

STATE OF ILLINOIS)
) SS.
 COUNTY OF MADISON)

<input checked="" type="checkbox"/> Affirm and adopt (no changes)	<input type="checkbox"/> Injured Workers' Benefit Fund (§4(d))
<input type="checkbox"/> Affirm with changes	<input type="checkbox"/> Rate Adjustment Fund (§8(g))
<input type="checkbox"/> Reverse <input type="text" value="Choose reason"/>	<input type="checkbox"/> Second Injury Fund (§8(e)18)
<input type="checkbox"/> Modify <input type="text" value="Choose direction"/>	<input type="checkbox"/> PTD/Fatal denied
	<input checked="" type="checkbox"/> None of the above

BEFORE THE ILLINOIS WORKERS' COMPENSATION COMMISSION

Troy Pizzo,

Petitioner,

11IWCC0802

vs.

NO: 08WC45541

Global Brass - Olin,

Respondent.

DECISION AND OPINION ON REVIEW

Timely Petition for Review having been filed by Respondent herein and notice given to all parties, the Commission, after considering the issues of the nature and extent of Petitioner's permanent disability, and being advised of the facts and law, affirms and adopts the Decision of the Arbitrator, which is attached hereto and made a part hereof.

IT IS THEREFORE ORDERED BY THE COMMISSION that the Decision of the Arbitrator filed January 13, 2011 is hereby affirmed and adopted.

IT IS FURTHER ORDERED BY THE COMMISSION that the Respondent pay to Petitioner interest under §19(n) of the Act, if any.

IT IS FURTHER ORDERED BY THE COMMISSION that the Respondent shall have credit for all amounts paid, if any, to or on behalf of the Petitioner on account of said accidental injury.

Bond for removal of this cause to the Circuit Court by Respondent is hereby fixed at the sum of \$75,000.00. The probable cost of the record to be filed as return to Summons is the sum

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of \$35.00, payable to the Illinois Workers' Compensation Commission in the form of cash, check or money order therefor and deposited with the Office of the Secretary of the Commission.

DATED: AUG 16 2011

Molly C. Mason

Molly C. Mason

Yolaine Dauphin

Yolaine Dauphin

MCM:bjg

0-7/28/2011

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DISSENT

I respectfully dissent as I would have modified the Arbitrator's permanency award and reduced Petitioner's bilateral hand awards from 25% loss of use of each hand to 20% loss of use of each hand. While Petitioner underwent multiple surgeries to his upper extremities, he only underwent one surgery to each hand and his residual complaints and symptoms are related to his elbows and arms, not his hands.

Nancy Lindsay

Nancy Lindsay

ILLINOIS WORKERS' COMPENSATION COMMISSION
NOTICE OF ARBITRATOR DECISION

11IWCC0802

PIZZO, TROY

Employee/Petitioner

Case# 08WC045541

GLOBAL BRASS

Employer/Respondent

On 1/13/2011, an arbitration decision on this case was filed with the Illinois Workers' Compensation Commission in Chicago, a copy of which is enclosed.

If the Commission reviews this award, interest of 0.18% shall accrue from the date listed above to the day before the date of payment; however, if an employee's appeal results in either no change or a decrease in this award, interest shall not accrue.

A copy of this decision is mailed to the following parties:

4463 GALANTI LAW OFFICES
DAVID GALANTI
PO BOX 99
EAST ALTON , IL 62024

0299 KEEFE & DEPAULI PC
TOM KUERGELERS
#2 EXECUTIVE DR
FAIRVIEW HTS , IL 62208

STATE OF ILLINOIS)
)SS.
 COUNTY OF Madison)

☐ Injured Workers' Benefit Fund (§4(d))
☐ Rate Adjustment Fund (§8(g))
☐ Second Injury Fund (§8(e)18)
☒ None of the above

ILLINOIS WORKERS' COMPENSATION COMMISSION
 ARBITRATION DECISION
 NATURE AND EXTENT ONLY

Troy Pizzo
 Employee/Petitioner

Case # 08 WC 45541

v.

