

1 The State ex rel. Meridia Hillcrest Hospital, Appellant, v. Industrial

2 Commission of Ohio et al., Appellees.

3 [Cite as State ex rel. Meridia Hillcrest Hosp. v. Indus. Comm. (1995), \_\_\_\_\_

4 Ohio St.3d \_\_\_\_\_.]

5 *Workers' compensation -- Application for additional temporary total*

6 *disability compensation and medical benefits for ailments which*

7 *arose in parts of the body not alleged to be injured in an original*

8 *application -- Industrial Commission abuses its discretion in*

9 *ordering payment of compensation and in not denying payment of*

10 *the medical bill, when.*

11 (No. 94-713 -- Submitted September 12, 1995 -- Decided November

12 15, 1995.)

13 Appeal from the Court of Appeals for Franklin County, No. 93AP-

14 152.

15 On September 26, 1989, while helping to lift a patient in the course of

16 and arising from her employment with appellant, Meridia Hillcrest Hospital

17 ("Meridia"), appellee-claimant, Colleen Janoch, felt a pain in her lower

18 abdomen. She reported to the hospital's Employee Health Services

19 approximately three hours later where she was diagnosed with an "acute

20 abdominal muscle strain." Meridia, which is self-insured, certified a

1 workers' compensation claim for this condition. There is no evidence that  
2 claimant ever sought further treatment for her strain.

3 Ten days later, claimant learned that she was approximately six  
4 weeks' pregnant. The record reveals that claimant had had difficulty with  
5 past pregnancies. On February 5, 1990, surgery was performed on a  
6 prematurely dilated cervix.

7 Claimant later submitted a C84 "physician's report supplemental"  
8 that certified her as temporarily and totally disabled from September 26,  
9 1989 through at least July 1990. Under "present complaints and  
10 conditions," Dr. Sheldon J. Gillinov listed "[p]regnancy, incompetent  
11 cervix, uterine bleeding." Objective findings were noted as "[p]atient has  
12 pelvic pain, vaginal bleeding." Subjective findings were stated as "the  
13 patient's cervix is dilating." No mention was made of "acute abdominal  
14 muscle strain." In another C84 filed August 17, 1990, Dr. Gillinov listed  
15 claimant's condition as "post partum," and reported that "[p]atient is healthy  
16 and free of any problems." The report certified temporary total disability  
17 from September 26, 1989 through July 30, 1990.

1           Claimant also submitted for workers' compensation payment a \$2,500  
2 bill for the surgery and for "[o]ffice [p]renatal visits until delivery of child."  
3 Dr. Gillinov listed "present condition/diagnosis" as "[p]regnant with vaginal  
4 bleeding, pelvic pain, pre-mature dilation of the cervix." Dr. Gillinov,  
5 having negatively answered the question "Is present condition solely the  
6 result of the injury?" wrote:

7           "Although dilation of the cervix and bleeding may not be solely a  
8 result of lifting, etc., certainly the conditions are aggravated by the above  
9 mentioned activities."

10          He also wrote on April 24, 1990:

11          "Please be advised that Colleen Janoch [claimant] stated on 9-28-89  
12 that she 'pulled a muscle at work on 9-27-89.' Following that event she  
13 developed and has continued to have pelvic, abdominal and back pain. She  
14 also had vaginal bleeding.

15          "It is my opinion that her uterine bleeding was causally related to her  
16 injury."

17          Meridia contested both temporary total compensation and medical bill  
18 payment and requested that appellee Industrial Commission of Ohio hear

1 the matter. A commission district hearing officer awarded temporary total  
2 disability benefits from September 26, 1989 through April 1, 1990. The  
3 order was silent on the payment of the medical bill. A regional board of  
4 review vacated that order, writing:

5       “\* \* \* [The] Board finds that medical evidence on file is insufficient  
6 to causally relate claimant’s incompetent cervix, pregnancy or uterine  
7 bleeding to the strain of 9/26/89.”

8       Staff hearing officers reinstated the district hearing officer’s order,  
9 which prompted Meridia’s complaint in mandamus to the Court of Appeals  
10 for Franklin County. In the complaint, Meridia alleged that the commission  
11 abused its discretion in ordering payment of compensation and in not  
12 denying payment of the medical bill. The appellate court, finding Dr.  
13 Gillinov’s report to be “some evidence” causally relating claimant’s  
14 pregnancy complaints to her industrial injury, denied the writ.

15       This cause is now before this court upon an appeal as of right.

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17       *Rademaker, Matty, McClelland & Greve* and *Cathryn R. Ensign*, for  
18 appellant.

1           *Betty D. Montgomery*, Attorney General, and *Charles Zamora*,  
2 Assistant Attorney General, for appellee Industrial Commission.

3           *Larry A. Weiser Co., L.P.A.*, and *Larry A. Weiser*, for appellee  
4 Janoch.

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6           *Per Curiam*. “[P]ulled muscle lower abdomen, acute abdominal  
7 muscle strain” are the only conditions that have been formally allowed in  
8 this claim. Claimant seeks temporary total disability compensation and  
9 medical benefits for several other conditions that have not yet been  
10 additionally allowed. Claimant urges that her bleeding and pregnancy  
11 complications were symptoms of the allowed conditions. Thus, it would  
12 appear, no formal allowance for these conditions was required.  
13 For the reasons to follow, we find that the commission improperly ordered  
14 payment for these conditions.

