REPORT OF THE
INDUSTRIAL COMMISSION OF VIRGINIA ON

Dermatitis In The Tire Manufacturing Industry

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 34

COMMONWEALTH OF VIRGINIA
RICHMOND
1991

COMMONWEALTH of VIRGINIA

DEPARTMENT OF WORKERS' COMPENSATION
INDUSTRIAL COMMISSION OF VIRGINIA
...
RICHMOND, VIRGINIA 23214

January 9, 1991

TO: The Honorable L. Douglas Wilder, Governor of Virginia, and Members of the General Assembly

House Joint Resolution 154, passed by the General Assembly in 1990, requested the Industrial Commission "to examine and evaluate dermatitis experienced by workers in the tire manufacturing industry to determine whether such is an occupational disease and thus within the coverage of the Workers' Compensation Act."

The Industrial Commission has gathered medical information and statistical data relative to dermatitis in the workplace in response to the Joint Resolution request and I am pleased to submit herewith the report of the Commission.

Respectfully submitted,

William E. O'Neill
Chairman

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EXECUTIVE SUMMARY

Joint House Resolution 154 requested the Industrial Commission of Virginia to determine whether dermatitis contracted in the tire manufacturing industry is an occupational disease under the Virginia Workers' Compensation Act.

Contact dermatitis is recognized in Virginia as an occupational disease under the Workers' Compensation Act and benefits are awarded when the medical evidence and the history of exposure in the workplace show the disease to have had its origin in the employment.

Our law does not distinguish between contact dermatitis and other occupational diseases in terms of compensability or benefits. In 1986, the General Assembly provided for compensability of ordinary diseases of life which are shown to be caused by the employment. This provision includes occupational dermatitis as a compensable injury under the Act.

Dermatitis, whether contracted by employees of tire manufacturers or other industries, constitutes a minute proportion of injuries reported to the Industrial Commission. Of 168,702 incidents of injury reported by all employers in 1989, only 8 involved dermatitis. In an eight-year period from 1982 through 1989, employees of the tire manufacturing industry accounted for only 5 of 125 reported dermatitis cases. Only 2 of the 5 cases from the tire manufacturing industry were disputed claims.

Statistical information and experience suggest that contact dermatitis does not present a significant source of litigation or controversy in administration of the Workers' Compensation Act in Virginia. Because the origin of contact dermatitis may be in a nonindustrial or industrial setting, questions which arise as to compensability are nearly always matters of medical proof. Claims are awarded when dermatitis is shown to be caused by the employment.

1990 SESSION

LD4209553

HOUSE JOINT RESOLUTION NO. 154

Offered January 23, 1990

Requesting the Industrial Commission of Virginia to study and evaluate dermatitis conditions experienced by employees of tire manufacturing companies.

Patrons–Reynolds; Senator: Goode

Referred to the Committee on Conservation and Natural Resources

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WHEREAS, employees of tire manufacturing companies are exposed to conditions in the work place that commonly cause the onset of dermatitis, a painful skin inflammation; and

WHEREAS, such dermatitis conditions are frequently of such severity that tire industry workers suffering from this condition must cease working for extended periods until it subsides; and

WHEREAS, dermatitis suffered by employees of tire manufacturing companies has not been recognized as an occupational disease within the coverage of the Workers' Compensation Act; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Industrial Commission of Virginia is requested to examine and evaluate dermatitis experienced by workers in the tire manufacturing industry to determine whether such is an occupational disease and thus within the coverage of the Workers' Compensation Act.

The Industrial Commission shall report its findings to the Governor and the 1991 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for processing legislative documents.

INTRODUCTION

During the 1990 legislative session House Joint Resolution No. 154 was passed requesting the Industrial Commission of Virginia "to examine and evaluate dermatitis experienced by workers in the tire manufacturing industry to determine whether such is an occupational disease and thus within the coverage of the Workers' Compensation Act." This document seeks to advise the General Assembly of the current legal status of dermatitis as an occupational disease in Virginia with special emphasis on this condition as it relates to the incidence of dermatitis in tire manufacturing.

