

WORKERS' COMPENSATION IN CONNECTICUT – THE YEAR IN REVIEW 2025-2026

PRESENTED BY

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Connecticut Supreme Court Decisions

Issued September 1, 2025-August 31, 2026

Dodge v. Commissioner of Motor Vehicles (SC 21181)

Argued January 28—officially released April 21, 2026

In *Dodge v. Commissioner of Motor Vehicles*, the decedent developed mesothelioma following prolonged exposure to asbestos both at work and outside of work. His occupational exposure included employment with the Town of Manchester and, later, the Department of Motor Vehicles, while his nonoccupational exposure occurred at home and in other settings. Following his death, the Plaintiff, his surviving spouse and executrix of his estate, recovered monetary settlements from various manufacturers and suppliers of asbestos-containing products, seventy percent (70%) of which was attributed to occupational exposure, and thirty percent (30%) of which was attributed to nonoccupational exposure. The Plaintiff also pursued workers' compensation benefits. The Administrative Law Judge found that the decedent's occupational asbestos exposure was a substantial contributing factor in causing his mesothelioma and that the disease was therefore fully compensable under the Workers' Compensation Act, noting that an occupational disease is fully compensable under the act, even if it caused by both occupational and nonoccupational factors, so long as the occupational factors substantially contributed to the development of the disease. The Administrative Law Judge further determined that the decedent's employers were entitled under General Statutes § 31-293(a) to a lien against the net tort settlement proceeds paid to the estate, including proceeds attributable to the decedent's nonoccupational asbestos exposure. The Compensation Review Board affirmed.

On appeal, the Plaintiff argued that the lien could extend only to settlement proceeds attributable to occupational exposure because the decedent's exposure to asbestos outside of work was not itself a work-related "injury" under the Act. She also argued that the manufacturers and suppliers responsible for the nonoccupational exposure were not "persons" legally liable for the decedent's work-related injury within the meaning of § 31-293(a).

The Supreme Court disagreed. Looking to the definition of "injury" under § 31-275(16)(A), the Court explained that the relevant injury was not each individual exposure to asbestos, but the decedent's mesothelioma. Because his occupational exposure was a substantial contributing factor in causing that disease, the mesothelioma constituted a single compensable occupational disease even though nonoccupational exposure also contributed to its development. The Court noted that an employee's work need not be the sole or even the major contributing factor in causing an occupational disease; it is enough that the employment materially or essentially contributed to bringing about the injury.

The decision of the Compensation Review Board was affirmed.

Connecticut Appellate Court Decisions

Issued September 1, 2025-August 31, 2026

Elton Ferrua Et. Al. v. Napoli Foods, Inc., Et. Al. (AC 48749)

Argued April 14—officially released May 26, 2026

In *Elton Ferrua et al. v. Napoli Foods*, the Plaintiff, Elton Ferrua had brought two (2) workers' compensation claims against his employer, Napoli Foods, arising from injuries he alleged occurred in March and April 2011. Attorney Dominick Statile and Montstream Law Group represented Napoli Foods and its third-party administrator in those proceedings. During the defense of the claims, surveillance footage of Ferrua was provided to a Respondents' Medical Examiner and was later shown to Ferrua's treating physician during her deposition. Ferrua and his wife subsequently brought a separate civil action against Statile and Montstream Law Group, alleging that the use of the surveillance footage during the workers' compensation proceedings constituted abuse of process and also asserting derivative loss of consortium claims.

The Defendants moved to strike the Complaint. The trial court granted the motion, explaining that claims were barred by the exclusivity provision of the Workers' Compensation Act because the Plaintiff's claim's implicate issues arising out of and in the course of the workers' compensation claims process. Therefore, any claimed injuries arising therefrom would fall within the purview of the exclusivity provision. The Court also found the abuse of process claims legally insufficient and concluded that the Defendants' conduct was protected by absolute privilege. Judgment was ultimately rendered dismissing the action.

On appeal, the Plaintiffs challenged the trial court's rulings concerning the abuse of process claims and the litigation privilege, but did not challenge the trial court's conclusion that their action was barred by the workers' compensation exclusivity provision. Because the exclusivity ruling provided an independent basis for the judgment, the Appellate Court therefore could not grant the Plaintiff's any practical relief even if they prevailed on the issues they did raise. The appeal was therefore dismissed as moot.

Louis Martinoli v. Stamford Police Department, Et. Al. (AC 45229)

Argued September 18, 2025—officially released March 10, 2026

The Plaintiff, a former Stamford police officer, established a compensable claim for coronary artery disease, hypertension and congestive heart failure under Connecticut General Statutes § 7-433c, based on a January 19, 1999, date of injury. He reached maximum medical improvement that year, received a 43.75% permanent partial disability award to the heart, and retired from the department in October 1999. Years later, the Claimant's condition deteriorated and he became totally incapacitated as of July 15, 2015. The Workers' Compensation Commissioner awarded temporary total disability benefits under C.G.S. § 31-307(a), and the Compensation Review Board affirmed. This Court initially reversed on the ground that the Claimant's voluntary retirement precluded an award of total incapacity benefits, but the Supreme

Court reversed that judgment, holding that voluntary retirement does not bar benefits where a compensable injury later causes total incapacity. The case was then remanded to the Appellate Court to address the Defendants' two remaining claims.

