

**BEFORE THE KANSAS WORKERS COMPENSATION APPEALS BOARD**

<b>DEANN CAMBERS</b>	)	
Claimant	)	
V.	)	
	)	AP-00-0462-506
<b>FORT SCOTT COMMUNITY COLLEGE</b>	)	CS-00-0445-377
Respondent	)	
AND	)	
	)	
<b>KS ASSOC. OF SCHOOL BOARDS WC FUND</b>	)	
Insurance Carrier	)	

**ORDER**

Claimant requested review of the November 24, 2021, Award issued by Administrative Law Judge (ALJ) Steven M. Roth. The Board heard oral argument on March 10, 2022.

**APPEARANCES**

Kala Spigarelli appeared for Claimant. John R. Emerson appeared for respondent and its insurance carrier (respondent).

**RECORD AND STIPULATIONS**

The Board adopted the same stipulations and considered the same record as the ALJ, consisting of the transcript of the Regular Hearing held August 28, 2020; the transcript of the Evidentiary Deposition of DeAnn Cambers from March 2, 2021, with exhibits attached; the transcript of the Evidentiary Deposition of Chris D. Fevurly, M.D., from March 4, 2021, with exhibits attached; the transcript of the Evidentiary Deposition of Pedro Murati, M.D., from March 18, 2021, with exhibits attached; the transcript of the Evidentiary Deposition of Christopher Roberts, M.D., from April 16, 2021, with exhibits attached; the transcript of the Evidentiary Deposition of Peter Tuteur, M.D., from July 1, 2021, with exhibits attached; the transcript of the Evidentiary Deposition of Blake Harris from March 1, 2021, with exhibits attached; the transcript of the Evidentiary Deposition of Juley McDaniel from June 7, 2021, with exhibits attached; the transcript of the Evidentiary Deposition of Julie Eichenberger from June 7, 2021, with exhibits attached; the transcript of the Evidentiary Deposition of Paul Hardin from March 29, 2021, with exhibits attached;

the transcript of the Evidentiary Deposition of Steve Benjamin from April 7, 2021, with exhibits attached; and the documents of record filed with the Division.

### **ISSUES**

The issues for the Board's review are:

1. Did Claimant suffer an occupational disease or injury by repetitive trauma while working for respondent?
2. If so, what is the nature and extent of Claimant's disability?

### **FINDINGS OF FACT**

Claimant worked for respondent as Director of the Student Success Center for 13 years. In this position, Claimant supervised tutoring and testing of students, managed study groups, and managed student tutors. Claimant worked full-time in a building on campus called Bailey Hall.

Bailey Hall is one of the original buildings on campus and is at least 50 years old. Bailey Hall houses the Student Success Center, in addition to a library, print shop, classrooms, offices, and a small coffee shop. Julie Eichenberger, respondent's Vice President of Finance and Operations, heads the maintenance department. Ms. Eichenberger testified Bailey Hall was damaged in a hailstorm in 2017. Ms. Eichenberger stated the roof leaked after the hailstorm, but there was no water damage other than discolored ceiling tiles. Bailey Hall underwent a significant repair and cleaning in the summer of 2017. Claimant testified Bailey Hall had water damage, and at times buckets were placed on the floor to catch water coming from the ceiling.

Claimant began having health problems in the fall of 2017. Claimant described hair loss, confusion, constant headaches, a runny nose, and coughing with phlegm. She indicated her symptoms would occur within 30 minutes of arriving at work and would lessen while away from campus. Claimant did not initially attribute her symptoms to her working conditions and testified she saw 28 different doctors prior to January 2018.

Dr. Christopher Roberts, a physician in Joplin, Missouri, first examined Claimant on January 3, 2018. The majority of Dr. Roberts' practice is in gynecology and urogynecology, but he also sees patients with toxin exposure. Dr. Roberts began treating Claimant for multiple symptoms and ordered diagnostic tests. Dr. Roberts directed Claimant to perform a visual contrast and sensitivity test to look for optic nerve inflammation. When Claimant failed the visual contrast and sensitivity test in July 2018, Dr. Roberts began to suspect mold exposure.

