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ATTORNEYS AT LAW

CONNECTICUT WORKERS' COMP UPDATE

The law firm of **Strunk Dodge Aiken Zovas (SDAZ)** is pleased to provide our **SPRING 2026 WORKERS' COMPENSATION LAW UPDATE**. Please feel free to share this update with your colleagues. If someone has inadvertently 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

WORKERS' COMPENSATION FRAUD ARREST!

Attorney Christopher Buccini of SDAZ successfully defended a Connecticut workers' compensation claim where the claimant was arrested for workers' compensation fraud and perjury. Please see the link below for the press release from the Connecticut Division of Criminal Justice. As the press release indicates, the charges are merely accusations and the claimant is presumed innocent unless and until proven guilty.

[Massachusetts Woman Charged with Workers' Compensation Fraud, Larceny and Perjury](#)

Strunk Dodge Aiken Zovas has been named by Best Lawyers as a 2026 Tier 1 "Best Law Firm" in 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 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 on this prestigious honor! Other SDAZ attorneys who have received "Lawyer of the Year" recognition include **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 professional excellence in Workers' Compensation—Employers in the 32nd edition of *The Best Lawyers in America*.

Thank you to all who supported the HCBF Cassidy Memorial Road Race on Saturday May 16! **Attorneys Anne Zovas, Katie Dudack and Phil Markuszka of SDAZ** helped to organize the event - a 5K Road Race and Family Walk. Proceeds from the event go to the Hartford County Bar Foundation, the charity arm of the Hartford County Bar Association. The Foundation provides grants to those in need in the greater Hartford area. The weather was beautiful, and there was a record turnout of runners and walkers! 🏃🏃



The race start and Phil Markuszka and family

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.

Attorney Ariel MacPherson of SDAZ was the author of an article “Connecticut Paid Family Medical Leave Act and Chapter 568” for the Winter 2026 edition of the Connecticut Bar Association newsletter *Compensation Quarterly*. The article discusses the interplay between workers compensation in Connecticut and the Family Medical Leave Act.



Attorney Ariel MacPherson

Law Day was held at Hartford Superior Court on Friday May 8, 2026. The theme for this year was "The Rule of Law and the American Dream". The program, presented by The Hartford County Bar Association included the presentation of several awards. In addition the Hon. William Tong, CT Attorney General, was the guest speaker.

SDAZ Attorneys Anne Zovas and Phil Markuszka are co-chairs of the HCBA Scholarship Committee and each year on Law Day one or more college-bound high school seniors receive a scholarship at the event.

Attorney Philip Markuszka of SDAZ is Chair of the 48th Annual Glastonbury Rotary Club Lobersterfest which will take place on June 6, 2026. The event is an annual fundraiser that draws 2,000 plus people to the event. Attorney Markuszka was recently on WTNH Channel 8 and was interviewed about the event. See the link below to Phil's television appearance.

[Attorney Markuszka appearance on WTNH Channel 8](#)

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.

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, and Jason Dodge 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.

Kids' Chance of Connecticut held its second annual March Madness Corn Hole Tournament on Thursday, March 19, 2026, at Truck Bar in Berlin, Connecticut. **Strunk Dodge Aiken Zovas** was proud to sponsor the tournament, which drew a great turnout of colleagues and friends from Connecticut's workers' compensation community. **Attorneys Luke Strunk, Maribeth McGloin, Chris Buccini, Jason Dodge and Katie Dudack** represented **SDAZ** and turned in a strong showing. **Kids' Chance of Connecticut** provides scholarships to the children of Connecticut workers who are catastrophically injured or killed on the job. **Attorney Phil Markuszka of SDAZ** serves as a board member of KCOC.



Attorneys Maribeth McGloin, Chris Buccini, Luke Strunk, Katie Dudack, Jason Dodge and Phil Markuszka at the KCOC Corn Hole Tournament

The Connecticut Workers' Compensation Treatise Supplement has just been issued. The treatise is authored by **Attorneys Lucas Strunk and Jason Dodge of SDAZ**, along with **Attorneys Robert Carter, Donna Civitello, and James Pomeranz**. It is an excellent resource for understanding how workers' compensation claims are administered and adjudicated in Connecticut, covering topics such as jurisdiction, injuries arising out of and in the course of employment, affirmative defenses, occupational diseases and repetitive trauma, the Second Injury Fund, and appeals to the Compensation Review Board. The treatise is fully indexed and includes citations to applicable statutes and cases, with annual updates. Copies are available on Amazon.

