Approved in Open Session 10/20/26
Manatee County
Board of County Commissioners

October 20, 2026 -Regular Meeting

Subject
Final Compensation Order and Settlement of Claim for Attorney's Fees and Costs for the Benefits Obtained to Date in Connection with a Workers' Compensation Claim in the matter of James J. Savaglio v. Manatee County Sheriff's Office, Office of the Judges of Compensation Claims Case No. 25-029507 BJA.

Category
CONSENT AGENDA

Briefings
Briefing Provided Upon Request

Contact and/or Presenter Information
Nicole Bezdek, Risk Manager, Ext. 3750

Action Requested
I move to:

1. Approve the County Attorney's recommendation to comply with the attached Final Compensation Order dated July 17, 2026, and issued in the matter of James J. Savaglio v. Manatee County Sheriff's Office, Office of the Judges of Compensation Claims Case No. 25-029507 BJA, and ratify all action taken by the County Attorney or his/her designees in compliance with same.
2. Authorize the County Attorney's Office to settle a claim for attorney's fees and costs against the Manatee County Sheriff's Office and Commercial Risk Management, Inc., in the matter of James J. Savaglio v. Manatee County Sheriff's Office, Office of the Judges of Compensation Claims Case No. 25-029507 BJA, and issue a settlement check in the amount of $50,000.00 to counsel for claimant James J. Savaglio, in exchange for releasing any and all of claimant's claims for attorney's fees and costs for the benefits claimant's counsel has obtained to date, and a dismissal of such claims with prejudice, and to execute the attached stipulation and any and all other necessary and related documents in connection with the proposed settlement.

Enabling/Regulating Authority
Manatee County Code of Ordinances Article II½, §2-2-35, and Article VII, Chapter 2-2, Self-Insurance Program

Applicable Advisory Board
N/A

Background Discussion
James J. Savaglio (Claimant) filed a claim for compensability of hypertension and heart disease as a result of his employment with the Manatee County Sheriff's Office (MSCO). The claim was brought under the "Heart & Lung Bill," Section 112.18, Florida Statutes (2024), and the Workers' Compensation Act, Chapter 440, Florida Statutes. The claim arose out of an incident on February 9, 2024, when Claimant experienced a brief period of aphasia while on the job as a Deputy Sheriff. Claimant was transported to Manatee Memorial Hospital, where he received a diagnosis of a possible transient ischemic attack (TIA). Claimant was admitted to the hospital for testing and treatment and discharged February 11, 2024. He had preexisting hypertension.

The MCSO and the County's third-party workers' compensation claims administrator, Commercial Risk Management, Inc. (CRM), collectively, contested the claim for compensability of hypertension and heart disease on the basis that Claimant could not prove that his disability (i.e., his temporary incapacity to perform his job while hospitalized) was caused by hypertension or heart disease, but instead was caused by a neurological disorder, likely a TIA.

Following extensive discovery, including the retention and depositions of board-certified cardiologists by each party, the Judge of Compensation Claims (JCC) conducted a Final Hearing on June 18, 2026. The JCC entered a Final Compensation Order on July 17, 2026, finding Claimant's hypertension was the cause of Claimant's hospitalization and disability. The JCC awarded compensability of hypertension and testing and treatment with a cardiologist, or a primary care physician, to be selected by the MSCO and CRM. The JCC also awarded attorney's fees and costs payable by the MSCO and CRM to Claimant's counsel, the amounts of which would be judicially determined if the parties could not agree.

Thereafter, Claimant's counsel claimed 175 hours was spent litigating this claim at a rate of $425.00 per hour, a rate which is commensurate with hourly rates in this geographic region, producing an award of $74,375.00 if accepted by the JCC. Counsel also claimed costs of $4,750.45. As a compromise, Claimant's counsel tendered a reduced demand for attorney's fees and costs in the amount of $50,000.00.

Pursuant to Section 2-2-208(f) of Article VII, Chapter 2-2, of the County's Code of Ordinances:

> When a judge of compensation claims enters an order directing the county or constitutional office to pay benefits, costs, and/or fees, the county attorney shall recommend to the board whether to comply with the order or to take an appeal. In order to avoid penalties and interest associated with any delay in compliance, the county attorney may pay the order without prior authorization from board subject to subsequent ratification if time does not permit board consideration.

The County Attorney recommends that the Board of County Commissioners of Manatee County, Florida, (Board) comply with the Final Compensation Order dated July 17, 2026, and issued in this matter. Counsel for the MCSO, the County's outside counsel for

workers' compensation claims, and CRM concur with this recommendation, recommend against taking an appeal, and are not of the opinion that any appeal would be successful.

Given the full amount of claimed attorney's fees and costs, and in consideration of further costs the County would incur in litigating the amount of same, the County Attorney's Office (CAO) also recommends the Board grant the CAO authority to settle the claim for attorney's fees and costs in the amount of $50,000.00 in exchange for releasing the MSCO and CRM as to Claimant's claim for attorney's fees and costs for the benefits Claimant's counsel has obtained to date, and dismissal of such claims with prejudice. This compromised settlement would represent a savings of $29,125.45 (38%) from the total attorney's fees and costs claim. Counsel for the MCSO, the County's outside counsel for workers' compensation claims, and CRM concur with this recommendation and recommend against further litigating the amount of attorney's fees and costs owed.

If the Board approves the action requested, no appeal will be filed and the CAO will execute the attached settlement agreement and see that the funds are appropriately disbursed.

If the requested action is not approved by the Board, litigation of the claim for attorney's fees and costs for the benefits Claimant's counsel has obtained to date will continue.

Because this case is in active litigation, if Commissioners have questions regarding this item, we respectfully advise that they request private briefings with the CAO and refrain from discussing it publicly.

Attorney Review
Other (Requires explanation in field below) D'Agostino
This is a County Attorney's Office item.

Instructions to Board Records
If approved, please return a stamped copy of this agenda item certifying its approval to: Nicole Bezdek, Risk Manager, at nicole.bezdek@mymanatee.org.
Distributed 10/21/26, RT

Cost and Funds Source Account Number and Name
Cost: $50,000.00; Fund 5050001300 Risk Management Workers' Compensation Fund.

Amount and Frequency of Recurring Costs
None.

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS
TAMPA DISTRICT OFFICE

James Savaglio,
Employee/Claimant,

vs.

Manatee County Sheriff's Office/Commercial Risk Management, Inc.,
Employer/Carrier/Servicing Agent.
_____/

OJCC Case No.: 25-029507BJA

Accident date: 02/09/2024

Judge: Brian J. Anthony

FINAL COMPENSATION ORDER

This matter came before the undersigned Judge of Compensation Claims (JCC) for a Final Merit Hearing on June 18, 2026. The Claimant, James Savaglio, claims a compensable medical condition sustained in the course and scope of his employment with Manatee County Sheriff's Office on February 9, 2024. At issue before me is the Petition for Benefits (PFB) filed by Claimant's counsel on December 11, 2025 (DNs 4-5). Attorney Tonya Oliver appeared on behalf of the Claimant, James Savaglio. Attorney Daniel DeMay appeared on behalf of the Employer, Manatee County Sheriff's Office (MCSO), and Carrier, Commercial Risk Management (Carrier), or collectively (E/C). Also present at the hearing was Jared Norris, a third-year law student, interning with Attorney Oliver. The hearing was held live in Tampa, Florida.