The first claim concerned the Plaintiff's compensation rate. The Defendants argued that because the Plaintiff had not worked during the fifty-two (52) weeks preceding his 2015 incapacity, his average weekly wage—and therefore his compensation rate—should be zero. The Appellate Court disagreed, explaining that when an injury and the resulting incapacity do not occur at the same time, the compensation rate is determined as of the date of incapacity. The Court rejected, however, the Defendants' position that this meant looking only to the Plaintiff's actual earnings during the preceding 52 weeks. Doing so would effectively nullify the Supreme Court's holding that a retired employee may still qualify for total incapacity benefits.

Instead, the Court looked to C.G.S. § 31-310(a), which provides a separate method for calculating wages when an employee was not working during the period immediately preceding the relevant date. Consistent with the Supreme Court's analysis in *Cochran* and *Mulligan*, the "date of injury" for purposes of that calculation is treated as the date of incapacity when the two do not coincide. Because the Plaintiff was retired and had no wages immediately before his July 15, 2015, incapacity, his compensation rate was to be based on the prevailing average weekly wage of Stamford police officers performing the same or similar work at that time. The Court therefore upheld the denial of the Defendants' request for a zero-dollar compensation rate.

The Defendants also claimed that any temporary total disability benefits paid after the Plaintiff's May 10, 2016, date of maximum medical improvement should be credited against an increase in his permanent partial disability award. However, the Appellate Court did not reach that issue because further hearings had already been ordered to determine what credits, if any, were due, and the factual record had not yet been developed sufficiently for appellate review. The Court therefore agreed with the Board that the credit claim was not ripe and affirmed its decision.

Tachica Callahan v. iCare Health Management, LLC, Et. Al. (AC 48286)

Argued March 23—officially released August 25, 2026

The Plaintiff worked as a certified nursing assistant (CNA) for iCare from December 2015 through October 2017. She sustained a work-related lumbar spine and left hip injury on June 19, 2017, which was later resolved by full and final stipulation. Beginning in 2020, she filed eight (8) additional Forms 30C alleging injuries to several body parts and maintained that her continuing left hip problems, including osteoarthritis, were related to the physical demands of her work as a CNA. Because those later claims were filed outside the one (1)-year limitation period, the formal hearing was limited to whether the claimed conditions qualified as an occupational disease under General Statutes § 31-275(15) and were therefore subject to the three-year filing period in § 31-294c(a).

The Plaintiff testified that her work required frequent lifting and transferring of patients, some weighing as much as two hundred (200) pounds, and argued that the progression of her left hip condition was attributable to those duties. She also submitted medical evidence describing her hip condition as being work-related. The Administrative Law Judge nevertheless found that the evidence did not establish that osteoarthritis or the other claimed conditions were peculiar to, or distinctively associated with, work as a certified nursing assistant. The ALJ instead found that the claims more closely resembled repetitive trauma injuries and dismissed them as untimely. The Compensation Review Board affirmed.

On appeal, the Plaintiff argued that the Board improperly affirmed the finding that her conditions were not occupational diseases. The Appellate Court disagreed. Relying on *Discuillo v. Stone & Webster*, the Court explained that an occupational disease need not be unique to a particular occupation, but there must be something about the occupation itself that makes the employee more susceptible to the disease than workers performing other jobs under similar conditions. Heavy lifting and other physical stresses common to manual labor are not enough, standing alone, to satisfy that standard. That was the problem with the Plaintiff's proof. Although her medical records connected the condition to her work, none of the records established that CNAs are particularly susceptible to osteoarthritis because of the nature of that occupation. Her testimony about lifting and transferring patients likewise did not compel a finding that those physical demands were sufficiently distinctive from other forms of manual labor. The Court therefore upheld the ALJ's determination that the claims did not arise from an occupational disease and remained subject to the one-year filing period. Because the Forms 30C were filed outside that period, the Commission lacked subject matter jurisdiction, and the decision of the Compensation Review Board was affirmed.

Shawna Zito-Hannan v. Electric Boat Corporation (AC 48801)

Argued April 20—officially released September 1, 2026

The Plaintiff, the surviving spouse of the decedent, sought survivor's benefits following her husband's death from a cardiac event on February 27, 2020. The decedent had worked for Electric Boat for approximately forty (40) years and, beginning in August 2019, regularly traveled to Florida for work, generally spending two (2) weeks there and one (1) week home, and working six (6) days per week while in Florida. He also had longstanding cardiac conditions, including hypertension and heart disease. The Plaintiff maintained that the cumulative physical and emotional stress from the decedent's work schedule and travel substantially contributed to his death.