Dr. Roberts discussed with Claimant the possible locations of mold exposure, including her home and place of employment. Claimant moved into her current home in 2016, where her husband keeps cattle, but Dr. Roberts did not think her home was the likely place of contamination. Dr. Roberts reviewed photographs taken by Claimant of various places around Bailey Hall which showed areas of water damage and what Claimant considered to be mold growth. He suggested Claimant conduct self-testing to sample for environmental mold. Claimant heeded Dr. Roberts' advice and purchased a mold testing kit, testing the area near the air vent in her office. Claimant testified the mold test confirmed the presence of mold in her workplace. Claimant did not test her home.

On November 28, 2018, Claimant submitted a maintenance ticket to respondent, requesting filters or covers be placed over the vents in her office and additional cleaning of surfaces. Ms. Eichenberger stated the cleaning was possible and was conducted, but covering the vents would cause problems with the building's HVAC unit and could not be done.

Dr. Roberts ordered additional mycotoxin testing, and on December 27, 2018, Claimant underwent a urine test conducted by Great Plains Laboratory. She tested positive for four different mold toxins. Dr. Roberts concluded Claimant was exposed to mold, noting the toxins explained most of her symptoms. Dr. Roberts determined Claimant suffers chronic inflammatory response syndrome, or CIRS. CIRS is a condition caused not only by mold toxins, but also by other biotoxins and diseases. Dr. Roberts prescribed binders, medication designed to bind toxins in order for the body to fully expel them, and recommended Claimant reduce or eliminate her exposure to mold. Dr. Roberts testified it can be difficult to help the body clear toxins, and removal from exposure does not automatically mean alleviation of symptoms.

Dr. Roberts drafted two letters, addressed "to whom it may concern," indicating Claimant had a mold exposure and needed to limit her exposure to facilities with mold toxins. The second letter, dated February 18, 2019, suggested testing with an EPA-approved ERMI test kit to determine what mold types, if any, were present to allow a comparison to those detected in Claimant's lab results.

Respondent had already contracted with Terracon Consultants, Inc. (Terracon), to perform a limited indoor air quality assessment of Bailey Hall. On February 21, 2019, Blake Harris, an industrial hygienist with Terracon, evaluated both the inside and outside of Bailey Hall for potential concerns of mold growth. Mr. Harris did not find visible evidence of active mold growth in Bailey Hall, though he noted the presence of some stains from previous water damage and stated the rooftop air handler was dirty. Mr. Harris collected surface and air samples of both the interior and exterior of Bailey Hall for comparison. Laboratory analysis found certain mold spores were present inside Bailey Hall, but not in significant amounts, and the concentration was not markedly different than that of spores found outside Bailey Hall. Mr. Harris testified mold spores are found everywhere, and most indoor mold spores come from outdoors. Because the indoor spores of Bailey Hall were

consistent with, and in lesser quantities than, the types of spores identified outside, Terracon concluded the primary source of indoor airborne mold spores was likely caused by the outdoor air, rather than indoor mold growth.

Claimant continued treating with Dr. Roberts, who referred her to Ascension Via Christi Hospital for pulmonary function and other testing in March 2019. On March 3, 2019, Claimant underwent a chest CT scan with contrast and blood gas testing. The CT scan indicated no evidence of pulmonary embolism or thoracic aortic dissection. The arterial blood gas analysis identified a mild degree of impairment of oxygen gas exchange. Claimant underwent pulmonary function testing on March 27, 2019, which showed a minimal obstructive lung defect and poor test performance. Claimant testified Dr. Bailey put her on supplemental oxygen and prescribed an inhaler.

Dr. Chris Fevurly, board certified in internal medicine and preventative medicine with specialization in occupational medicine, evaluated Claimant at respondent's request on November 12, 2019. Claimant's complaints were numerous and varied, as was her medical history. Dr. Fevurly reviewed Claimant's available medical records and the Terracon report. He conducted a physical examination and concluded Claimant's history and complaints suggested possible rheumatological, auto-immune disorder, and/or psychosocial issues to be possible contributors to her symptoms. Dr. Fevurly noted the results of Claimant's urine testing were investigational and not conclusive in establishing a diagnosis of mold-related illness. He indicated that while mold may or may not have a clinical connection to Claimant's chronic widespread complaints, there was no evidence Bailey Hall is the source of any mold contamination. Dr. Fevurly found it of interest Claimant continued to have many of her old symptoms, along with new symptoms, since leaving respondent months prior. Regarding CIRS, Dr. Fevurly wrote:

CIRS has not undergone the rigors of scientific peer review and is not a scientifically proven or generally accepted medical construct. Review of the CDC website, ICD 10 codes and NIH website does not list this syndrome as a currently recognized medical diagnosis. Up to Date does not include this diagnosis in their review of recognized medical syndromes, diseases or illnesses. In other words, CIRS should be considered a syndrome which requires more investigation before it is a generally accepted medical entity; thus, the proposed diagnosis of chronic inflammatory response syndrome and its alleged cause in this circumstance (exposure to mold) are not currently proven as valid or scientifically accepted by research institutions and the medical establishment. The alleged occupational exposure to mold and the resulting alleged biotoxin-related illness cannot be accepted as the prevailing factor for her listed complaints.<sup>1</sup>

---

<sup>1</sup> Fevurly Depo., Ex. 1 at 12-13.