The **CLAIMS** at issue, as listed in the Uniform Statewide Pretrial Stipulation (USPS) of April 10, 2026 (DN 23), are:

PFB 12/11/2025 (DNs 4-5)

1. ~~Temporary Partial Disability (TPD) starting 2/09/2024 and continuing based on the correct compensation rate power an accurate wage statement~~; **(WITHDRAWN)**
2. ~~Temporary Total Disability (TTD) from 2/09/2024 and continuing based on the correct compensation rate power an accurate wage statement~~; (**WITHDRAWN)**
3. Authorization and Medical Care/Testing with a Cardiologist for arterial and cardiovascular hypertension [~~and/or heart disease~~]; **(portion in brackets WITHDRAWN)**
4. Authorization and Medical Care/Testing with a Primary Care Physician for arterial and cardiovascular hypertension [~~and/or heart disease~~]; **(portion in brackets WITHDRAWN)**

5. Authorization and Medical Care/Testing with an Internal Medicine Specialist for arterial and cardiovascular hypertension [~~and/or heart disease~~];[1] **(portion in brackets WITHDRAWN)**
6. Compensability of disabling arterial cardiovascular hypertension (~~and/or heart disease~~) pursuant to Section 112.18(1), Florida Statutes; **(portion in brackets WITHDRAWN)**
7. Attorney's Fees and/or Costs pursuant to Section 440.34, Florida Statutes or as otherwise provided by law;
8. ~~Penalties and interest to be paid by the E/C/SA pursuant to Section 440.34(3)(a)(d) and 440.32. Florida Statutes~~. **(WITHDRAWN)**

Avoidance/Response to Affirmative Defenses of Claimant

1. ~~Claimant objects to Defense 1; The Claimant objects to, and moves to strike, any defense of the E/C that fails to comply with the specificity requirements of 60Q-6.113. Claimant further objects to any later amendment of this pretrial unless it is timely filed within 10 days and clarifies defenses already plead~~; **(WITHDRAWN)**
2. Claimant objects to Defense number 2: The Claimant objects to, and moves to strike, any defense of the E/C that fails to comply with the specificity requirement of 60Q-6.113. E/C fails to identify with specificity any preexisting, person and/or idiopathic in nature conditions. Claimant further objects to any later amendment of this pretrial unless it is timely filed within 10 days and clarifies defenses already plead; without waiving the above statement and the objection indicated below the Claimant must address the idiopathic allegation. When the E/C asserts an injury is the result of a personal in nature they must initially carry the burden of proving the existence of such a condition AND that said condition caused the injury. The defense only applies if the E/C have satisfied that burden of proof. In this case the E/C has not done so and the defense fails;
3. Claimant objects to Defense number 3: The Claimant objects to, and moves to strike, any defense of the E/C that fails to comply with the specificity requirement of 60Q-6.113. Specifically, the E/C misapprehends MCC. Should the Claimant establish the elements of the presumption, the burden of proof shifts to the E/C to establish with objective evidence a work-related cause. The E/C has not done so and this defense fails. Claimant further objects to any later amendment of this pretrial unless it is timely filed within 10 days and clarifies defenses already plead;
4. Claimant objects to Defense number 4: The Claimant objects to, and moves to strike, any defense of the E/C that fails to comply with the specificity requirement of 60Q-6.113. E/C fails to articulate with specificity which criteria of the statutory presumption embodied in F.S. 112.18 the Claimant cannot meet. Claimant further objects to any later amendment of this pretrial unless it is timely filed within 10 days and clarifies defenses already plead. Should E/C assert that defenses 5, 6, and 7 address the two prongs of the physical upon entry into service and the condition or impairment of health; the E/C has not raised any defense with specificity that the Claimant does not meet the protect[ed] class or disability

[1] The Claimant clarified that his requests for the Primary Care Physician and Internal Medicine Specialist are one in the same; different experts refer to them interchangeably so the Claimant is actually asking for only one of these physicians.

prongs;[2]

5. ~~Claimant objects to Defense 7; The Claimant objects to, and moves to strike, any defense of the E/C that fails to comply with the specificity requirement of 60Q-6.113. The E/C fails to state with specificity and identify a non-work-related cause sufficient to rebut the presumption. Claimant further objects to any later amendment of this pretrial unless it is timely filed within 10 days and clarifies defenses already plead~~; **(WITHDRAWN)**
6. ~~Claimant objects to Defense 8; The Claimant objects to, and moves to strike, any defense of the E/C that fails to comply with the specificity requirement of 60Q-6.113. E/C fails to indemnity off a non-work-related cause or trigger and/or fails to identity any pre-existing conditions of the Claimant with specificity. Claimant further objects to any later amendment of this pretrial unless it is timely filed within 10 days and clarifies defenses already plead~~; **(WITHDRAWN)**
7. ~~Claimant objects to Defense 9; The Claimant timely notified the Employer of the "injury;" with actual notice to the Employer~~; **(WITHDRAWN)**
8. ~~Claimant objects to Defense 14; Counsel for the Claimant attached a draft of the PFB and made a good faith effort to confer with Counsel for the E/C on December 10, 2025. Note, Counsel for the Claimant had previously left telephone messages for Counsel for the E/C without response prior to sending the email on December 10, 2025. See Attachment A: GFC. Further the request to dismiss said Petition due to lack of good faith efforts was not properly or timely raised~~. **(WITHDRAWN)**

The **DEFENSES** raised in the Uniform Statewide Pretrial Stipulation at (DN 20) are:

1. Claimant did not sustain a compensable accident, injury, condition, or occupational disease arising out of work performed within the course and scope of his employment with the Employer herein;
2. Claimant's alleged condition, alleged disability, and alleged need for medical care and treatment are preexisting, personal, and/or idiopathic in nature and not the result of a work-related accident with the Employer herein;
3. Claimant cannot meet his burden of proof that his employment with the Employer herein is the major contributing cause of Claimant's alleged condition, alleged disability, and alleged need for medical care and treatment. *See, e.g.*, §§ 440.09(1) and 440.151, Fla. Stat. (2023);
4. Claimant cannot meet his burden of proof that he is entitled to the statutory presumption of industrial causation contained within, *e.g.*, § 112.18, Fla. Stat. (2023);
5. ~~Claimant cannot meet his burden of proof that he successfully passed a physical examination upon entering into service as a law enforcement officer, correctional officer, or correctional probation officer with the Employer herein, which examination failed to reveal any evidence of heart disease or hypertension (*i.e.*, the "preemployment physical examination prong" of the test for statutory presumption of industrial causation)~~; **(WITHDRAWN)**

[2] The parties stipulated that the issue to be decided is whether the condition the Claimant has or is one of the conditions that falls within the presumption statute; the other three prongs of the four have been met.