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**.

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You can now follow us on Facebook at <https://www.facebook.com/Strunk-Dodge-Aiken-Zovas-709895565750751/>

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, 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.

CONNECTICUT WORKERS’ COMPENSATION COMMISSION NEWS

LEGISLATIVE NEWS

The signature bill of the legislative session is Public Act 26-12 focusing on improving workplace conditions. The relevant sections for our purposes focus on changes effective 10/1/26. Please see link below to the new statute.

[Public Act 26-12](#)

Teachers and healthcare workers or other employees of a healthcare facility or institution will now receive 100% of their AWW for injuries that result from “any physical or negligent assault.” This applies to TT and TP. As the benefit is outlined in 31-307, 31-308(a), it will be non-taxable.

In addition, to such weekly compensation, the amended language borrows in part from 31-236a and includes payment for 1) “any expenses reasonably incurred by such healthcare provider or other employee for medical or other services necessary as a result of such assault.” (“Other services necessary” does not appear to have been construed previously by the Courts, but would appear to open the door for a variety of non-medical services.)

The group also qualifies for continued full salary continuation during the time spent in court proceedings. It is noted that the employee cannot be charged for personal time, vacation time, or sick leave for such absences.

The definition of “healthcare provider” includes any individual directly or indirectly employed or volunteering for a healthcare facility or institution. The new law goes on to identify those involved in direct patient care or direct contact with the patient or patient’s family when either collecting or processing information for patient’s forms of records or escorting or directing a patient or patient’s family on healthcare employers’ premises. This appears to cover almost everyone in the facility.

“Healthcare facility or institution“ means a hospital, nursing home, rest home, home healthcare agency, home health, paid agency, emergency medical services, organization, assisted living services agency, outpatient clinic, outpatient surgical facility, community health center, urgent care facility, medical office owned or operated exclusively by a person or persons licensed pursuant to Section 20–13 (all physicians), dental office, and infirmary operated by an educational institution for the care of students enrolled in and faculty and employees of such institution.

Healthcare facility or institution does not include any facility or institution operated by the State of Connecticut, except the University of Connecticut Health Center. We expect this covers employees beyond what some legislators may have anticipated.

The legislature had apparently expressed its concern relative to the shortage of workers in some professions. We believe they were also concerned with being certain that private industry would take steps to reduce on the job assaults. There does not appear to be much concern, however, with providing the system of compensation for a benefit that is 100% of salary and non-taxable.

The concept of negligent assault will likely be closely examined. The usual definition is that associated with an extreme recklessness or carelessness, and one would hope that the term will be construed accordingly. We of course are faced with the court’s interpretation of remedial legislation and the stated policy that the Act’s provisions need to be interpreted broadly.

The use of “or” between physical assault and negligent assault may also cause issue. Must a physical assault still be intentional? Again, it seems the legislature was attempting to remove the need for intent by referencing negligent assault.

MEMORANDUM NO. 2026-01

All payments for Commission Medical Examinations (CMEs) and/or CME no-show fees are due within 45 days of receipt of a properly submitted bill. **Failure to make such a timely payment will result in an additional \$450 charge.**

Bills for CMEs are not required to be submitted on HCFA (CMS-1500) forms and have no specific CPT code requirement. “Properly submitted” means that the bill, accompanied by the report, is submitted to the responsible party indicated on the ALJ’s original order.

CMEs are not subject to discounts, including PPO discounts. The rate for a CME is \$900 unless a higher amount is approved by the ordering ALJ. Timely payment of a discounted amount will not negate the additional charge.

Respondents should timely pay any CME no show fee that has been billed pursuant to Commission guidelines. They may then request a hearing to determine whether reimbursement and/or a credit is warranted.

MEMORANDUM NO. 2026-03

Briefs to the Compensation Review Board will now have a page limitation of 35 pages exclusive of party appendices, the cover page, table of contents, table of authorities, or attachments, if any.

MEMORANDUM NO. 2025-09

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.

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.