MEDICAL ASPECTS OF OCCUPATIONAL DERMATITIS

Contact dermatitis is an acquired skin disease characterized by an eczematous inflammation after direct contact with a substance or chemical. After a brief exposure to a strong irritant or prolonged contact with a milder substance, irritant contact dermatitis may develop. Allergic contact dermatitis, which is less common, results from contact between the skin of a sensitized individual and a specific allergen. Either type of dermatitis may result in a chronic dermatitis condition. See Hogan, Review of Contact Dermatitis for Non-dermatologist, 77 Journal of Florida Medical Association 663 (July 1990).

Although both irritant and allergic contact dermatitis exist in the general population, they are often occupational in origin. Chromate, nickel, cobalt, thirams, mercaptobenzothiazole, paraphenylenediamine, formaldehyde, and epoxy resins are common precipitators of occupational allergic contact dermatitis. Cleansers, solvents and friction are common culprits for work induced irritant contact dermatitis. Occupational dermatitis has been diagnosed in a wide range of occupations including rubber workers, hairdressers, cement finishers, health care professionals, florists, printers and furniture manufacturers. See Nethercott, Occupational Allergic Contact Dermatitis, 7(4) Clinical Review of Allergy 399 (1989); Glass, Allergic Contact Dermatitis, 7(4) Clinical Review of Allergy 391 (1989).

Contact dermatitis in addition to affecting product users engaged in routine maintenance is widely recognized as an occupational hazard in the tire manufacturing industry.

Although rubber hydrocarbon itself is not a known allergen, chemical compounding additives and chemicals produced during vulcanization are acknowledged to be responsible for allergic contact dermatitis. Allergens commonly found in tire workers include p-phenylenediamine, 4,4 dithiodimorpholine, n-cyclohexylthiophthalimide, diphenylguanidine, thiuram, mercaptobenzothiazole, cobalt, and phenol formaldehyde resins.

Engineers, production staff, and maintenance employees are also potential prospects for irritant contact dermatitis because of exposure to cleansers, solvents, antitackifying agents, abrasive hand cleaners and mechanical/frictional contact. See White, Dermatitis in Rubber Manufacturing Industries, 6 Dermatologic Clinics 53 (Jan. 1988); Varigos, Occupational dermatitis. An epidemiological study in the rubber and cement industries, 7 Contact Dermatitis 111 (1981).

In diagnosing occupational dermatitis, physicians must first exclude non-work-related exposures as the possible cause. Once non-work-related causes are excluded a diagnosis of occupational dermatitis may be made after considering several factors: the history of the skin disturbance, exposure to potential allergens or irritants in the employment environment, location and distribution of the rash in relation to the areas exposed at work, relationship between exposure and onset, and effect of being away from work. Patch testing is frequently utilized to pinpoint the offending allergen. See Mathias, Contact dermatitis and workers' compensation: Criteria for establishing occupational causation and aggravation, 20 Journal of the Academy of Dermatology 842 (1989). McGillis, Patch Testing, 7 Clinical Reviews in Allergy 441 (1989).

OCCUPATIONAL DERMATITIS UNDER THE WORKERS' COMPENSATION ACT

It is long established in Virginia that dermatitis is a compensable occupational disease for which benefits may be awarded if the statutory requirements are met. Hayward v. Piping & Equipment Co., 34 O.I.C. 289 (1952); Justice v. Daniels Plumbing & Heating Co., Inc., 50 O.I.C. 220 (1968); Allman v. Bassett Chair Company, 66 O.I.C. 66 (1987). An employee remains entitled to benefits for wage loss until the condition is completely cured, arrested or return to work occurs. Nelson v. Morrison Molded Fiber Glass Company, 55 O.I.C. 255 (1973). However, once the condition is cured, the employee is no longer entitled to benefits even if a return to

employment may precipitate a reoccurrence of the dermatitis condition. See Walters v. Reynolds Metal Company, 43 O.I.C. 110 (1961); Ennis v. Dowling Company, Inc., 49 O.I.C. 97 (1967); Nelson v. Morrison Molded Fiber Glass Company, 55 O.I.C. 255 (1973); Allman v. Bassett Chair Company, 66 O.I.C. 66 (1987). If upon re-exposure disability reoccurs, the employee is again entitled to additional benefits under a change in condition theory with liability resting with the insurance carrier of record at the time of the original diagnosis. See Hawkeye-Security Insurance Company v. McDaniel, 210 Va. 209, 169 S.E.2d 582 (1969); Durham v. Walker Machine & Foundry Company, 52 O.I.C. 90 (1970).