6. Claimant cannot meet his burden of proof that he suffers from a condition or impairment of health caused by heart disease or hypertension (*i.e.*, the "covered condition prong" of the test for statutory presumption of industrial causation). *See, e.g.*, § 112.18(1)(a), Fla. Stat. (2023); and *N. Collier Fire Control & Rescue Dist. v. Harlem*, 371 So. 3d 368 (Fla. 1st DCA 2023);
7. Claimant cannot meet his burden of proof that he suffers from a condition or impairment of health caused by heart disease or hypertension (*i.e.*, the "disability prong" of the test for statutory presumption of industrial causation). In addition, Claimant cannot meet his burden of proof that he suffers from a "condition or impairment of health" as required by § 112.18(1)(a), Fla. Stat. (2023);
8. If Claimant successfully carries his burden of proof that he is entitled to the statutory presumption of industrial causation, sufficient evidence rebuts and overcomes the presumption. *E.g.*, Claimant's alleged condition was caused and/or triggered by nonindustrial causes, including but not limited to Claimant's preexisting medical conditions;
9. ~~Claimant failed to timely advise Employer herein of an alleged injury or condition as having occurred on or about Feb. 9, 2024, thereby disqualifying Claimant from receipt of all benefits under Chapter 440 pertaining to the aforesaid date of accident. §§ 440.151(6) and 440.185(1), Fla. Stat. (2023);~~ **(WITHDRAWN)**
10. No entitlement to medical or indemnity benefits exists due to a lack of a compensable accident, injury, or condition;
11. No entitlement to authorization and medical care/testing with a cardiologist, primary care physician, or internal medicine specialist, where there is no compensable accident, injury, or condition;
12. No admissible medical evidence exists that Claimant was restricted from his ability to earn in the same or any other employment the wages which Claimant was receiving at the time of the alleged accident, injury, or condition;
13. No employer-employee relationship exists now or previously existed between Claimant and the Employer named within Claimant's Petition for Benefits, to wit: Manatee County Board of County Commissioners;
14. Neither Claimant nor his attorney utilized good faith efforts to resolve the dispute as contained within the subject Petition for Benefits, prior to filing said Petition. The Petition, as filed, is thus a nullity. The Employer/Servicing Agent hereby move to dismiss said Petition;
15. No entitlement to [~~penalties, interest,~~] costs, or attorney's fees. **(portion in brackets WITHDRAWN)**

The following pleadings/documents were identified and accepted into evidence unless otherwise noted:

Judge's Exhibits

1. Notice of Pretrial and Final Hearing entered 12/17/2025. (DN 8)
2. Notice of Mediation, Pretrial Conference, Final Hearing, and Pre-Hearing Order entered 1/20/2026. (DN 16)

3. Order Rescheduling Final Hearing entered 4/20/2026. (DN 26)
4. Order and Notice to Counsel entered 5/20/2026. (DN 32)
5. Composite Exhibit – Claimant's Trial Memorandum/Claimant's Table of Cases and Authority filed 6/16/2026. (for informational purposes only) (DNs 42-43)
6. E/C's Trial Memorandum filed 6/16/2026. (informational purposes only) (DN 49)

Joint Exhibits

1. Mediation Conference Report filed 4/10/2026. (DN 21)
2. Uniform Pretrial Stipulation and Pretrial Compliance Questionnaire filed 4/10/2026. (DN 23)

Claimant's Exhibits

1. Composite Exhibit – Petition for Benefits/Medical/Exempt Records filed 12/11/2025. (DNs 4-5)
2. Claimant's Pre-Employment Physical filed 6/09/2026. (DN 33)
3. Medical Records from Manatee County EMS filed 6/09/2026. (DN 34)
4. Manatee Memorial Hospital (Records) filed 6/09/2026. (DN 35)
5. Composite Exhibit – Deposition Transcript of Dr. Irfan Siddiqui taken June 3, 2026/Exhibits from Dr. Irfan Siddiqui Deposition, filed 6/09/2026. (DNs 36-37)
6. Dr. Hosheder P. Tomboli [Records] filed 6/09/2026. (DN 38)
7. Dr. Rafael Rodriguez [Records] filed 6/09/2026. (DN 39)
8. Dr. Mark Craft [Records] filed 6/09/2026. (DN 40)
9. Deposition Transcript of Claims Adjuster Marylou Luiz taken March 10, 2026 filed 6/16/2026. (DN 41)

Employer/Carrier's Exhibits

1. Response to Petition for Benefits filed 12/29/2025. (DN 11)
2. Motion to Reschedule May 21, 2026 Final Hearing filed 4/20/2026. (DN 25)
3. Notice of Denial Dated February 19, 2024 filed 6/16/2026. (DN 44)
4. Deposition of Dr. David Perloff taken May 19, 2026, with Attachments, filed 6/16/2026. (DN 45)
5. Deposition of Claimant taken February 25, 2026, with Attachments, filed 6/16/2026. (DN 46)
6. Medical Records from Center for Urgent Care filed 6/16/2026. (DN 47)
7. Medical Records from Dr. Nelson Gomez filed 6/16/2026. (DN 48)

Live Testimony

For Claimant: James Savaglio, the Claimant
For E/C: None

Preliminary Issues

1. The parties stipulate that although medical records of certain medical providers located at

DNs 33, 34, 35, 38, 39, 40, 47 and 48 are being submitted and have been admitted, they are only being submitted for historical and fact purposes only. The opinions in these records will only be considered as related to and or relied upon by the two IME providers in rendering their opinions.

Stipulations

1. The undersigned has jurisdiction of the parties and subject matter.
2. The Claimant alleges a compensable arterial/cardiovascular hypertension condition causally related to his employment.[3]
3. The parties stipulate there is not a "notice" issue.
4. The parties stipulate to an AWW of $1,600.99.
5. The parties agree that MMI is not an issue.
6. All other stipulations as noted in the USPS accepted.

Findings of Fact

1. In making my findings of fact and conclusions of law, I have considered and weighed all the evidence presented to me and resolved all conflicts in testimony. I have not written a detailed summary of all the facts and evidence presented. *See* §440.25(4)(e), Fla. Stat.; *Garcia v. Fence Masters, Inc*., 16 So. 2d 200 (Fla. 1st DCA 2009) (holding that a compensation order need only contain findings of ultimate material fact necessary to support mandate, rather than a recitation of all evidence presented). Although I may not reference or detail each item of evidence presented to the parties, I have carefully considered all the evidence and exhibits in the context of the arguments of counsel and appropriate statutory authority and case law in making the findings of fact and conclusion of law below.

Testimony of the Claimant at Final Hearing[4]

2. The Claimant is a deputy with the MCSO. He began his employment there in August 2009.
3. The Claimant was diagnosed with hypertension somewhere between six to eight years ago; well after he started his employment with MCSO. A month prior to February 9, 2024, the

[3] At hearing, the Claimant amended the compensable injury removing "and/or heart disease" from paragraph number 8 of the USPS.
[4] The undersigned also reviewed the Claimant's deposition testimony but only to clarify hearing testimony that was confusing.

Claimant says his hypertension medication was changed because he was having difficulty with the medication causing throbbing in his head, and it was not giving him the desired effectiveness he and his doctor were hoping for.

4. On February 9, 2025, he woke up at 2:00 a.m. and did not feel well. He was dizzy, nauseous, his balance was off, and his blood pressure (BP) was up in the 170s.[5] He eventually proceeded to get ready for work and reported for duty at 8:45 a.m. The building he worked at did not open until 9:00 a.m. During this time period, he was assigned to the enforcement division and was a traffic deputy posted at a driver's license office during the day. That day he continued to not feel well throughout the morning so he went outside to get some fresh air, which he did frequently. While outside, he engaged in a conversation with a patron of the facility who had a bicycle locked to an outside pole.[6] He was leaning on a post while talking to the patron, when he became unable to speak or enunciate the words he had "in his head." He tried to call 911 from his radio but he was unable to speak. He was, however, able to make it into the building where a woman called 911 for him. EMS responded to the 911 call and by the time they arrived, he had taken his vest and uniform shirt off and was able to speak to the paramedics. While EMS was speaking with him, they took his BP and recommended that he go to the hospital. He says that his BP was elevated when they took it. They also took his BP while en route to the hospital. Notably, during the transport to the hospital, he was provided with an IV. He admits that the ambulance ride is a little fuzzy, as he still did not feel well, but he does not think he was having aphasia at the time of the transport.
5. When he arrived at the hospital, he was required to wait for a lengthy period of time before being admitted. During this wait, he took his own BP medications which he normally took around lunch time. Before he was even treated, MCSO sent someone to him to administer a drug test. He believes that when he was eventually admitted, he was being evaluated for his aphasia and his high BP, although he admits that he was not having aphasia at the time. He says he underwent many tests while there, which included cardiological and neurological testing.