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, 2026, the burial fee for deaths covered under the Workers' Compensation Act is \$14,816.74 based on the overall 2025 CPI-W increase for the northeast of 3.1%. 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, 2026 the mileage reimbursement rate is 72.5 cents per mile.

Previously on January 1, 2025 the mileage reimbursement rate was 70 cents per mile, on January 1, 2024, 67 cents per mile, on January 1, 2023 65.5 cents per mile and as of July 1, 2002 the rate was at 62.5 cents per mile.

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

ELLSWORTH V. PROSPECT MEDICAL HOLDINGS/WATERBURY HOSPITAL, 6573 CRB-5-25-3 (May 1, 2026)

The claimant, a psychiatric nurse, was attacked at work by a patient and sustained physical injuries to her neck, back, and head. She treated with Dr. Waynik, a psychiatrist. A psychiatric RME was conducted by Dr. Herzog, who later also became a treating physician. Dr. Herzog opined that the claimant sustained a 15% permanent impairment of the brain due to her psychiatric injury. The respondents obtained an RME

with neuropsychiatrist Dr. Pier, who determined that the claimant had no cognitive loss and no ratable permanent impairment of the brain. The trial judge credited Dr. Pier's opinion and found no permanency of the brain. The claimant appealed, arguing that Dr. Pier was not a physician and that his rating opinion could not form the basis for the trial judge's finding regarding permanency. The CRB affirmed, holding that the neuropsychiatrist's rating opinion could provide the basis for the trial judge's finding.

HASSELT V. LUFTHANSA GERMAN AIRLINES, 6575 CRB-7-25-4 (April 24, 2026)

The claimant sustained a compensable lumbar injury in 1994 and remained on temporary total disability (TT) benefits until his death in 2024. After his death, the claimant's spouse sought permanency benefits for a 25% lumbar spine rating pursuant to Connecticut General Statutes § 31-308(d). A respondent's medical examiner and a treating physician each assigned a 25% back rating in 1995 and 1996, but no voluntary agreement was issued for that rating. The trial judge found there was no "meeting of the minds" prior to the claimant's death regarding a permanency award and dismissed the claim for permanency. The CRB reversed, finding that the parties stipulated to the ratings at the formal hearing and that the permanency award had vested. The CRB remanded the matter for a determination of the award and whether the respondents are entitled to a credit against permanency for benefits previously paid to the decedent.

DESIMONE V GRIFFIN HEALTH SERVICES, 6584 CRB-4-25-7 (March 6, 2026)

The Claimant was employed by Griffin Health Services as an environmental services aide/housekeeping for 25 years. She had an accepted August 17, 2010 left knee claim. She underwent a diagnostic arthroscopy with partial meniscectomy on November 22, 2010 and was paid a 3% permanent partial impairment to the left leg. In 2018, the Claimant sought treatment for her left knee, asserting that the need for treatment, including a total knee replacement surgery on July 23, 2018, was related to the August 17, 2010 date of injury, but also for her right knee alleging a causal relationship due to overuse due to the left knee injury. She also filed a new March 8, 2018 date of injury for a repetitive trauma injury to the bilateral knees. During the Formal Hearings, the Respondents accepted that the left knee replacement surgery was compensable as related to the August 17, 2010 date of injury, although contested the extent of indemnity benefits the Claimant was entitled to following that surgery. The Respondents also denied any liability for the right knee and maintained that the right knee issues and need for treatment were personal in nature and were not related to either a sequela of the August 17, 2010 date of injury or to a March 8, 2018 repetitive trauma claim. The Trial Judge found that the Claimant-Appellant was totally disabled and entitled to temporary total disability benefits from the date of the surgery 2018 until she was rated on

September 23, 2019 and that she was entitled to a 31% impairment with a credit for the 3% previously paid. The Trial Judge found credible the Respondents' Medical Examiner's opinion regarding the right knee, determined that her issues were personal in nature and dismissed the right knee claims under both dates of injury. The Claimant filed an appeal to the Compensation Review Board arguing that the Trial Judge erred in denying the right knee claims and should have credited the opinions of the treating physicians over the Respondents' Medical Examiner. On appeal, the Board held that the Trial Judge properly weighed the medical evidence, that the Trial Judge had the discretion to determine which parts of the medical opinions were more credible and that there was sufficient expert testimony supporting the finding that the right knee condition was not caused by repetitive trauma work activities or due to altered gait. The Board therefore affirmed the Finding and Decision. **Attorney Maribeth McGloin of SDAZ successfully defended this case.**

