



**TENNESSEE BUREAU OF WORKERS' COMPENSATION
IN THE COURT OF WORKERS' COMPENSATION CLAIMS
AT MURFREESBORO**

MICHAEL LENTZ,)	Docket No. 2021-05-0570
Employee,)	
v.)	
COCA-COLA CONSOL., INC.,)	State File No. 54706-2020
Employer,)	
And)	
INDEMNITY INS. CO. OF N.A.,)	Judge Dale Tipps
Carrier.)	

ORDER ON MOTION TO RECONSIDER

Mr. Lentz filed a Motion to Reconsider a Portion of the Court's Compensation Order. Mr. Lentz questions the denial of his request for payment of his medical bills.

Relying on *Mollica v. EHHI Holdings, Inc.*, 2020 TN Wrk. Comp. App. Bd. LEXIS 22, at *7 (Apr. 21, 2020), the denial was based on a finding that Mr. Lentz presented no evidence of the reasonableness or necessity of those bills.

Mr. Lentz suggests that *Mollica* is distinguishable because it involved medical receipts that were not supported by any medical records. He contends that his case is different because the parties stipulated to the expenses requiring payment or reimbursement.¹ Further, those expenses were clearly associated with treatment that was identified in medical records and physician testimony admitted into evidence. Therefore, Mr. Lentz argues that the Court can extrapolate from all the proof that the expenses were reasonable and necessary.

This argument is unpersuasive. Mr. Lentz's characterization of the holding in

¹ Counsel for the parties stipulated to the amounts and admissibility of medical bills in their joint Pre-Compensation Hearing Statement. During the hearing, the Court asked if there was any dispute as to the reasonableness and necessity of the bills. Coca-Cola's attorney said that the stipulations only extended to the amounts, and he could not stipulate reasonableness and necessity. Mr. Lentz's attorney didn't respond or object to that statement or request a continuance.

Mollica is a somewhat convoluted interpretation of the plain language of the Board. “However, there is no proof in the record, other than Employee’s testimony, that the medical expenses Employee presented for reimbursement were incurred as a result of her compensable work injury *or that the expenses were reasonable and necessary.*” *Id.* at *7 (emphasis added). A less tortuous reading is that an employee must prove *both* the relatedness of his medical bills, as well as their reasonableness and necessity. Mr. Lentz met the first requirement through the stipulations and the evidence, but he provided no proof of the second, and the Court cannot infer reasonableness and necessity from the mere existence of the bills and medical records.

Mr. Lentz next contends that he need not prove reasonableness and necessity because of the holding in *Carwile v. Compass Grp., U.S.*, No. W2001-03163-WC-R3-CV, 2003 Tenn. LEXIS 113, at *1 (Tenn. Workers’ Comp. Panel Feb. 13, 2003). The *Carwile* Court found that because the employer failed to meet its statutory obligation to provide medical care, “it is in no position to object to the introduction into evidence of the expenses incurred by the claimant and that, under such circumstances, the employer implicitly approved the health care providers chosen by the employee.” Thus, the presumption of reasonableness and necessity applied, and the burden of overcoming this presumption shifted to the employer. *Id.* at *4-5.

While the *Carwile* holding is beguiling, the Court is reluctant to create a new evidentiary doctrine on the strength of a single, unreported decision interpreting a previous statute that was remedial in nature. Fashioning an exception to the “reasonable and necessary” requirement of Tennessee Code Annotated section 50-6-204(a) is the province of the appellate courts, and the Court declines to do so.

Further, *Carwile* is arguably distinguishable from the facts of this case. Unlike Ms. Carwile’s employer, who denied her claim at the outset, Coca-Cola accepted the claim and provided medical treatment to Mr. Lentz for several months. He sought additional treatment only after the authorized doctor concluded that his symptoms were not primarily caused by his work injury. Applying the proposed exception in this case suggests that any employee seeking additional medical treatment outside of the authorized providers might be relieved of the requirements of section 50-6-204(a).

The Court therefore denies Mr. Lentz’s motion

It is **ORDERED**.

Entered February 21, 2023.

A handwritten signature in blue ink, appearing to read "Dale Tipps", is written over a horizontal line.