Dr. Fevurly found no evidence for a work-related disorder; therefore, he did not assign any permanent impairment rating or permanent restrictions based on mold exposure.

On November 5, 2020, Dr. Pedro Murati examined Claimant at her counsel's request. Dr. Murati is board certified in independent medical evaluations, physical medicine and rehabilitation, electrodiagnosis, and pain medicine. Dr. Murati reviewed Claimant's history and available medical records, including the pulmonary function test. He did not have the Terracon report for his review. Dr. Murati performed a physical examination, finding Claimant had distant breath sounds consistent with chronic obstructive pulmonary disease. He determined Claimant had long-term exposure to mold causing reactive asthma with compromised pulmonary function tests. Dr. Murati opined Claimant's exposure to mold at respondent was the prevailing factor causing her medical condition and need for treatment. Dr. Murati recommended further treatment and provided permanent restrictions of no contact with mold. He testified Claimant should also use good judgment in her activities because she has impaired lung function, which places her somewhere between a light and medium-level work restriction.

Using the *AMA Guides*,<sup>2</sup> Dr. Murati initially rated Claimant at 6 percent whole person impairment. During his deposition, Dr. Murati again looked at the *AMA Guides* and found he had underrepresented Claimant's impairment. He noted Claimant continues to get short of breath and distant breath sounds are a permanent condition, meaning Claimant could arguably be in the next class. Using his medical expertise along with the *AMA Guides*, Dr. Murati finally determined Claimant sustained 10 percent whole person impairment.

Dr. Peter Tuteur, emeritus associate professor of medicine at Washington University School of Medicine, was retained by respondent to review Claimant's medical records. Dr. Tuteur was the director of the pulmonary function lab at Washington University for 20 years and participated in the pulmonary function lab actively for about 35 years. He was provided the Terracon report and depositions related to this claim. In his report dated April 26, 2021, Dr. Tuteur found Claimant had no impairment on the date of the pulmonary function test, no medical conditions caused by her work environment, and does not require future medical treatment due to any lung condition from work.

Dr. Tuteur noted Claimant has an extensive history of symptoms and medical conditions, has seen at least 28 different doctors and has taken over 50 different medications. Dr. Tuteur could not find convincing medical literature to indicate CIRS exists or that its treatment is effective. Dr. Tuteur testified the evidence did not indicate the presence of reactive airways disease (asthma) because Claimant's pulmonary function

---

<sup>2</sup> American Medical Ass'n, *Guides to the Evaluation of Permanent Impairment* (6th ed.). All references are based upon the sixth edition of the *Guides* unless otherwise noted.

studies were normal and misinterpreted by Dr. Murati. The arterial blood gas analysis results were dismissed by Dr. Tuteur due to insufficient data to confirm validity. Further, Dr. Tuteur stated the Terracon report indicates, at the time of testing, Claimant's workplace did not put her at risk for a mold-related health problem different than the general environment. Dr. Tuteur recommended Claimant's home be tested as she lives in a farming/ranching environment.

Paul Hardin, vocational expert, evaluated Claimant at her counsel's request for any loss of earning capacity. Mr. Hardin found Claimant sustained a 29 percent wage loss based on her education, training, and work experience. Claimant is a post-secondary educator, and Mr. Hardin concluded Claimant would have to essentially start over in her field.

Steve Benjamin, a vocational expert retained by respondent, also interviewed Claimant. Mr. Benjamin generated a list of 21 unduplicated tasks Claimant performed in the 5 years preceding her work incident. Dr. Fevurly reviewed the task list by Mr. Benjamin and opined Claimant could perform all, for no task loss. Mr. Benjamin found Claimant had no wage loss because Dr. Fevurly did not impose restrictions. Mr. Benjamin noted Dr. Murati provided restrictions of no contact with mold. Mr. Benjamin testified he required further clarifications, specifically in relation to respiratory contact, skin or touch contact, to provide a wage loss assessment based on Dr. Murati's restrictions.