BRIERLEY V. TARGET, 6574 CRB-1-125-3 (March 13, 2026)

In this case the CRB affirmed an administrative law judge's finding that a claim was filed timely based on the "totality of the circumstances." The claimant was a store director. On September 13, 2022 when conducting an inventory the employee was struck in the face by a microwave oven causing him to hyperextend his neck. A supervisor came to his help the claimant but injured worker continued to work his full shift. No initial report of the incident was made. The claimant did not receive immediate medical treatment although he did receive some massage therapy. The worker was first seen for medical treatment by an APRN on April 5, 2023 for neck pain. He was thereafter seen by an orthopedic surgeon who suggested PT but also discussed a possible neck fusion. None of the treatment was paid by the employer or the administrator. In May/June 2023 the claimant requested that a leader at the employer file an incident report; since he did not receive a positive response the claimant contacted the supervisor of the leader seeking to obtain workers' compensation. The supervisor said the leader was handling it. There was evidence of text messages between the leader and the claimant about workers' compensation. The claimant in August 2023 reached out to Sedgwick, the TPA for the employer, and requested to file a report of injury. On September 1, 2023 an incident report was filed electronically with the employer. A video of the incident was uploaded to Sedgwick on September 7, 2023. In September 2023 the claimant had further conversations with the adjuster at Sedgwick who denied the claim. Form 43's were filed on September 26, 2023 and August 12, 2024 by Sedgwick; no Form30c was filed within one year of the incident. The first informal hearing was held on December 4, 2023. In affirming the Judge's finding that the claim was timely filed the CRB determined that under the "totality of the circumstances" the claimant's case was filed correctly under General Statutes Section 31-294c. In distinguishing a similar factual decision that found a claim not timely filed, *Izikson v. Protein Science Corporation, 156 Conn App. 700 (2015)*, the CRB noted that in the present case the claimant within one year of the incident had conversations with the adjuster at Sedgwick, something that had not

occurred in *Izikson* notwithstanding that the claimant had been advised to reach out to the adjuster.

PERRELLA V. FUEL CELL ENERGY INC., 6577 CRB-7-25-5 (March 27, 2026)

The Compensation Review Board considered whether an administrative law judge properly apportioned liability among multiple insurers for a claimant's occupational disease (renal cancer) caused by long-term exposure to trichloroethylene (TCE) during employment. The judge had initially found the claim compensable and later apportioned liability using a weighted apportionment with carrier prior to a certain date being liable for 60% and carriers for employment after that date being liable for 40%. That decision was not appealed. The carrier went to a subsequent formal hearing over how to re-apportionment time periods for bankrupt carriers. The judge used a pro rata calculation and one of the apportionment respondents appealed. The Board reversed the judge's decision and stated that the case was bound by *res judicata* and that the judge erred by deviating from that established apportionment method. Accordingly, the Board reversed the decision and remanded the matter for recalculation of liability consistent with the prior 60/40 allocation across all relevant periods of exposure.

ACADIA INSURANCE COMPANY V. SHADI ET AL, NNH CV24-6142772 S, Judge Papastavros, Judicial District of New Haven, Superior Court, (February 9, 2026)

This action stems from a claim for reimbursement of workers' compensation benefits brought by Acadia Insurance Company, as subrogee of Baybrook Remodelers, Inc., pursuant to Connecticut General Statute § 31-293(a). The injured worker, Nicholas Mozisek, was employed as an electrician with Baybrook Remodelers, Inc. On May 5, 2023 Mr. Mozisek was operating a 2013 Ford Transit Connect XI owned by Baybrook Remodelers, Inc., in the course of his employment. He was traveling in the right travel lane, heading eastbound on Boston Post Road in Orange. At that time, the defendant, Zainab Shadid, was operating a vehicle and was traveling in a southbound direction on Boston Post Road, when he attempted to drive across Boston Post Road and collided suddenly with the vehicle operated by Mr. Mozisek.