[5] The Claimant testified that he has three BP monitors at home so he is able to take his own BP when necessary.
[6] The Claimant stated he was an avid cyclist which led to the conversation with the patron.

6. Upon discharge from the hospital, he was sent back to work but needed a "fit for duty" before he was permitted to work. He was then able to secure this clearance through Urgent Care.
7. He continues to treat with Dr. Craft, his primary care physician (PCP), for his hypertension. He also continues to take BP medication prescribed by Dr. Craft. The Claimant also continues to treat with a cardiologist; however, the cardiologist that he had been treating with for years, Dr. Tomboli, recently passed away. It is his understanding that another physician in his practice will be taking over his treatment. He believes this treatment will consist of monitoring his hypertension and the loop recorder that was implanted by Dr. Tomboli after the incident of February 9, 2024.
8. The Claimant confirms that he was required to take a pre-employment physical in July 2009, before beginning his employment with MCSO, which he passed. At the time he began working for MCSO and when he took his physical, he did not have a diagnosis of hypertension nor had he had any type of treatment for hypertension.
9. Cross-Examination of the Claimant. The Claimant admits that prior to the alleged date of accident, he had other health issues over and above hypertension which included headaches.[7] He also agrees that about a month before the date of accident, he had changed his medication because of increased swelling of the legs and "pulsing and throbbing" in his head. In addition, he had symptoms or issues with blood in his stool, hemorrhoids, blood in urine, and prostate issues since his 30s. Regardless of any other symptoms, he states that his BP medication was changed because of the throbbing in his head. He also states that he continues to have this throbbing when his BP rises, even though he is on the new BP medications.
10. It was brought to his attention that when he was admitted to the hospital, medical personnel noted that he was having a "headache" in conjunction with the aphasia. He states that he does not remember saying the word "headache" because, again, saying it was more of a throbbing. But, he acknowledges that medical personnel may have used the word headache for what he described to them, although he disputes that it was an actual headache.

[7] The Claimant testified that he did not have "headaches" in the true sense of the term "headache;" he stated he believed what he had would be better described as a "throbbing from medications."

11. It was next brought to his attention that during his deposition, when he was asked what other symptoms he experiencing during the incident when he was unable to speak, he answered, "Oh, I had nausea, some dizziness, some – not necessarily – not a headache, but I just felt – didn't feel well, you know. Just not normal." (DN 46, p. 41). When asked then to admit that he did not describe having a headaches on the day of the incident during deposition, the Claimant again explained that he did not have what he would term a "headache."
12. The Claimant did not deny that before this incident, he also had issues with iron deficiency (anemia), fatigue, shortness of breath, night sweats, fever and snoring issues.
13. In discussing the February 14, 2024, visit at Urgent Care, he states that he does not recall telling medical personnel that on the morning of the incident, his blood pressure had been within normal limits. Notably, the report from that date states: "He reports episode lasted 45 sec-1 min. He reports hx of HTN but BP has been well controlled on current meds and was WNL that am." (DN 47, p. 2).[8]
14. Re-direct examination of the Claimant. The Claimant states that the during the February 14, 2024, visit at Urgent Care referenced above, he told them that his BP was within normal limits on the date of the appointment, not the day of the incident. He also stated that when he was admitted to Memorial Hospital, he told them his BP was elevated.

Deposition of Dr. David Perloff, M.D. taken May 19, 2026 (DN 45)

15. Dr. Perloff is a board-certified cardiologist who performed a virtual Independent Medical Examination (IME) of the Claimant on April 14, 2026, at the request of the E/C. (The Claimant stipulated to his expertise in the field of cardiology.) As part of the IME, Dr. Perloff reviewed the record of the Claimant's pre-employment physical and records from the Center for Urgent Care, the neurophysiology center, Dr. Rafael Rodriguez, Heart Vascular & Vein Center, Pulmonary Associates, Florida Cancer Associates,and AdventHealth Internal Medicine. Most recently, he reviewed the records from Dr. Irfan Siddiqui, the Claimant's IME provider.
16. The Claimant provided a history to Dr. Perloff of the events of February 9, 2024, which

[8] There is a difference of opinion between the parties as to whether the quoted portion of the note meant that the BP was well controlled on the date of the incident or on the date of the appointment (February 14, 2024).

caused him to be transported to Manatee Memorial Hospital where he was diagnosed and treated for a transient ischemic attack (TIA). The Claimant relayed to Dr. Perloff that his symptoms resolved "pretty early on during his hospitalization," but he still continued to have some residual symptoms, including shortness of breath, fatigue, and throbbing in his head, but nothing specific such as aphasia, dysphasia, weakness, or numbness which caused him to go the hospital.

17. Dr. Perloff explained that a TIA refers to a neurologic event that resolves its symptoms within 24 hours and does not have any abnormality on imaging. It is a situation where the brain has had insufficient blood flow for a particular amount of time causing some neurologic effect, but it resolves within 24 hours.[9] Dr. Perloff noted that the diagnosis of a TIA was noted in the February 14, 2024, medical record (Center for Urgent Care) (*see* DN 47) and during the Manatee Memorial Hospital neurology consult performed on February 10, 2024, which specially noted "transient expressive aphasia, TIA secondary to above (transient expressive aphasia and floaters – hypertensive urgency – resolved)." (DN 45, p. 10) (*see* DN 35, pp. 10-17). When specifically asked if the medical providers actually diagnosed the Claimant's condition as TIA or aphasia with possible TIA, he stated;

> Well, I mean, here's the thing. Sometimes TIA can be pretty difficult to diagnose. Certainly on the assessment and plan and the discharge summary, it's -- it says aphasia, rule out stroke or TIA, because TIA is within the parameters of stroke versus a complex migraine, and sometimes complex migraines can cause aphasia like that. So I think that's what -- that's what their working diagnosis was. So, yeah, I mean, that's all I can tell you from the -- from that." (DN 45, 11).[10]

He went on to explain that it is very difficult to diagnosis a TIA versus a complex migraine, or anything else because none of the imaging shows anything since it resolves within 24 hours. In his review of the records he believed that the possible causes for aphasia could

[9] He also noted that some people will refer to it as a "mini stroke." He stated that "[i]f it resolves in more than 24 hours, up to seven days later, it's called a RIND, or reversible ischemic neurologic deficit. And then, if it lasts more than seven days or has evidence on the MRI or CT, some kind of imaging of actual damage, then it would be called a stroke. So it's sort of -- it's sort of a -- a TIA is the lowest level of a neurologic event that is along the spectrum of we -- of what we term stroke." (DN 45, p. 9).

[10] Dr. Perloff explained that "aphasia" is the process where somebody is having difficulty speaking; so they know what to say but cannot get the words out normally. (DN 45, p. 12).

be a TIA or complex migraine or other neurologic issues or brain injury.[11] And, even though Dr. Perloff emphasized that he was a cardiologist and not a neurologist, he stated that sometimes the two fields overlap. With that being said, he described a migraine as a vascular event that occurs in the brain; it occurs in the smaller vessels of the brain, even the microvasculature. This causes spasm of the microvasculature, causing areas of the brain that might not get adequate blood flow for a period of time but this is not truly a TIA, because it is due to the migraine. This is what makes it very hard to tell the difference between a complex migraine and a TIA. (DN 45, pp. 14-15).