Claimant's last working day at respondent was February 13, 2019. Claimant's actual employment relationship with respondent did not end until she resigned on May 22, 2019. Juley McDaniel, respondent's human resources director, testified Claimant's position could not be accommodated at less than 40 hours per week on a long-term basis. Ms. McDaniel explained since Claimant left, her position as Student Success Center director no longer exists.

The ALJ found the testimony of Dr. Tuteur persuasive and found Claimant failed to sustain her burden of proving she suffered a work-related occupational disease or injury of any kind while working for respondent and denied compensation.

#### **PRINCIPLES OF LAW AND ANALYSIS**

Claimant argues exposure to mold while working for respondent is the prevailing cause of her medical conditions, including reactive asthma and mold toxicity. Claimant notes even if mold had been merely a triggering event, it is sufficient for her claim to be compensable under the occupational disease statute. Claimant argues the Board should reverse and remand the case to the ALJ for award determination.

Respondent argues the ALJ's Award should be affirmed. Respondent maintains Claimant failed to sustain her burden of proving she sustained an injury or occupational disease during the course of her employment.

An employer is liable to pay compensation to an employee incurring personal injury by occupational disease arising out of and in the course of employment.<sup>3</sup> A claimant must prove his or her right to an award based on the whole record under a “more probably true than not true” standard.<sup>4</sup>

K.S.A. 44-5a01 provides, in relevant part:

(a) . . . the disablement or death of an employee or workman resulting from an occupational disease as defined in this section shall be treated as the happening of an injury by accident, and the employee or workman or, in case of death, his dependents shall be entitled to compensation for such disablement or death resulting from an occupational disease, in accordance with the provisions of the workmen’s compensation act as in cases of injuries by accident which are compensable thereunder, except as specifically provided otherwise for occupational diseases. . . .

(b) “Occupational disease” shall mean only a disease arising out of and in the course of the employment resulting from the nature of the employment in which the employee was engaged under such employer, and which was actually contracted while so engaged. “Nature of the employment” shall mean, for purposes of this section, that to the occupation, trade or employment in which the employee was engaged, there is attached a particular and peculiar hazard of such disease which distinguishes the employment from other occupations and employments, and which creates a hazard of such disease which is in excess of the hazard of such disease in general. The disease must appear to have had its origin in a special risk of such disease connected with the particular type of employment and to have resulted from that source as a reasonable consequence of the risk. Ordinary diseases of life and conditions to which the general public is or may be exposed to outside of the particular employment, and hazards of diseases and conditions attending employment in general, shall not be compensable as occupational diseases . . . .

Claimant alleges she sustained injuries to her lungs and other affected body parts from an occupational disease, with a date of disablement of February 11, 2019. “Occupational disease” shall mean only a disease arising out of and in the course of the employment resulting from the nature of the employment in which the employee was engaged under such employer, and which was actually contracted while so engaged. “Nature of the employment” means the employment the employee is engaged in creates an increased hazard of disease in excess of the hazard of disease in general due to a particular or peculiar employment-related risk. Ordinary diseases of life and conditions to

---

<sup>3</sup> See K.S.A. 44-501b(b).

<sup>4</sup> See K.S.A. 44-501b(c) and K.S.A. 44-508(h).

which the general public may be exposed outside of the particular employment are not compensable as occupational diseases.<sup>5</sup>

Claimant relies on the testimony of Dr. Roberts, a urogynecology and gynecology specialist, who testified Claimant suffers from CIRS and mold toxicity as a result of her work-related mold exposure. Both Drs. Fevurly and Tuteur testified CIRS is not an accepted clinical diagnosis. The Terracon report also refutes the notion Claimant suffered from work-related mold exposure.

Claimant also relies on Dr. Murati, who diagnosed reactive asthma with compromised pulmonary function. Dr. Murati did not have the benefit of reviewing the Terracon report prior to writing his report, bringing into question his opinion Claimant suffers from mold-related reactive asthma. The opinions of Drs. Murati and Roberts are given less weight related to pulmonary-related medical issues, as neither specializes in the treatment of pulmonary disorders.