As a result of the collision, Mr. Mozisek sustained injuries and damages and filed a workers' compensation claim related to his injuries. As a result thereof, Acadia provided Mr. Mozisek with medical attention and has extended sums of money for medical treatment and incidental expenses, and may become obligated to expend further sums for additional medical treatment in the future. As a further result of the accident, Acadia has become obligated to expend sums of money in payment for compensation directly to Mr. Mozisek and may be obligated to extend further sums in the future as may be

awarded by the Workers' Compensation Administrative Law Judge and/or agreed upon by the parties. To date, Acadia has paid \$35,354.25 in workers' compensation benefits.

Following the accident, the Acadia placed all parties on notice of its statutory lien rights, pursuant to Connecticut General Statute § 31-293(a). Claimant's counsel claimed that prior to Acadia's suit being filed, that he had begun to have settlement discussions with the liability carrier in October of 2023 to tender its \$25,000 policy. However, there was no reported settlement at any time and even if there had been, there would have been no requirement on the party of Acadia to reduce its lien under C.G.S, Sec. 31-293(a), unless the injured worker initiated the action

With liability being clear and no suit filed, Acadia Insurance Company, as subrogee of Baybrook Remodelers, initiated a direct civil action against the tortfeasors, Manhoor Shadid and Zainab Shadid, on April 4, 2024, with a return date of May 7, 2024. At the same time, Acadia placed Nicholas Mozisek on notice of its lawsuit, inviting Nicholas Mozisek to intervene in said action. On June 4, 2024, claimant counsel, filed a Motion to Intervene on behalf of Nicholas Mozisek in Acadia's direct action, pursuant to Connecticut General Statute § 31-293(a).

Claimant counsel requested a one-third lien reduction in Acadia's action and when it became clear that Acadia Insurance was maintaining its full statutory lien rights, the claimant initiated a direct action against the defendants, Manhoor Shadid and Zainab Shadid.

The underlying tortfeasor carries the statutory minimum of coverage in the amount of \$25,000.00, with no additional insurance. The tortfeasor policy has been offered and the plaintiff, Acadia Insurance Company, a subrogee of Baybrook Realtors, Inc., maintained that after reimbursement of its lien, there are no additional funds left for the injured worker. Claimant counsel agreed that his client would not be entitled to a recovery at oral argument on October 28, 2025.

In addition to Nicholas Mozisek filing his own direct suit, his counsel filed a motion to consolidate the injured workers' subsequent direct action with the present action. (Exhibit F) That motion to consolidate was denied, presumably due to the fact that Nicholas Mozisek was already an intervening plaintiff in that underlying action. However, in that motion to consolidate, claimant's counsel implied that the action filed by Nicholas Mozisek was filed first, in identifying it as the "first action" and then later referring to the Acadia action as the "second suit" for purposes of consolidation. However, to be clear, the third party action was initiated by Acadia Insurance Company on April 4, 2024, with Nicholas Mozisek's direct suit having been filed two-and-a-half months later, on June 18, 2024.

The issue before the Court was whether claimant counsel was entitled to a fee out of the underlying tortfeasor's policy in the amount of one-third of the proceeds of the \$25,000.00 settlement recovered by Acadia. All parties acknowledge that Nicholas Mozisek is not entitled to any recovery out of the limited tortfeasor's policy. The only issue for the court is whether claimant attorney is entitled to a one-third attorneys' fee on the underlying action brought by Acadia against the Defendants

Judge Papastavros consider the facts in the case and applied Connecticut General Statutes Section 31 – 293 to determine that "because Acadia initiated this action, it's claim on any proceeds arising from this action shall take precedence. Mozisek did not initiate the action and is therefore not entitled to one third of the proceeds recovered by

Acadia. Mozisek’s attorney provided no evidence, testimony, or valid basis to support his claim for attorneys fees and costs, and so is therefore not entitled to the requested amount. Accordingly, Acadia is entitled to the entirety of the proceeds pursuant to its lien.”

Based on the above, Acadia was able to receive the entire policy without any reduction for claimant counsel fees or one third reduction of the lien. This case illustrates that where liability is clear it may be appropriate for the Workers’ Compensation carrier to pursue a direct action against the tortfeasor in order to avoid payment of claimant attorney fees or one third reduction in lien. **Attorney Courtney Stabnick of SDAZ** successfully prosecuted this subrogation claim.

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