18. Dr. Perloff referred to the Claimant's condition as "cryptogenic TIA," which he clarified by saying, "[s]o I assumed it was a TIA given the fact that it seemed to be throughout the records, and the, the term cryptogenic means we don't know where it came from. It's basically the meaning of that. And I called it a cryptogenic TIA because that's how it's been termed throughout the records and because it's clear that they're still looking for an answer."[12] (DN 45, p. 15). When asked to explain why he believed the medical providers were still looking for an answer he stated:

> So what happened was he went into the hospital. His blood pressure, when he presented to the hospital, really wasn't that high. And, and so they did not believe it was related to hypertension. And then there are several other causes, hypertension being one of them, but there's multiple different causes of TIA, right?
>
> You can get TIAs that come the -- from a hole in the heart where you get a clot that goes across the -- that goes across the interatrial septum and goes up to the brain. You can get atrial fibrillation causing TIA. You can have small vessel disease causing TIA. You can have carotid disease causing TIA. So there's lots of causes of TIA.
>
> And once you do an adequate workup, if you still don't find the actual cause of that TIA, most clinicians will implant a loop recorder. A loop recorder is an implantable device that we put in the chest that actually monitors the patient's rhythm 24 hours a day, seven days a week to determine if they have evidence of atrial fibrillation. If they do, then that would be determined as the cause of their TIA.

[11] He stated that it is very difficult to determine if something is a TIA or something like a complex migraine because none of the imaging shows anything. (DN 45, p. 13)

[12] His report specifically mentions that the Claimant relayed to him that Dr. Rodriguez told him it was a cryogenic TIA. (DN 45, p. 60).

> We have very good studies showing that people who have neurologic events, if you implant a loop recorder, a large proportion of them will end up showing atrial fibrillation, and that helps us treat them appropriately.
>
> However, if you have a reason for the TIA, you don't put in a loop recorder because we don't put things in that people don't need. So the fact that they put in a loop recorder is clinical evidence that they were saying it was cryptogenic or they were thinking it was cryptogenic.
>
> And, in fact, when I talked to the patient himself, the patient told me that the neurologist had told him that they did not know where the TIA came from and that he had used the term "cryptogenic."
>
> * * *
>
> So the patient did have a loop recorder implanted, which is an appropriate thing to do. And so the fact that he had a loop recorder tells me that they did not think it was a hypertensive TIA because if they would have thought it was a hypertensive TIA, they would have just treated as hypertension appropriately and not put in a loop recorder. (DN pp. 16-17).

19. Dr. Perloff testified that he was aware of the elements required for the presumption under Chapter 112:18, Florida Statutes: They have to be in a 1) protected class; 2) They need to have suffered a covered condition, which is hypertension or heart disease; 3) They need to have no evidence of hypertension of heart disease on a pre-employment physical; 4) And they have to have suffered disability, total or partial or death due to that particular disease. It was his opinions that the Claimant met three of the prongs (1, 3 & 4); however, he felt that the TIA is not considered either hypertension of heart disease and it was not a hypertensive TIA, so prong 2 was not met. He further stated that the Claimant's hypertension was not the cause of the TIA and, thus, he had not suffered disability from the hypertension. So, his hypertension would not be considered work-related. And, although he did suffer disability from the TIA, it was neither either hypertension or heart disease. It is his opinion that it was a neurologic event and, therefore, not be considered work-related. (DN 45, p. 19).
20. Dr. Perloff confirmed that that he had the opportunity to review Dr. Siddiqui's report. He stated that he disagreed with several aspects of his opinions. First, he noted that Dr. Siddiqui stated that the Claimant had a diagnosis of "hypertension which is a form of heart

disease." Dr. Perloff disagreed and stated hypertension is a vascular disease and not considered heart disease. Second, Dr. Siddiqui reached a conclusion that the "Claimant was unable to perform his duties and functions as a deputy due to the result of his hypertension leading to a TIA that required hospitalization, medication, and further evaluation by a specialist." Dr. Perloff again disagreed, stating that although the Claimant clearly had a TIA requiring hospitalization, however, the TIA was not determined to be hypertensive by the patient's own history; his TIA was identified by the neurologist as cryptogenic and no physician had told him it was hypertensive He pointed out that the Claimant had continued to undergo a workup, which is only done when you have a cryptogenic TIA, not a hypertensive TIA. In his opinion, the implantation of a loop recorder would not have been done in the case of a hypertensive TIA. Third, Dr. Siddiqui assigned a 29-percent impairment rating because he was taking antihypertensive medication and has a history of hypertensive cerebrovascular damage. Dr. Perloff once again disagrees with that opinion of the rating, because he felt there was no evidence of hypertensive cerebrovascular damage on imaging and there is no evidence that the TIA was actually hypertensive. (DN 45, pp. 20-21).

21. Cross-examination of Dr. Perloff. Dr. Perloff agreed that his opinions were only in the field of cardiology and admitted that any questions regarding neurology or the TIA are outside the field of his expertise.

22. It was brought to his attention that on January 3, 2024, the Claimant's PCP discontinued the medication amlodipine and added the bisoprolol with hydrochlorothiazide, HCTZ, and methylprednisolone or Medrol Dosepak.[13] He was then asked if the added medication was consistent with blood pressure treatment to which he answered, "no." He clarified however, that withdrawing the amlodipine and adding bisoprolol hydrochlorothiazide is something you do or one might consider in hypertension management; and his response of "no" was in reference to the addition of Medrol Dosepak, which is a very powerful anti-inflammatory which would not be related for anything related to hypertension. (DN 45, pp. 23-24). Dr. Perloff also agreed that amlodipine can cause headaches and sometimes make headaches

[13] Dr. Perloff did not have the records from Dr. Craft, the Claimant's PCP, for any treatment prior to the date of the alleged accident.

better. So, it would be a reasonable thing to change him to a different antihypertensive regimen, including bisoprolol hydrochlorothiazide, if the PCP felt that it was appropriate. Dr. Perloff admitted that he did not have the EMS run records for the Claimant's transport to Manatee Memorial on the day of the accident, so he had no idea if the Claimant was provided medication through an IV on the transport to the hospital or even what the Claimant's BP readings were during the transport. He did agree that the records from Manatee Memorial Hospital indicated that the Claimant's BP was poorly controlled and was labeled "hypertensive urgency." He also agreed that the neurologist at Manatee Memorial Hospital noted "hypertensive urgency resolved." (DN 45, p. 26).

23. Dr. Perloff was asked to assume that if the Claimant's BP was elevated and he was treated by EMS en route to the hospital, would it be appropriate for him to be evaluated in the hospital because of his elevated BP and in conjunction with a report of his aphasia and TIA, to which he responded "yes," adding that if his blood pressures were quite elevated and he received medication en route, it would be very reasonable. (DN 45, p. 33).

24. Redirect examination of Dr. Perloff. During deposition, Dr. Perloff was shown the January 3, 2024, report from the PCP, which had previously been mentioned during cross-examination. He was asked then if actually now reading the record changes any of opinions based on the change of medication that was being discussed. He responded by stating:

> So it's, kind of, interesting because, first of all, it, it reads to me like the patient had already discontinued the amlodipine prior to coming there. And that's why his blood pressures were ranging from the 130s to the 170s, probably because it says that he had discontinued the medication.
>
> Now, it seems like he had been told to do that, or at least that's insinuated, but -- yeah, so the -- so the medication was discontinued before he got there. And that's likely why his blood pressures were elevated. He also says he's having some significant family stress. And he thinks -- and even the patient is saying that he thinks it's likely causing a component of the elevated blood pressure.
>
> And the other interesting thing is he's asking for a Medrol Dosepak, which I'm, kind of, wondering why the physician didn't, didn't mention why, although I'm looking at the side here. It looks like he had some back strain. So maybe that's why he gave it to him. (DN 45, pp. 34-35).