Prior to 1985, when the requirements of §65.1-46, Code of Virginia, were satisfied, the Industrial Commission routinely awarded compensation benefits for conditions such as dermatitis, tenosynovitis, and other maladies that also could be classified as ordinary diseases of life originating in a non-work environment. In 1985 the Virginia Supreme Court in Western Electric Company v. Gilliam, 229 Va. 245, 329 S.E.2d 13 (1985), held that ordinary diseases of life, in that case tenosynovitis, were not compensable as an occupational disease even if the condition was a result of the employment. The Commission, in response to this decision, was required to deny claims for all medical conditions which were ordinary diseases of life whether they were work related or not and despite the fact that they had been routinely awarded before 1985.

In 1986 the General Assembly amended §65.1-46, Code of Virginia, and enacted §65.1-46.1, Code of Virginia, to again allow compensation benefits for ordinary diseases of life when certain criteria are met. This was further refined by the Virginia Court of Appeals in Knott v. Blue Bell, Inc., 7 Va. App. 335, 373 S.E.2d 481 (1988), which held that the facts in evidence in each case determine whether a disease would be classified as an occupational disease under Code §65.1-46 or an ordinary disease of life for which compensation could be awarded under Code §65.1-46.1.

Currently the Industrial Commission, after determining jurisdictional and notice issues, analyzes all occupational disease claims including dermatitis by determining whether the evidence establishes an ordinary disease of life to which the general public is exposed outside of the work environment. See Knott v. Blue Bell, Inc., 7 Va. App. 335, 373 S.E.2d 481 (1988). If the evidence fails to establish that the general

public is exposed to the condition outside of the work environment then the requirements of §65.1-46, Code of Virginia, must be proved by a preponderance of the evidence for the claim to be compensable. This section provides as follows:

§65.1-46."**Occupational disease**" defined. -- As used in this Act, unless the context clearly indicates otherwise, the term "occupational disease" means a disease arising out of and in the course of employment, but not an ordinary disease of life to which the general public is exposed outside of the employment.

(1), (2) [Repealed.]

A disease shall be deemed to arise out of the employment only if there is apparent to the rational mind, upon consideration of all the circumstances:

(1) A direct causal connection between the conditions under which work is performed and the occupational disease,

(2) It can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment,

(3) It can be fairly traced to the employment as the proximate cause,

(4) It is neither a disease to which an employee may have had substantial exposure outside of the employment, nor any condition of the neck, back or spinal column,

(5) It is incidental to the character of the business and not independent of the relation of employer and employee, and

(6) It had its origin in a risk connected with the employment and flowed from that source as a natural consequence, though it need not have been foreseen or expected before its contraction.

If the condition is determined to be an ordinary disease of life to which the general public is exposed outside of the work environment then the requirements of §65.1- 46.1, Code of Virginia, as well as those of §65.1-46, Code of Virginia, must be satisfied by clear and convincing evidence before an award can be entered. Section 65.1-46.1 provides as follows:

§65.1-46.1. **"Ordinary disease of life" coverage.** An ordinary disease of life to which the general public is exposed outside of the employment may be treated as an occupational disease for purposes of this Act if is established by clear and convincing evidence, to a reasonable medical certainty, that it arose out of and in

the course of employment as provided in §65.1-46 with respect to occupational diseases and did not result from causes outside of the employment, and that:

1. It follows as an incident of occupational disease as defined in this title; or
2. It is an infectious or contagious disease contracted in the course of one's employment in a hospital or sanitarium or laboratory or nursing home as defined in §32.1-123, or while otherwise engaged in the direct delivery of health care, or in the course of employment as emergency rescue personnel and those volunteer emergency rescue personnel as are referred to in §65.1- 4.1; or
3. It is characteristic of the employment and was caused by conditions peculiar to such employment.

Medical evidence is of paramount importance in establishing compensability under both §65.1-46 and §65.1-46.1, Code of Virginia. If the medical evidence does not meet the appropriate standard then a claim must be denied.

DERMATITIS STATISTICS

The Industrial Commission creates and injury file upon receipt of an Employer's First Report of Accident, required to be filed by employers (Code §65.1-124). However, this report is filed by the employer and does not constitute a claim by the employee; it does not confer upon the Industrial Commission jurisdiction to award or deny benefits. For the Industrial Commission to have jurisdiction, a claim or an agreement must be filed within two years of the date of communication of a diagnosis of an occupational disease to the employee or within five years from the date of last injurious exposure in employment, whichever first occurs. See §65.1-52, Code of Virginia.