15           R.C. 4123.84 (A) reads:

16           “(A) In all cases of injury or death, claims for compensation or  
17 benefits for the specific part or parts of the body injured shall be forever  
18 barred unless, within two years after the injury or death:

1           “(1) Written notice of the specific part or parts of the body claimed to  
2 have been injured has been made to the industrial commission or the bureau  
3 of workers’ compensation[.]”

4           Discussing this provision, we have observed that:

5           “The essential requirement of \* \* \* [R.C. 4123.84] is that the injured  
6 employee give written notice within two years of the specific part or parts of  
7 the body he or she claims to have been injured. These provisions do not  
8 require that the claimant give notice of any specific medical condition  
9 resulting from injury to those body parts.” *Dent v. AT&T Technologies, Inc.*  
10 (1988), 38 Ohio St.3d 187, 189, 527 N.E.2d 821, 824.

11           In *Dent*, the claim was originally allowed for “contusion and abrasion  
12 of the left knee.” Several years later, claimant sought additional recognition  
13 for additional conditions of left knee arthritis and chondromalacia. The  
14 employer asserted that claimant’s application was barred by R.C. 4123.84’s  
15 two-year statute of limitations.

16           We disagreed, writing:

17           “When appellee filed her initial claim in 1972, it is undisputed that  
18 she gave notice of injury to specific body parts, including her left knee.

1 Indeed, appellee’s claim was recognized, in part, for ‘contusion and  
2 abrasion of the left knee,’ as it is apparent that notice was given of injury to  
3 the knee. Although notice from the original application did not mention  
4 chondromalacia or arthritic changes, neither of these need to be mentioned  
5 since they are medically recognized physical changes to parts of the body  
6 that were noted in the original claim.

7 “R.C. 4123.84(B) appears to contemplate a residual injury<sup>1</sup> as one  
8 developing in a body part not originally alleged per R.C. 4123.84(A)(1).

9 Thus, claimant’s application for ‘chondromalacia of the patella and arthritic  
10 changes’ would be unaffected by any statute of limitations for residual  
11 conditions, as it is an additional condition and not a residual injury as  
12 contemplated by R.C. 4123.84(B). Therefore, the two-year statute of  
13 limitations set forth in R.C. 4123.84 is inapplicable to the facts in the instant  
14 case.” (Footnote added.) *Id.* at 189, 527 N.E. 2d at 824.

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<sup>1</sup> Former R.C. 4123.84 (B) read in part:

“The commission has continuing jurisdiction as set forth in section 4123.52 of the Revised Code over a claim which meets the requirement of this section, including jurisdiction to award compensation or benefits for loss or impairment of bodily functions developing in a part or parts of the body not specified pursuant to division (A)(1) of this section, if the commission finds that the loss or impairment of bodily functions was due to and a result of or a residual of the injury to one of the parts of the body set forth in the written notice filed pursuant to division (A)(1) of this section.”

1           In this case, appellees attempt to draw an arbitrary distinction in  
2 arguing their case by classifying the disputed ailments as “symptoms of the  
3 allowed conditions,” as opposed to “additional conditions” or “residual  
4 injuries.” This distinction fails under these facts for two reasons.

5           First, *Dent* did not excuse those ailments classified as “additional  
6 conditions” from the requirement that they be formally allowed. It found  
7 only that the allowance was not subject to R.C. 4123.84’s statute of  
8 limitations. “Residual injuries,” of course, clearly contemplate formal  
9 allowance, otherwise no statute of limitations applicable thereto would be  
10 necessary.

11           In the same vein, regardless of whether described as “symptoms” or  
12 not, the fact remains that the disputed ailments arose in parts of the body not  
13 alleged to be injured in the original application. Formal allowance is,  
14 therefore, required.

15           Formal allowance is also not excused by our recent decision in *State*  
16 *ex rel. Miller v. Indus. Comm.* (1994), 71 Ohio St.3d 229, 643 N.E.2d 113.

17           In that case, the claimant industrially injured her back. Claimant later  
18 sought authorization for a supervised weight-loss program. The

1 commission denied authorization because “obesity” had not been formally  
2 allowed in the claim. We disagreed, reasoning in part that:

3 “The reference to ‘specific part of parts of the body’ is prominent in  
4 R.C. 4123.84. The statute is concerned primarily with compensation for a  
5 specific body part hurt, not with compensating for the nature of injury -- for  
6 example, sprain or fracture -- related thereto. *Dent v. AT&T Technologies,*  
7 *Inc.* (1988), 38 Ohio St. 3d 187, 527 N.E. 2d 821.

8 “The mechanics of R.C. 4123.84 are irreconcilable with the concept  
9 of obesity as an allowed condition. First, obesity is usually a generalized  
10 condition. It cannot, therefore, be restricted to a specific body part or parts  
11 as R.C. 4123.84 envisions.” *Id.* at 233, 643 N.E. 2d at 116.

12 *Miller* does not excuse formal allowance of the disputed conditions  
13 here because unlike “obesity,” the conditions here are specific and not  
14 general. *Dent* still controls in this case, and formal allowance is required.

15 The appellate judgment is hereby reversed, and the writ is allowed.

16 *Judgment reversed*

17 *and writ allowed.*

18 MOYER, C.J., DOUGLAS, WRIGHT, PFEIFER and COOK, JJ., concur.

1           RESNICK, J., dissents.

2           F.E. SWEENEY, J., dissents and would affirm the judgment of the court

3 of appeals.

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