The medical evidence in this case was divided. The Plaintiff's cardiologist, Dr. Milstein, attributed the fatal cardiac event to psychological and physical stress and opined that the decedent's employment caused the stress that led to his death. The Respondents' experts, however, disagreed. Dr. Bradbury attributed the death to the decedent's underlying heart disease, Dr. Rubenstein could not say within reasonable medical certainty that work or travel stress substantially contributed to the death, and Dr. Mathew found no evidence of work-related stress. The Administrative Law Judge credited the Respondents' evidence and concluded that the decedent did not have work-

induced stress that was a substantial contributing factor to his heart disease and ultimate death. The Compensation Review Board affirmed.

On appeal, the Plaintiff argued that the ALJ had applied the wrong legal standard by repeatedly referring to the absence of a "sudden or unusual work stressor." According to the Plaintiff, that language showed that the ALJ had treated the case as an accidental injury claim requiring a discrete triggering event, rather than the repetitive trauma claim she actually pursued based on cumulative work stress.

The Appellate Court disagreed. Reading the ALJ's decision as a whole, the Court concluded that the ALJ did, in fact, understand that the issue was whether cumulative work-related stress existed and, if so, whether it substantially contributed to the fatal cardiac event. The reference to the absence of a sudden stressor did not mean that the ALJ had imposed that as an additional element of the Plaintiff's repetitive trauma claim. Rather, the ALJ considered the cumulative-stress theory and simply was not persuaded by the evidence that work stress substantially contributed to the decedent's death.

The Court further rejected the Plaintiff's argument that the ALJ was required to make more specific findings concerning the existence and effect of repetitive stress. The finding that the decedent's work was not a substantial factor in his death was sufficient to resolve causation, and the remaining disagreement concerned the ALJ's weighing of conflicting medical evidence. Because causation and credibility are matters for the trier, and the ALJ's findings were supported by the record, the Appellate Court declined to reweigh the evidence and affirmed the Board's decision.

CRB Decisions

Issued September 1, 2025-August 31, 2026

Steven Schmidt v. City of Norwich

Case No. 6554 CRB-8-24-9 : Claim No. 200214042 : September 5, 2025

In *Steven Schmidt v. City of Norwich*, the Claimant, a police lieutenant for the City of Norwich Police Department sought benefits after injuring his right knee on July 20, 2023, while playing basketball at Mohegan Sun. The game was part of a community policing event organized by Sound Community Services and the State of Connecticut Department of Mental Health and Addiction Services. The Claimant participated in this event with eight (8) other officers from his department, during which they wore department insignia, and believed that he was representing the department by participating in the event.

The Administrative Law Judge found that although participation in the game was voluntary, the event's purpose extended beyond recreation. Relying on testimony from both the Claimant and the police chief, the Administrative Law Judge determined that the event advanced legitimate municipal interests, including fostering relationships with mental health professionals, promoting cooperation between agencies, and strengthening ties within the community. On that basis, the Administrative Law Judge concluded that the injury was compensable and ordered the Respondent to accept the claim and pay all benefits due to the Claimant pursuant to the Workers' Compensation Act.

The City appealed, arguing that the Administrative Law Judge erred by treating the event as compensable when § 31-275(16)(B)(i) expressly excludes injuries sustained during voluntary recreational activities. The City also contended that the Administrative Law Judge improperly applied the "benefit to the employer" analysis to an injury which occurred while the Claimant was engaged in a recreational activity. The Compensation Review Board disagreed and affirmed the Administrative Law Judge's decision. The Compensation Review Board reasoned that the statutory inquiry under § 31-275(16)(B)(i) is two-fold—it requires consideration of whether the Claimant's participation was voluntary and, if so, whether the major purpose of the activity was social or recreational. Although it was uncontroverted that participation in the basketball game at Mohegan Sun was voluntary, the record supported the conclusion that the primary *purpose* of the event was community engagement and public safety, not recreation. The Compensation Review Board further explained that evidence of employer benefit remains relevant to assessing an activity's major purpose.

Accordingly, the Compensation Review Board affirmed the Administrative Law Judge's Finding and Award.

Kevin Schreckengost v. Zwally Hauling
Case No. 6558 CRB-4-24-10 : Claim No. 400064209 : September 22, 2025

This appeal arose from a dispute between the Claimant's former attorneys over division of attorney's fees. Attorney Enrico Vaccaro appealed from a September 18, 2024, Finding and Decision awarding Attorney Kenneth Beck \$4,878.17 in fees for work performed before Vaccaro filed an appearance in lieu of Beck. Vaccaro argued, among other things, that the award was unsupported and that the parties had previously reached an accord and satisfaction resolving Beck's claim for fees, while Beck argued that the Court did not have jurisdiction to consider the arguments on appeal due to late filing.

The CRB first addressed the issue of jurisdiction under General Statutes § 31-301(a) and concluded that Vaccaro's appeal had been filed outside the statutory twenty (20)-day appeal period. Vaccaro, relying on *Kudlacz v. Lindberg Heat Treating Co.*, 250 Conn. 581 (1999), argued that delayed postal delivery excused the late filing. The Board rejected that argument, distinguishing *Kudlacz* because Vaccaro offered no corroborating evidence establishing that he had been deprived of a meaningful opportunity to file a timely appeal. The Board therefore dismissed the appeal for lack of subject matter jurisdiction.