Statistically, dermatitis comprises a minuscule portion of the cases reported to the Commission.[1] In an 8-year period

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[1] In 1989, 53,672 new claim files were created upon employer's reports of 168,702 incidents of injuries from accident or occupational disease. Of the 168,702 total in 1989 only 8 reports were for occupational disease classified as dermatitis. Therefore, cases in which benefits were paid or files opened for dermatitis claims constituted only .0047% of all claims in 1989.

including 1982 through 1989, a total of 125 reports of dermatitis were received by the Industrial Commission.[2] Of these reported cases only 16 employees filed a claim with the Industrial Commission for workers' compensation benefits. Only 5 of the 16 claims involved workers in the tire manufacturing industry. Of 11 non-tire workers, 2 claims were withdrawn by the employee prior to a hearing; 5 claims were settled by agreement of the parties; 3 awards were entered for continuing compensation benefits and only 1 of the 3 went to a hearing and Review by the Full Commission; and 1 case was heard and denied on the grounds that the worker failed to meet the requirements of the statute of limitation.

Of the 5 dermatitis cases involving employees of tire manufactures established from 1982 to 1989, the employees affected involved 3 tire builders, 1 millroom employee, 1 liner reroller, and 1 janitorial worker.[3] Only two of these employees filed a claim for compensation benefits with the Industrial Commission. One employee, a tire builder, subsequently withdrew his claim prior to hearing. Moore v. Goodyear Tire and Rubber Company, IC file number 141-64-90. The second employee, a janitor, was denied benefits on the basis that the medical evidence failed to causally relate the condition to his employment. Wilson v. Goodyear Tire and Rubber Company, IC file number 103-68-21. The employee's appeal to the Virginia Court of Appeals was withdrawn.

It is statistically apparent that there has been limited opportunity for the Industrial Commission to consider dermatitis claims from workers engaged in tire manufacturing. In addition, the Industrial Commission has not had occasion to apply the 1986 Code of Virginia changes to occupational dermatitis in any case from the tire manufacturing industry . In Allman v. Bassett Chair Company, 66 O.I.C. 66 (1987), the

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[2]This is based upon a computer search of Industrial Commission records and review of individual files.

[3] The Industrial Commission has identified one additional claim, Shanaberger v. Goodyear Tire & Rubber Company, IC file # 102-28-88, which was not included in the study because the date of communication was 1981. Benefits were denied to the employee, an electrician, on the basis that the medical evidence failed to causally relate the condition to the work environment.

Industrial Commission examined dermatitis as an occupational disease and awarded benefits subsequent to passage of legislation including occupational disease as an ordinary disease of life. This case clearly illustrates that contact dermatitis is a disease compensable under the Virginia Workers' Compensation Act.

CONCLUSION

Upon evaluating the past eight years of reported incidents of dermatitis, it is clear that contact dermatitis is a condition found in many types of employment including tire manufacturing, and that dermatitis is a compensable occupational disease under the Workers' Compensation Act. The compensability of each claim must be determined on a case by case basis after reviewing evidence of exposure by the worker in the employment and medical evidence as proof of causation. The incidence of contact dermatitis in tire manufacturing constitutes a very limited percentage of dermatitis claims. Dermatitis as an occupational disease is a small factor in the assessment of the total impact of compensation claims upon the health and wage earning capabilities of employees in Virginia industry.

VIRGINIA: IN THE INDUSTRIAL COMMISSION

MARGARET ALLMAN, Claimant

Opinion by JAMES
Chairman

v. Claim No. 124-30-71

BASSETT CHAIR COMPANY, Employer
LIBERTY MUTUAL FIRE INSURANCE COMPANY, Insurer

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for the defendants

APR 9 1987

REVIEW before the full Commission at Richmond, Virginia.

This case comes at the request of the employee for a Review of the January 12, 1987 Opinion of the Deputy Commissioner denying her claim for compensation benefits based on contracting an occupational disease (contact dermatitis) while working for this employer.

