidence and the Claimant's performance of said workout routine, the Respondents argued, they would have likely abandoned their total disability opinions. Three Commission Medical Examinations were undertaken with the same doctor, and on all three occasions, he provided a total disability opinion. The CME physician was then deposed and shown the surveillance evidence, which he found compelling such that he abandoned the total disability opinion in favor of a recommendation for a functional capacity evaluation, which, having thereafter been undertaken, supported a work capacity. The Respondents further argued that the Claimant's testimony and presentation to her doctors, which belied a heightened functionality, provided the only basis for use of a 24-hour home health aide and modification of the Claimant's residence.

On October 24, 2025, the Administrative Law Judge issued an opinion wherein she found the Claimant non-credible. She further found that by extension, the treating physicians' opinions, which relied near-completely on the Claimant's representations, were not credible. She found persuasive Respondents' Medical Examiner, the only physician involved in the claim to have observed the Claimant's regular workout routine. He opined not only that the Claimant was capable of working, but also that it would be unreasonable for the Claimant to hire a 24-hour home health aide or perform extensive home modifications.

The Respondents' Form 36 for conversion from total disability benefits to permanent partial disability benefits was approved as of June 15, 2023, the date of the functional capacity evaluation, and the claims for reimbursement of expenditures and for pain management treatment were dismissed save modest reimbursements for a cane and causally related prescriptions. Despite over \$1,000,000.00 in claimed reimbursements having been in controversy, the decision established an overpayment credit for the Respondents.

Attorney Matthew Sacco of SDAZ successfully defended this case.

ROBERT BURKE v. TOWN OF SOUTHBURY -6566 CRB-5-24-12 (November 7, 2025)

The Compensation Review Board affirmed the finding of the administrative law judge in determining the claimant's cervical spine injury did not have workplace causation. The claimant was a police officer for the State of Connecticut for almost twenty-one years prior to working for the Town of Southbury. On August 24, 2020, the claimant responded to a call at a senior living community and suffered a bicep tendon tear while lifting a patient onto a gurney with two EMS workers. The claimant testified that he was diagnosed with a rotator cuff tear, a biceps tendon tear, and pain in neck and shoulder. The emergency room report did not mention cervical spine or neck. The claimant began to treat with Dr. Carlson who performed right biceps tendon repair surgery on the claimant. Dr. Carlson's reports, similar to the emergency room, did not document complaints regarding the cervical spine. The biceps injury was accepted by the Respondents, but the shoulder and cervical spine were contested. The Respondent's expert opined the shoulder was unrelated. The claimant's chiropractor, as well as orthopedic surgeon Dr. Bazos, then related the cervical spine injury to the work event. An RME was performed by Dr. Lantner, who opined the cervical spine condition was related to preexisting normal progressive degenerative changes, not caused by the August 2020 work injury. The administrative law judge found the shoulder compensable in relation to the August 2020 day of injury, but the cervical spine was not. The claimant argues upon appeal that it was erroneous for the administrative law judge to rely on Dr. Lantner's opinion because he is an unreliable witness. The Board did not find this argument credible nor supported by legal analysis. Administrative law judges have discretion in making assessments of reliability. Therefore, there was no error and the finding of the trier is affirmed

ACRONYMS USED IN CONNECTICUT WORKERS' COMPENSATION:

ACRONYMS/ABBREVIATIONS	MEANING OR USE
ALJ	Administrative Law Judge.
AOE	Arising from employment.
App Ct	Appellate Court.
AWW	Average weekly wage. Generally, the average wage we use based on the gross earnings from 52 weeks of wages before work accident.
AX	Abbreviation of accident in medical or adjuster notes.
CHIRO	Abbreviation for chiropractor.
CME	Commission Medical Exam. An exam scheduled by the Judge to address issues re diagnosis, work capacity, mmi and causation. Usually scheduled after conflicting doctor opinions are produced by the parties.
CMS	Centers for Medicare and Medicaid Services. Amongst other things, CMS reviews Medicare set aside accounts (MSA's) to determine if they properly protect Medicare's interest in settlement of workers' compensation claims.
COE	Course of employment.

CR	Compensation Rate. The actual rate on weekly basis paid to an injured worker. Calculated based on the injured worker's tax filing status and applying that to the average weekly wage.
CRB	Compensation Review Board. Three-member board that reviews on appeal workers' compensation decisions from Judges.
DEPO	An oral statement under oath where attorneys on both sides are allowed to pose questions to the deponent.
DJD	Degenerative joint disease.
DOI	Date of injury.
EE	Employee
ER	Employer
ESI	Epidural Steroid Injection. Used by pain management specialists to treat spine injuries.
FCE	FUNCTIONAL CAPACITY EVALUATION: Generally, an examination performed by a physical therapist to determine what restrictions an injured worker has regarding work capacity.
FD	Full duty.
FROI	First report of injury.
HX	Abbreviation for history in medical notes.
IND	Indemnity: the weekly wage loss payment made to an injured employee.

LD	Light duty.
MBB	Medial Branch Block. Injection to spine by pain management specialist. Usually, a precursor to RFA procedure.
MCP	Medical Care Plan. A list of doctors that have been approved by the Chairman office for an employer; injured workers for an approved MCP must treat with only the doctors in the MCP. In general, most employers do not have an approved MCP.
MMI	Maximum medical improvement. The point where functionally there is likely not going to be improvement in the future. It is our goal to get the employee to this point as early as possible.
MSA	Medicare Set-aside account. The amount of money set aside for future medical treatment at the time of settlement of a work injury. Often, the MSA is reviewed and approved by CMS.
NCM	Nurse case manager. A nurse assigned by an insurance carrier to assist the injured worker in scheduling tests, exams, PT and surgery.
NOA	Notice of appearance: generally filed by counsel with commission and all parties when they enter the case.
OH	Occupational health.
OTC	Over the counter, generally refers to non-prescription medications
OTC	Occupational therapy.
PA	Physician Assistant
PPD	Permanent partial disability. The level of ratable impairment to a particular body part; usually only given at mmi.

PT	Physical Therapy
RFA	Radiofrequency Ablation. Surgical procedure using radiofrequency waves to create heat and kill tissues. Can be used for spine pain.
RME	Respondent medical examination (used to be called Independent medical Examination: IME). An examination scheduled by the respondents/employers/carriers to address work capacity, causation, permanency, maximum medical improvement etc.
RPI/Rep Trauma	Repetitive trauma injury such as carpal tunnel or hearing loss claim.
SED	Sedentary duty.
SOL	Statute of Limitations, generally referring to the time period within which a civil claim in superior court can be filed.
SSDI	Social Security Disability (not regular retirement benefits). A federal program for disabled individuals. Generally, people receiving this benefit are on Medicare and receive monthly indemnity payments.
STIP	Abbreviation for stipulation: generally, refers to full and final settlement document approved by the Administrative Law Judge.
Sup Ct	Supreme Court
SX	Abbreviation for surgery.
TKR	Total knee replacement.
TP	Temporary partial disability. Paid to injured employee when they are capable of light or sedentary work and not their regular job.

TT	Temporary Total disability. Paid when an injured employee cannot perform any work.
WCC	Workers' Compensation Commission