The CRB further stated that, even if the Board did have jurisdiction, the record supported the fee award and disclosed no due process violation or abuse of discretion. The Board found that the ALJ had authority to determine the division of attorney's fees, that the evidence did not compel a finding that Beck's lien had been extinguished by accord and satisfaction, and that the additional arguments raised by Vaccaro did not warrant reversal. The September 18, 2024, Finding and Decision was therefore affirmed.

Saleh M. Anaam v. Atlas Metallizing
Case No. 6559 CRB-8-24-10 : Claim No. 601075310 : October 3, 2025

In *Saleh M. Anaam v. Atlas Metallizing*, the Claimant filed a Form 30C on October 24, 2014, alleging various repetitive trauma injuries occurring from June 28, 1999, through August 4, 2014. The Respondents filed a Form 43 on November 14, 2014. Said Form 43 did not list the disclaimed body parts; however, it denied the claim on the grounds that there was no accident, injury, occupational disease, or repetitive motion injury arising out of and in the course of employment, that there was no medical documentation supporting causal connection, and that the carrier was investigating. The Claimant subsequently filed a Motion to Preclude, which the Administrative Law Judge denied, finding that the Form 43 was timely filed and sufficiently placed the Claimant on notice that his claim was being contested.

On appeal, the Claimant argued that the Form 43 failed to satisfy the specificity requirement of Connecticut General Statutes § 31-294c(b) because it did not identify the particular body part(s) or nature of the injuries being denied and therefore amounted to an impermissible general denial. The CRB disagreed, concluding that the disclaimer, considered in conjunction with the Claimant's Form 30C, sufficiently advised the Claimant that the Respondents were denying that any of the claimed repetitive trauma injuries arose out of and in the course of his employment. The CRB noted that one element of the Claimant's prima facie case was that he sustained a

personal injury arising out of and in the course of employment, and concluded that the Form 43 specifically placed him on notice that the Respondents were contesting that element.

The Claimant also argued that the ALJ exceeded his authority under C.G.S. § 31-298 by taking administrative notice of commission files and hearing notes concerning the disclaimer. The CRB found no error, concluding that the ALJ had broad discretion to take administrative notice of pleadings and related court records and that the Claimant had notice and an opportunity to address the materials therein. The denial of the motion to preclude was affirmed.

Douglas Dubuque, Jr. v. State of Connecticut/Department of Correction
Case No. 6563 CRB-1-24-11 : Claim No. 100151218 : October 17, 2025

The Claimant had an accepted compensable lumbar spine injury and sought authorization for VIA disc injections that were being recommended by his treating providers. The Respondents denied the procedure through the medical care plan utilization review process, reasoning that it was not supported by the applicable guidelines and that the provider had not supplied sufficient justification for the proposed procedure. Following the Claimant's administrative appeals, the medical care plan continued to deny authorization. The Administrative Law Judge concluded that the Claimant had exhausted the utilization review process and that the denial was unreasonable because the determination was not based on whether the requested procedure was medically reasonable or necessary and the Respondents had applied an incorrect, and overly stringent, standard in evaluating the Claimant's request.

On appeal, the Respondents argued that the ALJ had applied an improper standard of review, that the VIA injections were experimental and therefore reasonably denied, and that evidence outside the utilization review record had been improperly considered. The CRB rejected those claims. It concluded that the utilization review process had effectively required the Claimant to prove medical necessity by more than a preponderance of the evidence, using language such as "compelling explanation," and "extraordinary circumstances." The Board held that preponderance of the evidence was the appropriate standard for determining whether the requested treatment was reasonable and necessary and concluded that application of a more stringent standard constituted an unreasonable denial of care.

Accordingly, the CRB affirmed the Finding and Award requiring the Respondents to pay for the VIA disc injections.

Joseph L. Gaudett, Jr. v. City of Bridgeport
Case No. 6561 CRB-4-24-10 : Claim No. 400101328 : October 24, 2025

In *Joseph L. Gaudett, Jr. v. City of Bridgeport*, the Claimant, a former Bridgeport police officer, was diagnosed with hypertension and pursued benefits under General Statutes § 7-433c. The compensability and extent of disability were initially contested; however, after earlier litigation established compensability of the claim, the parties entered into an agreement in 2023 in which the Claimant was awarded permanent partial disability benefits based on an eighteen and one-half percent (18.5%) impairment to the heart due to hypertension with a maximum medical improvement date of August 1, 2016. On October 17, 2023, the Respondents issued payment to

the Claimant for the permanent partial disability benefits owed. The Claimant then sought interest under General Statutes § 31-295(c) for the period between his August 1, 2016, date of maximum medical improvement and the October 17, 2023, payment of the permanency award. The Administrative Law Judge denied the claim for interest, concluding that the record did not establish entitlement to permanency benefits prior to the 2023 agreement.