Consolidated cases: _____

Global Brass
 Employer/Respondent

The only disputed issue is the nature and extent of the injury. An *Application for Adjustment of Claim* was filed in this matter, and a *Notice of Hearing* was mailed to each party. The matter was heard by the Honorable **Andrew Nalefski**, Arbitrator of the Commission, in the city of **Collinsville**, on **12/28/10**. By stipulation, the parties agree:

On the date of accident, **10/30/07**, Respondent was operating under and subject to the provisions of the Act.

On this date, the relationship of employee and employer did exist between Petitioner and Respondent.

On this date, Petitioner sustained an accident that arose out of and in the course of employment.

Timely notice of this accident was given to Respondent.

Petitioner's current condition of ill-being is causally related to the accident.

In the year preceding the injury, Petitioner earned **\$43,917.90**, and the average weekly wage was **\$844.58**.

At the time of injury, Petitioner was **37** years of age, *married* with **2** dependent children.

Necessary medical services and temporary compensation benefits have been provided by Respondent.

Respondent shall be given a credit of **\$10,054.46** for TTD, **\$na** for TPD, **\$na** for maintenance, and **\$na** for other benefits, for a total credit of **\$10,054.46**.

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After reviewing all of the evidence presented, the Arbitrator hereby makes findings regarding the nature and extent of the injury, and attaches the findings to this document.

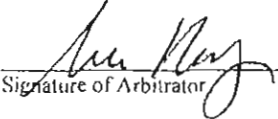
ORDER

Respondent shall pay Petitioner the sum of \$**506.75**/week for a further period of **229** weeks, as provided in Section **8(e)** of the Act, because the injuries sustained caused **25% loss of use to both arms and 25% loss of use of both hands**.

Respondent shall pay Petitioner compensation that has accrued from **10/30/10** through **1/5/11**, and shall pay the remainder of the award, if any, in weekly payments.

RULES REGARDING APPEALS Unless a Petition for Review is filed within 30 days after receipt of this decision, and a review is perfected in accordance with the Act and Rules, then this decision shall be entered as the decision of the Commission.

STATEMENT OF INTEREST RATE If the Commission reviews this award, interest at the rate set forth on the *Notice of Decision of Arbitrator* shall accrue from the date listed below to the day before the date of payment; however, if an employee's appeal results in either no change or a decrease in this award, interest shall not accrue.



Signature of Arbitrator



Date

JAN 13 2011

The Arbitrator finds the following facts;

This claim was previously arbitrated pursuant to Section 19(b) of the Act on 11/18/09. Petitioner was found to have suffered repetitive trauma injuries which were causally related to his employment. TTD benefits and medical care were ordered. Respondent did not appeal that Decision and paid the award.

Petitioner is a machine operator that has been employed by the Respondent for over 15 years. Petitioner was diagnosed with work related bilateral medial epicondylitis, ulnar neuropathy bilaterally, bilateral compression of the ulnar nerve at the level of the wrist as well as bilateral carpal tunnel syndrome. Dr. Beatty performed surgery on 4/21/09 which consisted of a left elbow flexor origin repair. On 5/12/09 Petitioner underwent a right elbow flexor origin repair. Petitioner had another surgery on 5/11/10 which consisted of a right carpal tunnel release, right Guyon's canal release and a right ulnar nerve release at the elbow. On 6/1/10 he underwent similar surgery on his left hand and elbow. All TTD benefits have been paid. Respondent stipulated that any remaining medical bills will be paid pursuant to the fee schedule.

Petitioner has returned back to work as a machine operator. He is not seeing any physicians for his bilateral upper extremity condition since 11/16/10. He currently complains that he has constant numbness into his right elbow, occasional soreness into his right arm as well as a decrease in strength in both his hands and his arm. He has no numbness and tingling into his right hand. His complaints on the left arm are substantially similar, however, he will also experience numbness and tingling in the fourth and fifth fingers if he rests his left elbow on an object for a short period of time.

Therefore the Arbitrator concludes:

1. As a result of his work injuries Petitioner has sustained the loss of 25% of both hands and 25% of both arms.