The Board finds persuasive the testimony and report prepared by Dr. Tuteur, who specializes in treating pulmonary diseases. Dr. Tuteur specifically refuted Dr. Murati's opinions, stating, "There is no convincing evidence whatsoever to indicate the presence of reactive airways disease, a/k/a asthma."<sup>6</sup>

The Board also finds the Terracon report persuasive. The report found the mold levels to which Claimant claims to have been exposed do not exist. The report concluded the mold spores found inside the work place were consistent with and less than the quantities of mold spores found in outside air. Based upon the Terracon report, Claimant's employment did not expose her to an asthma trigger in excess of the hazard associated with any other occupation and employment. The Terracon report also refutes the premise Claimant's mold-related asthma had its origin in a special risk connected with her employment with respondent. Based upon the Terracon report, there is no evidence of a particular and peculiar hazard of lung disease which distinguishes the employment with respondent from other occupations and employments.

Claimant failed to meet the burden of proving a work-related occupational disease.

Claimant pled this claim as both an occupational disease and injury by repetitive trauma. K.S.A. 2013 Supp. 44-508(f) states, in part:

(1) "Personal injury" and "injury" mean any lesion or change in the physical structure of the body, causing damage or harm thereto. Personal injury or injury

---

<sup>5</sup> K.S.A. 44-5a01(b); see also *Casey v. Dillon Companies, Inc.*, 34 Kan. App. 2d 66, 72-73, 114 P.3d 182 (2005).

<sup>6</sup> Tuteur Depo. at 13-14.



may occur only by accident, repetitive trauma or occupational disease as those terms are defined.

(2) An injury is compensable only if it arises out of and in the course of employment. An injury is not compensable because work was a triggering or precipitating factor. An injury is not compensable solely because it aggravates, accelerates or exacerbates a preexisting condition or renders a preexisting condition symptomatic.

(A) An injury by repetitive trauma shall be deemed to arise out of employment only if:

(i) The employment exposed the worker to an increased risk or hazard which the worker would not have been exposed in normal non-employment life;

(ii) the increased risk or hazard to which the employment exposed the worker is the prevailing factor in causing the repetitive trauma; and

(iii) the repetitive trauma is the prevailing factor in causing both the medical condition and resulting disability or impairment.

The Court of Appeals has found that allergic reactions from exposure to pollens and mold can be an injury by repetitive trauma.<sup>7</sup> The Board has also found mold exposure to be an injury, rather than an occupational disease.<sup>8</sup>

Based upon the Terracon report, Claimant was not exposed to a mold spore level any higher than that found in the outside air. Claimant failed to prove her employment with respondent exposed her to an increased risk or hazard which she would not have been exposed in normal non-employment life. No repetitive trauma occurred.

All other issues are moot.

### **AWARD**

**WHEREFORE**, it is the finding, decision and order of the Board the Award of Administrative Law Judge Steven M. Roth dated November 24, 2021, is affirmed.

**IT IS SO ORDERED.**

---

<sup>7</sup> Casey 34 Kan. App. at 74.

<sup>8</sup> *Rains v. PMA (Preferred Medical Assoc.)*, No. 1,004,295, 2006 WL 2328062 (Kan. WCAB July 2006).

Dated this \_\_\_\_\_ day of May, 2022.

\_\_\_\_\_  
BOARD MEMBER

\_\_\_\_\_  
BOARD MEMBER

\_\_\_\_\_  
BOARD MEMBER

**CONCURRING OPINION**

Before addressing whether Claimant proved she sustained a compensable injury or disease, the Appeals Board must determine whether the compensability standard from the Workers Compensation Act or the Occupational Disease Act<sup>9</sup> applies. Whether the claim is evaluated as an occupational disease or as an injury by repetitive trauma is no mere academic exercise. The standards for compensability differ and the methods for calculating the permanent disability compensation payable, if any, differ. This matter should be evaluated as a repetitive trauma claim, pursuant to case law, and not as an occupational disease. Because the majority departs from the law by relying mostly on the Occupational Disease Act, the undersigned write separately.

For almost thirty years, Kansas has treated claims from occupational mold exposure as injury claims under the Workers Compensation Act, and not as occupational disease claims. In *West-Mills v. Dillon Companies, Inc.*, the injured worker suffered from mold hypersensitivity from preexisting intestinal candida, and alleged she developed dermatologic injuries over five years from exposure to mold in the employer’s meat department.<sup>10</sup> Although the primary issue in *West-Mills* concerned the liability of the Kansas Workers Compensation Fund, *West-Mills*’ claim was evaluated as an injury claim.<sup>11</sup>

\_\_\_\_\_  
<sup>9</sup> K.S.A. 44-5a01, *et seq.*

<sup>10</sup> *West-Mills v. Dillon Companies, Inc.*, 18 Kan. App. 2d 561, 562, 859 P.2d 382 (1993).