On appeal, the Claimant argued that the Administrative Law Judge erred in failing to conclude that the parties had reached an agreement sufficient to establish a binding meeting of the minds as to at least a fourteen percent (14%) permanent partial disability rating as of August 1, 2016, and that interest pursuant to General Statutes § 31-295(c) should therefore run from that date. The CRB rejected that argument as to the full compromised permanency award, noting that although the parties ultimately agreed to an 18.5% rating, *compensability* of the underlying claim remained in dispute until the Appellate Court resolved that issue in the Claimant's favor on April 11, 2023. The Board therefore concluded that the condition precedent to payment of permanency benefits had not been satisfied before compensability was established.

However, the CRB nevertheless concluded that because the issue of compensability had been resolved in the Claimant's favor on April 11, 2023, and payment was not made until October 17, 2023, the Claimant was entitled to interest on the permanency award (the Board specifically found that interest was due beginning thirty (30) days after the Appellate Court's decision through the date of payment). As such, the Finding and Decision was affirmed in part, reversed in part, and remanded for further proceedings consistent with that conclusion.

Robert Perrella v. Fuel Cell Energy

Case No. 6577 CRB-7-25-5 : Claim No. 700172657 : March 27, 2026

In *Robert Perrella v. Fuel Cell Energy*, the Claimant developed renal cell carcinoma after years of occupational exposure to trichloroethylene while working for Fuel Cell Energy (FKA Energy Research Corporation). Compensability had already been established, and the remaining dispute concerned how liability should be apportioned among the various insurers under Connecticut General Statutes § 31-299b. The Administrative Law Judge issued a decision on March 14, 2024, in which she adopted a sixty-forty (60-40) weighted exposure formula, assigning sixty percent (60%) of the liability to the period from 1971 through 1986, when the Claimant's TCE exposure was heavier and workplace protections were more limited, and forty percent (40%) to the later period of lesser exposure after additional safety measures had been implemented. That ruling was not appealed.

The parties later returned to address the calculation of each insurer's respective share pursuant to C.G.S. § 31-299b. At that point, the ALJ applied the 60-40 formula only to periods where a known insurer was on the risk, while using a different, pro rata approach, for periods involving missing or insolvent coverage. Liberty Mutual appealed, arguing that the allocation method fixed in the earlier, unappealed decision should be applied across the board.

The CRB agreed, noting that C.G.S. § 31-299b gives the ALJ discretion to determine each insurer's proportionate share of liability, but that discretion does not extend to the reallocation of

the Second Injury Fund's share. For that, the statute provides a specific ratio-based formula, and the ALJ was not free to use a different method. The Board also noted that the March 14, 2024, decision had already fixed the 60-40 weighted exposure split and was never appealed. That ruling therefore became final and remained the law of the case. As the April 16, 2025, decision strayed from the 60-40 split set forth in the prior decision, the CRB found the decisions could not be reconciled and accordingly remanded with instructions to recalculate the parties' shares using the original 60-40 allocation.

Simon Goulet v. Davis-Standard, Inc.

Case No. 6579 CRB-2-25-5 : Claim No. 200215525 : December 19, 2025

In *Simon Goulet v. Davis-Standard, Inc.*, the Claimant sustained injuries as a result of a workplace altercation with a co-worker and subsequently sought workers' compensation benefits. The Administrative Law Judge dismissed the claim, finding that the altercation did not arise out of the Claimant's employment and that the Claimant's conduct—namely, spraying water in the faces of two (2) co-workers following a breakroom disagreement—constituted serious and willful misconduct.

On appeal, the Claimant argued that his injuries should be compensable because the altercation occurred at work and arose from workplace interactions. The CRB rejected that argument. It explained that, for the injury to be compensable, the Claimant's conduct had to represent "no more than an insignificant deviation" from his employment. That determination depended heavily on the version of events the ALJ chose to credit, and the ALJ did not find the Claimant's account credible. The Board noted that credibility determinations are left to the trial judge and will not be disturbed on appeal where they are supported by the record. Based on the evidence the ALJ did credit, the CRB agreed that the Claimant's conduct was unrelated to his employment and that the assault therefore did not arise out of the employment.

The CRB also upheld the finding of serious and willful misconduct under Connecticut General Statutes § 31-284(a), noting that the Claimant had knowingly engaged in conduct prohibited by the employer's workplace rules. The dismissal was affirmed.

Janine Pratt v. Benchmark

Case No. 6576 CRB-2-25-4 : Claim Nos. 200213988 & 200212011 : February 20, 2026

In *Janine Pratt v. Benchmark*, the Claimant alleged two (2) separate work-related left knee injuries in 2022. The Respondents accepted the first injury, which occurred on May 23, 2022. The Claimant later filed a Form 30C for a second injury, identifying the date as September 2, 2022. She largely maintained that date throughout the course of the proceedings, although at times did acknowledge that she was not good with dates and described the second incident more broadly as occurring a couple of months after the May injury or sometime in late 2022. An October 3, 2022, emergency department record, however, documented a left knee injury occurring "yesterday," and a March 2023 medical record likewise referred to a second work-related knee injury in October

2022. The Administrative Law Judge ultimately found that the second injury occurred on October 2, 2022, and was compensable.