Claimant filed her letter application for hearing on November 10, 1986 alleging a diagnosis of an occupational disease by Dr. Comer while employed with this employer with disability commencing on April 11, 1986. At the evidentiary hearing held on December 17, 1986, this fifty-three year old claimant testified that she commenced working for this employer on May 11, 1981 and continued until she was terminated on June 9, 1986. After

commencing work in May of 1981, claimant testified that she started having a "little bit" of a problem with a skin condition while she was working on the filler line. After seeing the plant nurse, she was removed from the filler line to the sanding line where she worked until April, 1986 and toward the end of April she was moved to the boxing line. Claimant testified that when she commenced having trouble in April, 1982, she went to Dr. Dudley near her home who gave her some pills and cream which relieved her condition to some extent, but the condition worsened before she had been moved from the sander line and that is when she went to Dr. Comer in Roanoke.

After seeing Dr. Comer in April, 1986, the claimant testified that she returned to work and was moved to the boxing line after which she worked with cardboard and her condition got worse. She returned to Dr. Comer after working for three days and by patch testing claimant was found to be allergic to cardboard boxes with formaldehyde.

According to the claimant, she was out of work for two weeks at the instruction of Dr. Comer and then returned to the employer but was advised that there was no work. She testified as to seeking work again on July 7th and was again advised there was no work and that she was terminated on the following Friday. According to the claimant, when she was out of work in October to December, 1985 for surgery, her hands cleared up but she had a flare-up when she started working again. Claimant testified as to her past history of working in factories dealing with wood

prior to coming with this employer and never having any problem.

Mr. Stafford, an insurance representative, testified on behalf of the employer that he had taken a statement from the claimant and she had indicated she had had the problem for years. It appears the claimant's testimony at the hearing was consistent with what she advised the adjuster as she stated the problem had commenced after working with the employer for a year.

Ms. Vworhwes, a registered nurse for the employer, testified as to a note she had made after talking to the claimant on April 29, 1986 in which the claimant advised that when she had seen Dr. Comer on Friday that her hands were clear but she observed her hands were broken out again and inquired, and the claimant indicated it may have come from cleaning her oven as she used a spray to clean the oven though she did have on rubber gloves. She did not know the contents of the spray she had used. This witness knew Dr. Comer was doing patch testing and states that Dr. Comer had advised that he felt the problem was coming from dust from the sanding lines until the claimant had been moved to the boxing department. She states the claimant was cleared to return to work on April 29, 1986.

The medical evidence reveals that Dr. Comer, Dermatologist, first examined the claimant on April 11, 1986 with the employee advising:

> "My arms, hands and face break out and itch when I am at work around dust."

The physician diagnosed chronic allergic contact

dermatitis and advised the claimant to stay out of dust prescribing Prednisone and to return in two weeks for patch testing. In a letter of April 15, 1986 to the employer, Dr. Comer advised the employer it would be helpful to keep the employee out of dust and also noted he had requested her to provide him with samples of the dust for patch testing. In a report of April 28, 1986, Dr. Comer noted the claimant had been transferred to another department and would not be exposed to the furniture dust and that since she had cleared, she decided not to bring any of the material for patch testing so he could not give any definitive answer as to the cause of her problem. In a letter to the Industrial Commission of May 23, 1986, Dr. Comer states that there was no reason to doubt that this patient did have an industrial dermatosis and felt the carrier was wrong in denying her claim.

Dr. Comer saw the claimant on June 3, 1986 and reported she had erythemtous, scaling, pedicle-like dermatosis of her hands, arms and to a lesser extent on her face. She was patch tested with various pieces of the cardboard which she had been working. When she returned on June 6th and June 9, 1986, there had been a positive reaction to the inside of the cardboard with which she had been working and also formaldehyde. The claimant was advised at that time to have no further contact with the boxes which she had been handling and to stay off work for a period of two weeks. In a report of June 24, 1986, Dr.

Comer advised that the claimant had mostly cleared of the areas of eczema and allowed her to return to work which does not require her to come in contact with the cardboard boxes. She had not been scheduled for any return visits.

Prior to claimant's counsel filing the Application for Hearing, he posed eight questions to Dr. Comer which the doctor answered by letter of October 15, 1986.