Judge Dale Tipps
Court of Workers’ Compensation Claims



Compensation Order Right to Appeal:

If you disagree with this Compensation Order, you may appeal to the Workers' Compensation Appeals Board. To do so, you must:

1. Complete the enclosed form entitled "Notice of Appeal" and file it with the Clerk of the Court of Workers' Compensation Claims *within thirty calendar days* of the date the Compensation Order was filed. When filing the Notice of Appeal, you must serve a copy upon the opposing party (or attorney, if represented).
2. You must pay, via check, money order, or credit card, a **\$75.00 filing fee** *within ten calendar days* after filing the Notice of Appeal. Payments can be made in-person at any Bureau office or by U.S. mail, hand-delivery, or other delivery service. In the alternative, you may file an Affidavit of Indigency (form available on the Bureau's website or any Bureau office) seeking a waiver of the filing fee. You must file the fully-completed Affidavit of Indigency *within ten calendar days* of filing the Notice of Appeal. **Failure to timely pay the filing fee or file the Affidavit of Indigency will result in dismissal of your appeal.**
3. You are responsible for ensuring a complete record is presented on appeal. The Court Clerk will prepare the technical record and exhibits for submission to the Appeals Board, and you will receive notice once it has been submitted. If no court reporter was present at the hearing, you may request from the Court Clerk the audio recording of the hearing for a \$25.00 fee. A licensed court reporter must prepare a transcript, and you must file it with the Court Clerk *within fifteen calendar days* of filing the Notice of Appeal. Alternatively, you may file a statement of the evidence prepared jointly by both parties *within fifteen calendar days* of filing the Notice of Appeal. The statement of the evidence must convey a complete and accurate account of the testimony presented at the hearing. The Workers' Compensation Judge must approve the statement of the evidence before the record is submitted to the Appeals Board. If the Appeals Board must review testimony or other proof concerning factual matters, the absence of a transcript or statement of the evidence can be a significant obstacle to meaningful appellate review.
4. After the Workers' Compensation Judge approves the record and the Court Clerk transmits it to the Appeals Board, a docketing notice will be sent to the parties. You have *fifteen calendar days* after the date of that notice to file a brief to the Appeals Board. *See the Rules governing the Workers' Compensation Appeals Board on the Bureau's website*

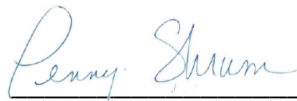
If neither party timely files an appeal with the Appeals Board, the trial court's Order will become final by operation of law thirty calendar days after entry. Tenn. Code Ann. § 50-6-239(c)(7).

For self-represented litigants: Help from an Ombudsman is available at 800-332-2667.

CERTIFICATE OF SERVICE

I certify that a copy of the Order was sent as indicated on February 21, 2023.

Name	Certified Mail	Email	Service Sent To
Christopher Kim Thompson, Employee's Attorney		X	kim@thompsonslawoffice.com
Garett Franklyn, Employer's Attorney		X	gpfranklyn@mijs.com



Penny Shrum, Clerk of Court
Court of Workers' Compensation Claims
WC.CourtClerk@tn.gov



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

AFFIDAVIT OF INDIGENCY

I, _____, having been duly sworn according to law, make oath that because of my poverty, I am unable to bear the costs of this appeal and request that the filing fee to appeal be waived. The following facts support my poverty.

1. Full Name: _____ 2. Address: _____

3. Telephone Number: _____ 4. Date of Birth: _____

5. Names and Ages of All Dependents:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

6. I am employed by: _____

My employer's address is: _____

My employer's phone number is: _____

7. My present monthly household income, after federal income and social security taxes are deducted, is:

\$ _____

8. I receive or expect to receive money from the following sources:

AFDC \$ _____ per month beginning _____

SSI \$ _____ per month beginning _____

Retirement \$ _____ per month beginning _____

Disability \$ _____ per month beginning _____

Unemployment \$ _____ per month beginning _____

Worker's Comp. \$ _____ per month beginning _____

Other \$ _____ per month beginning _____

9. My expenses are:

Rent/House Payment	\$ _____ per month	Medical/Dental	\$ _____ per month
Groceries	\$ _____ per month	Telephone	\$ _____ per month
Electricity	\$ _____ per month	School Supplies	\$ _____ per month
Water	\$ _____ per month	Clothing	\$ _____ per month
Gas	\$ _____ per month	Child Care	\$ _____ per month
Transportation	\$ _____ per month	Child Support	\$ _____ per month
Car	\$ _____ per month		
Other	\$ _____ per month (describe: _____)		

10. Assets:

Automobile	\$ _____	(FMV)	_____
Checking/Savings Acct.	\$ _____		
House	\$ _____	(FMV)	_____
Other	\$ _____	Describe:	_____

11. My debts are:

Amount Owed	To Whom
_____	_____
_____	_____
_____	_____
_____	_____

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this appeal.

APPELLANT

Sworn and subscribed before me, a notary public, this

_____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____