On appeal, the Respondents argued that the ALJ improperly found a compensable October 2 injury because the Claimant had never actually alleged an injury on that date. Her Form 30C identified September 2, and the Respondents maintained that they therefore had not been placed on notice that an October 2 injury was being litigated. They also raised subject matter jurisdiction and due process concerns on the same basis.

The CRB rejected those arguments. The Board did acknowledge that the Claimant bears responsibility for identifying the date of injury, but explained that Connecticut General Statutes § 31-294c(a) does not require absolute precision in the notice of claim. Rather, the notice requirement is evaluated under the “totality of the circumstances” and in light of whether the notice substantially served its purpose of allowing the employer to investigate the claim. Here, the Board found that the Form 30C sufficiently put the Respondents on notice that the Claimant was asserting a second left knee injury arising from her employment, and the surrounding medical records supplied information pointing to an early October injury date. The record also showed that the employer had access to the October 3 emergency department note and later medical records referring to the second injury. In light of these circumstances, the Board concluded that the one (1)-month discrepancy in the Form 30C did not deprive the Respondents of a meaningful opportunity to investigate the claim.

The CRB also relied on § 31-294c(c), which provides that an inaccuracy in a notice of claim will not defeat the claim unless the employer was prejudiced by the defect. The Board found that the Respondents had enough information to know that a second knee injury was being claimed and to investigate when it occurred, and the Board further noted that the Claimant could not be held responsible for the Respondents’ failure to pursue apparent discrepancies in the records available to them. The CRB therefore found no jurisdictional or due process defect in the ALJ’s determination that the compensable injury occurred on October 2, 2022, and affirmed the Finding and Award.

Andrew Brierley v. Target Corporate Headquarters
Case No. 6574 CRB-1-25-3 : Claim No. 601101727 : March 13, 2026

The Claimant alleged that he injured his neck at work on September 13, 2022, when a microwave fell from a display while he was moving it, struck him in the face, hyperextended his neck and pushed him into a concrete support beam. He did not report the incident at the time and continued working, although he later developed worsening neck pain and bilateral arm symptoms. By the spring of 2023, he was treating with a spine specialist and decided to pursue workers’ compensation coverage for the treatment. The Claimant testified that he then spent several months trying to get an incident report filed through Target’s internal Origami reporting system, including repeated contacts with various supervisors and human resources. The report was finally submitted electronically on September 1, 2023, still within one (1) year of the injury. After the electronic report was filed, the Claimant also spoke directly with a Sedgwick claims examiner regarding the claim and authorization for medical treatment.

The Respondents argued that the electronic report did not satisfy Connecticut General Statutes § 31-294c(a) because it was not submitted in writing, it was not signed by the Claimant, it did not expressly state an intention to pursue workers' compensation benefits, and it failed to identify the location of the injury or the Claimant's address. They also maintained that none of the statutory exceptions to the written notice requirement applied. The CRB was not persuaded. The Board explained that Connecticut courts have historically applied a totality-of-the-circumstances approach to the notice requirement, recognizing substantial compliance where, taken as a whole, the notice reasonably informs the employer that the employee is claiming, or intends to claim, compensation under the Act.

Looking at the circumstances here, the Board found more than a simple internal accident report. The electronically filed claim/incident report identified the Claimant, described how the injury occurred and the body parts involved, gave the date and time of the incident, identified the employer, and included video of the incident; the CRB noted that it actually contained more information than would generally appear on a Form 30C. The Claimant had also communicated directly with Sedgwick about the claim and medical treatment, and the evidence supported his understanding that filing through Target's system would trigger the workers' compensation process. The Board noted that whether those facts were enough to amount to substantial compliance was a factual determination for the ALJ, and one that fell within the ALJ's discretion. Given the incident report, the Claimant's communications with Sedgwick, and the surrounding circumstances, the CRB found no error in the determination that the Respondents had been sufficiently placed on notice within one year of the injury. The ALJ's finding regarding notice of claim was therefore affirmed.

Walter Hasselt v. Lufthansa German Airlines

Case No. 6575 CRB-7-25-4 : Claim No. 700010023 : April 24, 2026

The Claimant, the surviving spouse of the decedent, sought permanent partial disability benefits following her husband's death in January 2024. The decedent had sustained an accepted lumbar spine injury in 1994 and received temporary total incapacity benefits from December 1994 through the date of his death. During his lifetime, both the Respondents' Medical Examiner and the decedent's treating neurosurgeon assigned a twenty-five percent (25%) permanent partial disability rating to the lumbar spine. However, the decedent was never paid permanency benefits before his death.