Dr. Comer was asked as to whether the disease arose out of and in the course of the employment and whether it was an ordinary disease of life to which the general public is exposed outside of the employment, and the remainder of the questions relates to the six requirements under §65.1-46 for a disease to be occupational. The employer objected to the admission of this report into evidence on the grounds that the proper procedure for filing interrogatories under §65.1-95 had not been complied with since no permission was received from the Deputy Commissioner. In addition, the employer contended that the questions were of a leading nature and required answers that were solely within the jurisdiction of the Industrial Commission. Dr. Comer in his response recognized that some of the questions posed were judicial in nature, but we find this report should have been admitted into evidence. We do not find that this report is a deposition, and it has only the probative value of any other medical report where such inquiries have been made of a physician. We find nothing in this report that is not contained in the other reports except for the physician

stating that claimant's dermatitis condition was not an ordinary disease of life to which the general public is exposed outside of the employment.

The Deputy Commissioner in denying this claim has relied on Kraft Dairy Group v. Bernardini, 229 Va. 253, 329 S.E. 2d. 46 and Western Electric Company v. Gilliam, 229 Va. 245, 329 S.E. 2d. 13 and Belcher v. City of Hampton, Virginia 1 Va. App. 312, 338 S.E. 2d. 654 (1986). It appears that the Deputy Commissioner has taken the position that the claimant's problem is developmental (cumulative) in nature and that in view of the above cited cases, compensation cannot be awarded for a cumulative problem. We disagree with this position since no occupational disease could be awarded under this interpretation of the Act.

We find that Gilliam stands for the principle that an ordinary disease of life, a disease to which the general public is exposed outside of the employment, is not compensable. Kraft Dairy Group found Bernardini to have a strain resulting from repetitive heavy lifting, so she had no obvious sudden mechanical or structural change in the body by any identifiable precipitating event, so she did not have an accident. Belcher had loss of hearing from noise exposure, and the Commision found this to be an ordinary disease of life pointing out the public's exposure to noise both during the course of work and at home. We do not find the above cases to be determinative of

the issue before the Commission in this case.

We find this employee was exposed to formaldehyde in handling cardboard boxes, and the patch testing established that her dermatitis came from this condition. Previously, the claimant had problems while working in dust at the employer's plant, to which she was apparently allergic though no patch testing was done, so it may be that the claimant was allergic to substances inside and outside of the employment, but her particular dermatitis in this instance has been clearly shown to come from handling the boxes which contain formaldehyde. We do not agree that this is an aggravation of an ordinary disease of life from the work environment but rather the employee has a disease which was caused by the work environment. While it may be that other individuals work in this environment without contracting dermatitis, this is true in many occupational diseases, and the employee's predisposition to contracting the disease is not a bar to recovery.

The claimant agrees that she received the communication of the diagnosis of occupational dermatitis on April 11, 1986, and this must be considered as the date of the accident under §65.1-49 of the Code. We find this employee has met the six evidentiary requirements under §65.1-46 to establish the occupational disease. We also find that the employee is not entitled to compensation after June 22, 1986 since by that time Dr. Comer advised her condition had cleared to the extent that she could return to work but should not handle the boxes again.

The fact that this employee may be subject to again contracting the disease if she returns to this employment is not a basis for awarding compensation. This is true because it is the claimant's underlying conditions, her predisposition to such allergies, that is keeping her from being able to return to this type work rather than the work itself.

We find the employee is entitled to medical treatment for a period fifteen days prior to April 11, 1986 in accordance with the provisions of §65.1-49 of the Code of Virginia as amended effective July 1, 1984.

In view of the seven day waiting period as contained in §65.1-62, no compensation can be awarded for the first seven days of disability since the period of disability does not exceed three weeks.

We REVERSE the Opinion of January 12, 1987 and enter our award accordingly.

A W A R D

An award is hereby entered in favor of the employee against the employer for the payment of compensation for temporary total work incapacity at the rate of $87.47 per week from June 12th through June 22, 1986 at which time payments are terminated.

The employer shall pay medical treatment resulting from the contraction of the contact dermatitis commencing fifteen days prior to the communication date of April 11, 1986 and

continuing for as long as necessary.

In view of the limited compensation due the employee, the Commission approves a fee of $400.00 for Attorney John T. Boitnott for legal services rendered to the employee.

This case is hereby removed from the Review Docket.

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Wilson v. Goodyear Tire and Rubber Company, IC File No. 103-68-21

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