25. Dr. Perloff ultimately agreed that we still do not know whether or not the TIA was due to complex migraine versus some other cause that we've discussed during the deposition.

Deposition of Irfan Siddiqui, M.D. taken June 3, 2026 (DNs 36-37)

26. Dr. Siddiqui is a cardiologist who is board certified in cardiology, interventional cardiology, internal medicine and nuclear physics. He has been designated as an expert medical advisor (EMA) by the Division of Workers' Compensation.[14] In the course of his practice, he has come to understand and render opinions related to the Florida Heart Bill found in section 112.18., Florida Statutes.

27. Dr. Siddiqui performed a telemedicine IME of the Claimant on May 1, 2026, at the request of the Claimant. As part of the IME, he was provided with a medical composite consisting of a first report of injury, a preemployment physical upon entry into service, a Notice of Denial, the Manatee County EMS transport records, the Manatee Memorial Hospital Records, the Center for Urgent Care records, Dr. Tomboli's medical records, Dr. Rodriguez's medical records, Dr. Gomez's medical records, and Dr. Perloff's IME report. (He received the records of the IME report of Dr. Perloff after receiving the initial packet.) After review of the medical records, obtaining a history from the Claimant and performing the telemed evaluation, Dr. Siddiqui reached a diagnosis of: "[o]fficial diagnosis of essential hypertension event." (DN 36, p. 12; DN 37, p. 5). He confirmed that the Claimant had a TIA which he says was actually witnessed by medical providers.[15] He also described "hypertensive urgency" as a sudden onset or increase in blood pressure with what could be considered end organ damage, in this case it would considered neurologic or brain for the Claimant. He also confirmed that the EMS personnel treated him and brought his BP down after diagnosing him with hypertensive urgency. (DN 36, p. 13). Dr. Siddiqui clarified that "essential hypertension" is benign; hypertension that is not caused by a pheochromocytoma, renal artery issues or stenosis as it is more than likely, is an unknown cause. He stated that essential hypertension is arterial or cardiovascular in nature. He added that there was no identifiable cause to the Claimant's essential hypertension. In his experience as a cardiologist, hypertensive urgency can contribute to or cause a TIA.

[14] Dr. Perloff's C.V also indicates that he is designated as an EMA.
[15] Just like Dr. Perloff, Dr. Siddiqui acknowledged that he is not a neurologist

28. Dr. Siddiqui was able to verify that the Claimant's preemployment physical did not show any evidence of hypertension or heart disease and that the Claimant was on duty as a law enforcement officer on February 9, 2024. It is his opinion that the most likely cause of the Claimant's TIA was his hypertensive urgency, and it was reasonable as a result of the hypertensive urgency as well as the observations of the Claimant's aphasia for the Claimant to have been taken to the hospital and treated for his hypertensive urgency and TIA as the purpose was to rule out a stroke. In addition, based upon his BP, it was reasonable to restrict him from his full duties as a police officer until it was under control. Dr. Siddiqui assigned an impairment rating of: permanent class 1 impairment of the whole person of 29 percent under hypertensive cardiovascular disease. (DN 36, pp. 15-16).
29. Dr. Siddiqui testified that Dr. Rodriguez' neurology report dated May 7, 2024, indicated that the results of the neurology examination was within normal limits. He opined that it would be appropriate for the Claimant to continue to follow up with cardiology or his PCP to ensure that his BP remains controlled and for prescribe medications related to the treatment of hypertension in order to control his BP. (DN 26, p. 18).
30. Cross-examination of Dr. Siddiqui. Dr. Siddiqui testified that the possible causes for a TIA besides hypertension, can include electrical abnormalities in the heart, including atrial fibrillation, arrhythmias, PFO, and ADS (which are holes in the heart between the two atriums,) carotid vascular disease, tumors or other benign masses that are not malignant, secondary lesions, and cysts. Dr. Siddiqui states that most of his opinion was "based off the objective evidence, especially the neurologist's" (DN 36, p. 20). He explained that in reaching his opinions, he had to look back at the records in order to get a sense of what occurred that lead to the TIA. He noted that the neurology assessment performed by Dr. Sushma Manda at Manatee Memorial Hospital indicated "TIA secondary to hypertensive urgency with transient expressive aphasia." Dr. Siddiqui felt it was a pretty strong statement from a neurologist. He also found it significant that the neurologist wanted to start the Claimant on aspirin, which Dr. Siddiqui found as another indication that the neurologist felt strongly enough that there was likely an event that took place, and he

wanted to prevent a secondary event, as a TIA usually leads to as a stroke.[16] When brought to his attention that the discharge summary from Manatee Memorial Hospital gave a diagnosis of aphasia and no clear diagnosis of TIA, Dr. Siddiqui stated that the discharge statement was written by an internist who was probably rounding at the time; however, he would take the neurologist's report over the internist's discharge summary as an official diagnosis, and the neurologist stated the Claimant did have a TIA. (DN 36, pp. 23-24).

31. Dr. Siddiqui was aware that a loop recorder was implanted by the Claimant's cardiologist, Dr. Tomboli, after this event. When asked why a loop recorder would be implanted at this stage of his treatment, he responded:

> Well it -- actually it's -- exactly goes back to the same point we discussed earlier about your discharge summary. So this is further evaluation to see what the cause of this event of a TIA was from. And -- and when I referenced earlier I talked about electrical vascular and maybe some brain related, which would be tumors and so forth. And this is one segment of an electrical abnormality causing the TIA or a stroke, which their goal was to rule out atrial fibrillation or SVTs or any irregularities and arrhythmias that would have caused his TIA. (DN 36, p. 25).

When asked why those would need to be ruled out if they already felt it was hypertensive, Dr. Siddiqui continued by stating:

> Well I -- they -- just like you guys do in -- in the law world, we want to make sure that we cover all our bases. And -- and they wanted to rule out electrical. They wanted to rule out any vascular, which would be the carotid ultrasounds. They wanted to rule out any ASD or structural PFOs and openings in the hole -- openings in the heart that would lead to embolus. So they thoroughly did go through all of those. And -- and by default, that's how we have essential hypertension -- or hypertensive urgency causing his TIA. (DN 36, p. 25).

He ultimately stated that based on the findings in the medical reports, there was no other cause he could find but the hypertensive causes for the TIA so by process of elimination and based on hypertensive tests from the EMS, Manatee Memorial Hospital and the Claimant's own elevated BP testing, it was his conclusion. Dr. Siddiqui also clarified that the Claimant had a TIA, not a stroke; however, a TIA can lead to a stroke which did not

[16] Dr. Siddiqui testified that apparently, he could not prescribe the aspirin at the time because the Claimant was a high risk for bleeding due to his anemia.

occur in this case.