The Claimant pursued the 25% permanency award as the decedent's surviving spouse. The Administrative Law Judge found that, although the parties had stipulated to the two (2) medical opinions assigning the same 25% impairment, there was no award finding that the decedent had a disability rating as of the date of his death and no agreement between the parties sufficient to establish a meeting of the minds as to the permanent partial disability rating. The claim was therefore denied and dismissed.

On appeal, the Claimant argued that the decedent's right to permanency benefits had vested during his lifetime because he had reached maximum medical improvement and both physicians had assigned the same 25% rating. The CRB agreed that there should be no real dispute that the decedent's right to the permanency award had vested, noting that compensability of the underlying injury was not contested, and there was nothing in the record suggesting that either party disputed

the 25% rating. The Board therefore clarified the issue as whether the ALJ had erred in concluding that the benefits had not matured during the decedent's lifetime.

In addressing that issue, the CRB compared the case to *Gaudett*. There, the Claimant had medical evidence of permanency years earlier, but compensability of the underlying claim remained in dispute until the Appellate Court resolved it in his favor. The Board therefore concluded in *Gaudett* that the Claimant was not entitled to payment of permanency benefits while compensability itself remained unresolved, although once compensability was established he became entitled to payment based on at least the fourteen percent (14%) rating assigned by the Respondents' examiner. In this case, by contrast, compensability had already been accepted, both physicians agreed on the same 25% impairment, and the parties had stipulated to those opinions. The CRB found those circumstances much closer to the type of agreement contemplated in *Brennan* and concluded that the absence of a formal award was not, by itself, enough to defeat the claim.

The Board recognized that factual determinations such as whether a claimant has suffered a permanent impairment, the date of maximum medical improvement, and whether the parties reached an agreement sufficient to establish a permanency rating are generally matters left to the ALJ. Here, however, the CRB could not discern from the record why the ALJ concluded that there had been no agreement sufficient to establish a meeting of the minds in light of the parties' stipulation and the uncontroverted 25% ratings. It therefore reversed and remanded the matter for additional findings concerning the date of maximum medical improvement, the date the permanency benefits vested, and whether the Respondents were entitled to a credit for temporary total incapacity benefits paid after that date and, if so, the amount of that credit.

June Ellsworth v. Prospect Medical Holdings/Waterbury Hospital
Case No. 6573 CRB-5-25-3 : Claim No. 500176164 : May 1, 2026

The Claimant sustained a compensable head injury after being attacked by a patient while working as a psychiatric nurse and later claimed permanent impairment to the brain, amongst other members. The Administrative Law Judge credited the opinion of neuropsychologist James Pier, Ph.D., who concluded that the Claimant did not have a permanent neuropsychological impairment attributable to the work injury, over the contrary opinion of one of her treating physicians, and denied permanency benefits for the brain.

On appeal, the Claimant argued that Pier's opinion could not support a permanency determination because he was not a "physician" within the meaning of Connecticut General Statutes § 31-275(17) and therefore could not render a reliable opinion regarding permanent partial disability. The CRB rejected that argument. Reading C.G.S. § 31-275(17) together with the broad evidentiary authority granted to administrative law judges under C.G.S. §§ 31-278 and 31-298, the Board concluded that the statute did not limit admissible expert medical evidence to physicians alone and that the ALJ had discretion to consider opinions from other qualified medical professionals, including neuropsychologists.

The CRB further concluded that Pier's opinion was supported by a reasonable diagnostic methodology and that the ALJ was entitled to find it more persuasive than the competing medical evidence. The denial of permanency benefits was affirmed.

2026 Statutory Changes

PA 26-12 AN ACT CONCERNING WORKFORCE DEVELOPMENT AND WORKING CONDITIONS IN THE STATE.

PA 26-94 AN ACT IMPLEMENTING THE TREASURER'S RECOMMENDATIONS FOR REVISIONS TO THE UNCLAIMED PROPERTY PROGRAM AND SECOND INJURY FUND.

SA 26-34 AN ACT ESTABLISHING A TASK FORCE TO STUDY UNDUE DELAY IN WORKERS' COMPENSATION CLAIMS BY POLICE OFFICERS AND FIREFIGHTERS.

PASSED LEGISLATION

PUBLIC ACT 26-12/HOUSE BILL 5003: *"AN ACT CONCERNING WORKFORCE DEVELOPMENT AND WORKING CONDITIONS IN THE STATE."*

Section 1 adds new protections for healthcare workers, specifically health care providers or other employees of a health care facility or institution. It also removes C.G.S. Sec. 10-236a and adds protections for board of education members (including the State Board of Education, the Board of Regents for Higher Education, and the Board of Trustees for UCONN), and their employees.

Specifically, this bill provides that those healthcare workers or board of education workers who are physically or negligently assaulted while acting within the scope of their duties are entitled to total or partial incapacity compensation wages at 100% of average weekly earnings, uncapped by the usual maximum weekly benefit rate, plus reimbursement for medical expenses and lost wages due to court appearances related to the assault. Importantly, the time absent due to assault-related injury or court appearances cannot be charged against sick leave, vacation, or personal leave. Issues raised under this statute will now come under the jurisdiction of the Workers' Compensation Act whereas previously, board of education employees were required to bring superior court actions to challenge denials to full pay under C.G.S. Sec. 10-236a. (Proposed House Bill 5218 included similar language and was incorporated herewith.)