<sup>11</sup> See *id.* at 566-67.

In *Casey v. Dillon Companies, Inc.*, the injured worker sought compensation for allergic reactions caused by occupational exposure to allergens, including mold.<sup>12</sup> At issue was whether the claim should be evaluated as an occupational disease claim or as an injury claim.<sup>13</sup> The Court of Appeals noted the worker's condition was "neither fish nor fowl", and did not fit neatly as an injury or as an occupational disease.<sup>14</sup> In rejecting an analysis as an occupational disease, the Court ruled the worker's condition was not an occupational disease because the worker's employment did not create a particular and peculiar hazard of disease making the employment distinct from other occupations.<sup>15</sup> Relying on *West-Mills*, the Court ruled the claim should be evaluated as a repetitive trauma claim, the worker's condition was the product of repetitive trauma to her immune system, and the condition was compensable as an injury by repetitive trauma.<sup>16</sup>

This claim is similar to *Casey* and *West-Mills*. Claimant alleges she sustained an injury, CIRS, from ongoing occupational mold exposure. Claimant did not show her work as a college administrator created a particular and peculiar hazard of developing CIRS distinct from other occupations or employments. Therefore, Claimant did not prove an occupational disease. Claimant essentially alleges she sustained a series of repetitive traumas to her immune and respiratory systems. Under *Casey* and *West-Mills*, this claim should be evaluated as a repetitive trauma claim. The majority's use of the Occupational Disease Act is misplaced, and Claimant's request for compensation as an occupational disease should be denied.

Turning to the merits of Claimant's repetitive trauma claim, an injury by repetitive trauma shall be compensable only if the employment exposes the worker to an increased risk of injury, the employment is the prevailing factor in causing the repetitive trauma and the repetitive trauma is the prevailing factor in causing the medical condition.<sup>17</sup> The repetitive nature of the injury must be demonstrated by diagnostic or clinical tests.<sup>18</sup>

Claimant's request for compensation for an injury by repetitive trauma should be denied because Claimant failed to meet her burden of proof in two respects. First, the

---

<sup>12</sup> *Casey v. Dillon Companies, Inc.*, 34 Kan. App. 2d 66, 67, 114 P.3d 182 (2005).

<sup>13</sup> *See id.* at 69-70.

<sup>14</sup> *Id.* at 70.

<sup>15</sup> *See id.* at 72.

<sup>16</sup> *See id.* at 74-75.

<sup>17</sup> *See* K.S.A. 44-508(f)(2).

<sup>18</sup> *See* K.S.A. 44-508(e).

greater weight of the credible evidence proves the injury alleged by Claimant, CIRS, does not exist. Dr. Roberts, the physician who rendered the CIRS diagnosis, is a gynecologist and not a pulmonary expert. Both Dr. Fevurly and Dr. Tuteur believed CIRS was not a legitimate diagnosis, and Dr. Tuteur did not believe Claimant had evidence of a reactive airway disease. The undersigned find Dr. Tuteur's opinions particularly credible because he is a pulmonary specialist. Claimant failed to prove she sustained an injury.

Second, Claimant failed to prove she was subject to repetitive trauma from her work. Claimant alleges she was exposed to mold at work. It appears Claimant bases her opinion on a test she administered at her office and her review of photographs. There is no evidence Claimant is qualified to perform environmental tests or to identify mold from a photograph. Likewise, the undersigned do not find the ALJ's opinion on the absence of mold useful. According to the report of the environmental study performed by Terracon, there was no heightened level of mold in Claimant's work environment compared to the environment outside Bailey Hall. The undersigned find the Terracon report more credible. Claimant's employment did not put her at a heightened risk of mold exposure. The undersigned concludes Claimant failed to prove, by a greater weight of the credible evidence, the repetitive nature of her alleged injury by diagnostic or clinical tests. Therefore, the request for compensation for an injury by repetitive trauma must be denied.

---

BOARD MEMBER

---

BOARD MEMBER

c: (Via OSCAR)

Kala Spigarelli, Attorney for Claimant  
John R. Emerson, Attorney for Respondent and its Insurance Carrier  
Hon. Steven M. Roth, Administrative Law Judge