32. Dr. Siddiqui was asked to respond to Dr. Perloff's statement that hypertension was not heart disease, rather, it is a vascular disease. He pointed out that Dr. Perloff actually contradicted himself because he also stated that in his definition of how hypertension can relate or lead to a stroke or an ischemic or embolic event, when he mentioned the heart causing it. He also noted that Dr. Perloff mentioned that a hypertensive episode leads to obvious pressures in heart, which then leads to decrease cardiac output which can lead to an ischemic event. So once again, he stated that Dr. Perloff contradicted himself by stating this when at the same time saying that it was not heart disease. (DN 36, p. 28).
33. Dr. Siddiqui is aware that Dr. Rodriguez referred to the Claimant's condition as a "cryptogenic TIA." Dr. Siddiqui explained that cryptogenic means of an unknown etiology.[17] Dr. Siddiqui noted however, that the "initial neurologist stated the cause was from essential benign hypertension. This neurologist [Dr. Rodriquez] was verifying that it's also not caused by a source, including an AST/ PFO, a carotid ultrasound or some type of tumor or any other vascular issue." Dr. Rodriguez was not contradicting the first neurologist rather he was trying to get more clarification and confirmation on this diagnosis and etiology. (DN 36, pp. 30-31)

Conclusions of Law

34. Section 112.18, commonly referred to as the "Heart/Lung Bill," provides in pertinent part:

> (1)(a) Any condition or impairment of health of any Florida state municipal, county, port authority, special tax district, or fire control district firefighter or any law enforcement officer, correctional officer, or correctional probation officer…caused by tuberculosis, heart disease, or hypertension resulting in total or partial disability or death shall be presumed to have been accidental and to have been suffered in the line of duty unless the contrary be shown by competent evidence. However, any such firefighter, law enforcement officer, correctional officer, or correctional probation officer must have successfully passed a physical examination upon entering into any such service as a firefighter, law enforcement officer, correctional officer, or correctional probation officer, which examination failed to reveal and evidence of any such condition….

This statute essentially requires the Claimant to meet four separate prongs in order to create

[17] Cryptogenic TIA was mentioned in Dr. Rodriguez's office note dated August 6, 2024

a rebuttable presumption of compensability:[18]

1) The Claimant is a member of a protected class;
2) The Claimant suffered from tuberculosis, heart disease, or hypertension;
3) The Claimant successfully passed a preemployment physical that did not reveal any evidence [of] tuberculosis, heart disease, or hypertension;
4) The Claimant suffered a period of disability [by reason of hypertension if proven to be a covered condition].

If the presumption is met by meeting all four prongs, the claimed condition becomes compensable as a matter of law. The burden then shifts to the E/C to rebut the presumption by medical evidence. *Fuller v. Okaloosa Corr Inst*., 22 So. 3d 803 (Fla. 1st DCA 2009); *See also Caldwell v. Div. of Ret., Fla Dep't of Admin.*, 372 So. 2d 438 (Fla. 1979).

35. Here, the E/C stipulates that the Claimant has met three of the four prongs: 1). The Claimant is a member of the protected class as he is a law enforcement officer; 3) The Claimant successfully passed a preemployment physical (DN 230); and 4) The Claimant suffered a disability (if the hospitalization is deemed to be a result of a compensable condition of hypertensive urgency/hypertension.)[19]
36. The dispute, however, is whether the Claimant suffered from arterial or cardiovascular hypertension that lead to disablement. In this regard, the Claimant alleges that it was his hypertension/hypertensive urgency that lead to his disability. The E/C disagrees and argues that the Claimant has not demonstrated that it was the hypertension that caused the alleged TIA and resulting disability. (It is significant to note that "disablement" in section 440.151(1), Florida Statutes and defined in section 440.151(3), may be satisfied by proof of actual wage loss. However, it is not the sole determining factor…disablement may also be proven by evidence that because of the injury, the claimant has experienced incapacity to *earn* "in the same or any other employment the wages which the claimant was receiving at the time of injury." *Friesen v. State of Florida Highway Patrol*, 364 So. 3d 1051, 1062 (Fla. So. 3d 2023) *citing Bivens v. City of Lakeland*, 993 So. 2d 1100 (Fla. 1st DCA 2008); *Carney v. Sarasota County Sheriff's Office*, 26 So. 3d 683 (Fla. 1st DCA 2009)). Here, both

[18] The four prongs were also discussed in Dr. Perloff's deposition.
[19] Although the disability prong is stipulated to, it is contingent upon a finding that the Claimant satisfies prong #2, that he suffered from hypertension and/or hypertensive urgency leading to the disability.

experts testified that as a result of the BP readings and aphasia, it was reasonable for the Claimant to be transported to the hospital, evaluated and treated, and as such, was incapable of performing his job duties and responsibilities. Dr. Siddiqui specifically testified that based on the Claimant's BP at the time, it would reasonably restrict the Claimant from his full duties of a police officer until it was under control. Consequently, if the hypertension or hypertensive urgency led to the Claimant's need for evaluation and treatment, the disability will be related to that condition.

37. Initially, I note that the JCC, as the finder of fact, has the right to determine the credibility of the witness, including the credibility of the Claimant, weigh the evidence, and resolve conflicts in the testimony of the witnesses. *Ullman v. City of Tampa Parks Dep't*, 625 So. 2d 868 (Fla. 1st DCA 1993); *Morgan v. Cintas Corp.*, 959 So. 2d 758 (Fla. 1st DCA 2007). Here, I find the Claimant to be credible and believable and accept his testimony.

38. Here the parties rely upon the opinions of Dr. Perloff and Dr. Siddiqui in pursuing and defending their respective arguments. As to the medical opinions of Dr. Siddiqui and Dr. Perloff, a JCC may accept the medical opinion testimony of one physician over that of another, so long as it does not appear that the JCC ignored or overlooked contrary testimony. *Chavarria v. Selugal Clothing, Inc*, 840 So. 2d 1071 (Fla 1st DCA 2003); *White v. Bass Pro Outdoor World, LP*, 16 So. 3d 992 (Fla. 1st DCA 2009); *see also Wintz v. Goodwill*, 898 So. 2d 1089 (Fla. 1st DCA 2005) (it is the responsibility of the judge of compensation claims to evaluate and weigh evidence). I find both of these physicians to be well-respected and credentialed in their fields of practice. Acceptance of one's opinion over the other does not mean that one is not a qualified physician. In this case, however, I am accepting Dr. Siddiqui's opinions over those of Dr. Perloff in all areas where they differ. I do this for the following reasons:

    - I find that Dr. Perloff did not have the necessary information to make a fully informed opinion. He was not provided with the EMS records that clearly documented BP readings, which initially were 168/78 which was then lowered to 117/82, all in a matter of 16 minutes.[20] (DN 34, p. 1). Additionally, it was not until

[20] Although the interpretation of a BP reading is considered an opinion evidence, the readings themselves are admissible facts.

the redirect examination at his deposition that Dr. Perloff was shown the January 3, 2024, report from Dr. Craft at which time he seemed simply to make assumptions rather than give a medical opinion when he commented that it seemed to him that the Claimant might have discontinued the amlodipine medication before that visit and which "probably" caused elevated reading. He also felt that Dr. Craft might be saying, based on the Claimant's statement, that significant family stress might be a likely be causing a component of the elevated blood pressure. Finally, he also kind of guessed that maybe the Medrol Dosepak was for back strain. I also find it significant that the report was only sprung on him midway during deposition without the opportunity to discuss it with the Claimant or even digest what he was reading. Dr. Siddiqui however had the complete set of medical records on which he based his opinions.