Section 7 provides portal-to-portal coverage for public workers employees when the employee is subject to emergency calls while off duty; when responding to a direct order to appear at work under circumstances under which non-essential employees are excused from working; or following two or more mandatory overtime shifts on consecutive days, "in the course of his employment" encompasses such individual's departure from such individual's place of abode directly to duty, such individual's duty, and the return directly to such individual's place of abode after duty. For

purposes of this law, "public works department" means a state or municipal department responsible for the construction, regulation or maintenance of all things in the nature of public works and improvements. (Proposed Senate Bill 348 included similar language and was incorporated herewith.)

These changes are reflected in C.G.S. Sec. 31-307 effective October 1, 2026.

PUBLIC ACT 26-1/SENATE BILL 298: "AN ACT CONCERNING THE REALLOCATION OF CERTAIN STATE FUNDS AND VARIOUS PROVISIONS RELATING TO EDUCATION, PUBLIC SAFETY, GENERAL GOVERNMENT, ELECTIONS, IMMEDIATE CARE FACILITIES AND WAREHOUSE WORKERS."

Section 48(b) provides that municipalities and special taxing which provide a pension and retirement system for their employees and beneficiaries shall not diminish or eliminate any right or benefits granted under such system due to the receipt of permanent partial disability benefits subsequent to July 1, 2026.

PUBLIC ACT 26-83/SENATE BILL 349: "AN ACT CONCERNING MODIFICATIONS TO THE FIREFIGHTERS' CANCER RELIEF FUND."

This modified law requires the State Treasurer to provide reports to the General Assembly inclusive of projected and actual sources of income for the account.

SPECIAL ACT 26-34/HOUSE BILL 5385: "AN ACT ESTABLISHING A TASK FORCE TO STUDY UNDUE DELAY IN WC CLAIMS BY POLICE OFFICERS AND FIREFIGHTERS."

A task force is now established to study causes of undue delay in workers' compensation claims made by police officers and firefighters. Such study shall include, but need not be limited to, an examination of delays caused by: (1) administrative processing of such claims, (2) medical provider availability and schedule limitations, and (3) insurer authorization requirements.

PROPOSED LEGISLATION

HOUSE BILL 5495: "AN ACT CONCERNING REVIEW OF DECISIONS BY THE CONNECTICUT STATE EMPLOYEES' RETIREMENT COMMISSION BY THE SUPERIOR COURT AND AUTHORIZING APPEALS OF DECISIONS OF THE MEDICAL EXAMINING BOARD."

This bill would have: (1) required the medical examining board to hold hearings to determine eligibility for disability retirement allowances, (2) authorized appeals from adverse decisions of the medical examining board concerning eligibility for disability retirement allowances, and (3) required that any review of a decision of the Connecticut State Employees Retirement Commission by the Superior Court be *de novo*.

This bill made it out of committee but did not proceed for a vote on the House floor.

HOUSE BILL 5267: "AN ACT CONCERNING ELIGIBILITY FOR INCAPACITY BENEFITS UNDER THE WORKERS' COMPENSATION ACT."

This bill would have precluded an employee from seeking incapacity benefits when the employee elected to retire from the workforce and experienced incapacity subsequent to such retirement. This bill did not proceed out of committee.

HOUSE BILL 5274: "AN ACT CONCERNING STATE MARSHALS ELIGIBILITY FOR WORKERS' COMPENSATION WHILE PERFORMING DUTIES ON BEHALF OF THE STATE AND ELIGIBILITY FOR HEALTH INSURANCE WHILE OUT ON CERTAIN LEAVE."

This bill would have required the Workers' Compensation Commission to study the workers' compensation system in the state. But the bill as drafted sought to treat State Marshals similar to police officers under the Act and other pertinent statutes.

This bill did not proceed to the House for a vote despite making it out of two committees. We will likely see this again next year.

HOUSE BILL 5279: "AN ACT ADDING WITNESSING A SERIOUS PHYSICAL INJURY AS A QUALIFYING EVENT FOR PURPOSES FOR POST-TRAUMATIC STRESS INJURY WORKERS COMPENSATION."

This bill would have added witnessing a serious physical injury that does not result in the death or permanent disfigurement of such person as a qualifying event for an employee to be eligible for workers' compensation coverage for a post-traumatic stress injury.

This made it to the House but ultimately referred to the Committee on Appropriations.

HOUSE BILL 5489: "AN ACT CONCERNING A STUDY OF THE PROVISIONS OF THE WORKERS' COMPENSATION ACT."

This bill would have established a working group to study the provisions of Chapter 568 of the general statutes.

The status and the full text of bills can be viewed on the General Assembly website at cga.ct.gov.