- I found Dr. Perloff to be rather evasive when answering even an obvious question; when asked if the added medication at the January 3, 2024, appointment with Dr. Craft was consistent with blood pressure treatment, he initially answered "no." Then, seemingly reluctant, he stated that the withdrawing of the amlodipine and adding bisoprolol hydrochlorothiazide would be something you do or one might consider in hypertension management and saying that his initial response of "no" was in reference to the addition of a Medrol Dosepak. He also subsequently agreed that amlodipine can cause headaches so it would be a reasonable thing to change the Claimant to a different antihypertensive regimen, including bisoprolol hydrochlorothiazide, if the PCP felt that it was appropriate.
- Dr. Perloff was unaware that the Claimant was provided with IV treatment by EMS on the transport to Manatee Memorial Hospital. (Regardless of what was in the IV, he was unaware that it had been administered by EMS.) Without this information, it seems highly unlikely that he had a fair understanding of why the Claimant was in the condition he was in when he arrived at Manatee Memorial Hospital.
- Both physicians agree that although neither are experts in the field of neurology, there was no objective neurological findings which would have caused aphasia or TIA or a stroke. It is the objective findings in the records of hypertension and

elevated BP, as seen in the EMS records, the Manatee Memorial Records, and the Claimant's credible testimony regarding his BP monitor readings that enabled Dr. Siddiqui to provide a more informed opinion.

- I find Dr. Siddiqui's comments regarding Dr. Perloff's opinions to be logical. Even without a medical degree I find his statement to be aligned with common sense. Specifically, as to Dr. Perloff's statement that hypertension was not heart disease but rather a vascular disease, he pointed out that Dr. Perloff actually contradicted himself because he also stated that in his definition of how hypertension can relate or lead to a stroke or an ischemic or embolic event, when he mentioned the heart causing it. Dr. Perloff also mentioned that a hypertensive episode leads to obvious pressures in the heart, which then leads to decreased cardiac output, which can lead to an ischemic event. So again, he contradicted himself by stating that it is not heart disease.
- Dr. Siddiqui ultimately opined that based on the findings in the medical reports, determining that there was no other cause he could find, but for the hypertensive causes for the TIA, by process of elimination and based on hypertensive tests from the EMS, Manatee Memorial Hospital and the Claimant's own elevated BP testing, he reached his conclusions.

39. I therefore, accept the testimony of Dr. Siddiqui that the most likely cause of the Claimant's hospitalization and resulting disability was his hypertension and hypertensive urgency. It was this hypertension and hypertensive urgency that made the hospitalization reasonable and medically necessary, and although the hospitalization included observation of the Claimant's aphasia, it was reasonable for the Claimant to have been taken to the hospital and evaluated and treated for his hypertensive urgency leading to the TIA. Even Dr. Perloff conceded that TIA can occur from hypertension and elevated BP readings, which is consistent with what happened to the Claimant on February 9, 2024. Perhaps even more significant, when Dr. Perloff was asked to assume that if the Claimant's BP was elevated and he was treated by the EMS en route to the hospital, would it be appropriate for him to be evaluated in the hospital because of his elevated BP and in conjunction with a report of his aphasia and TIA, he responded "yes," adding that if his blood pressure was quite

elevated and he received medication en route, it would be **very reasonable**. I find the Claimant was taken to Manatee Memorial Hospital for his hypertension and hypertensive urgency, among other potential issues, where he was evaluated and treated and was consequently "disabled."

40. Dr. Siddiqui's opinions, as stated in his IME report, summarized his overall opinions:

> Deputy Savaglio has an official diagnosis of essential hypertension, which is a form of heart disease. His hypertension affects the muscle and structures of his heart. There is no evidence of any pre-existing, non-work-related cause of Deputy Savaglio's heart disease. His documents show his pre-employment physical with no evidence of hypertension or heart disease
>
> Deputy Savaglio was unable to perform his duties and functions as a deputy due to the result of his hypertension leading to a TIA that required hospitalization, medication and further evaluation by a specialist. This is documented with his hospital admission and his treatment to date has been medically necessary and reasonable. He has no pre-existing conditions or causes related to his hypertension which led to his hospital admission and follow-up care. There is no identifiable cause to his hypertension or combination of identifiable risk factors that objectively identify the cause of Deputy Savaglio's hypertension. He is currently at maximum medical improvement (MMI). (DN 37, p. 5).

For the reasons stated above including his deposition testimony, this opinion is accepted.

41. I also find that the Claimant's hypertension and hypertensive urgency was cardiovascular and arterial in nature.[21] Dr. Siddiqui, unequivocally, opined the Claimant's hypertension is a form of heart disease. And although Dr. Perloff stated that hypertension is a vascular disease and not considered heart disease, again, and as already noted previously several times, Dr. Siddiqui pointed out that Dr. Perloff actually contradicted himself because when he explained how hypertension can relate or lead to a stroke or an ischemic or embolic event, when in actually the heart causing it. Dr. Perloff also stated that a hypertensive episode leads to obvious pressures in the heart, which then leads to decreased cardiac output which can lead to an ischemic event.
42. The E/C further argues that the Claimant has not proven that the transport to the hospital

[21] It is important to note that the E/C did not raise the argument that the Claimant's hypertension was not cardiovascular or arterial in nature.

and need for the hospital stay was related to his hypertension. As noted above, I find otherwise. I have found it was the Claimant's hypertension and hypertensive urgency that lead to the TIA which, whether or not the aphasia was directly related to the hypertension, was the reason why the Claimant was transported to the hospital and had a "disability." Dr. Perloff's testimony alone defeats the E/C's argument. As previously noted, when Perloff was asked to assume that if on the day of this incident the Claimant's BP was elevated and he was treated by EMS en route to the hospital, would it be appropriate for him to be evaluated in the hospital because of his elevated BP and in conjunction with a report of his aphasia and TIA, he responded "yes," adding that if his blood pressures were quite elevated and he received medication en route, it would be **very reasonable**.[22] This is exactly what happened. The fact that there may have been a differential diagnosis of aphasia, ruling out CBA versus complex migraine, on admission, and other diagnoses of hypertension, cholesterol and GERD, throughout his hospital stay is irrelevant. And, although the E/C points to the Manatee Memorial Hospital discharge summary listing a diagnosis only of aphasia, I accept Dr. Siddiqui's explanation that the discharge summary was written by an internist who was probably rounding at the time and, therefore, the neurologist is more reliable and he would take the neurologist's report over that of the internist's discharge summary as an official diagnosis. The neurologist assessment was transient expressive aphasia and floater **– hypertensive urgency resolved, TIA secondary to the above, hypertension poorly controlled**. (DN 35, p. 11).

43. The Claimant has met his burden under section 112.18. The E/C must then rebut the presumption.
44. Case law has established two different burdens of proof when an E/C is asserting rebuttal of the presumption of section 112.18. If the Claimant relies solely on the presumption and does not offer any evidence supporting causation, the E/C's burden is to show, by competent evidence, a non-work-related causation. Alternatively, if the claimant offers evidence of work-related causation to support the presumption, then the E/C must show by clear and convincing evidence that the claimed condition results from non-occupational

[22] The undersigned acknowledges that portions of this Order seem repetitive or redundant, but I find it necessary to restate these key findings.

causes.

45. As this case involves a situation where the Claimant is relying solely on the presumption, it is then the burden is on the E/C to show by competent evidence a non-work-related cause. I find they have failed to do so. The major premise of their argument alone, that the Claimant had a cryptogenic TIA, defeats this burden. They cannot demonstrate by competent evidence a non-work-related cause when they are saying the cause is unknown. I also find it significant that the result of Dr. Rodriguez's neurology examination was within normal limits, further confirming a lack of a neurological cause for the Claimant's TIA or condition, which necessitated his hospital stay. Quite simply, there is a complete lack of competent credible evidence that establishes non-occupational causation of the Claimant's hypertension and hypertensive urgency which lead to the TIA, hospital stay and resulting disability.
46. Finally, I accept the testimony of Dr. Siddiqui who agreed that it would be appropriate for the Claimant to follow up with a cardiologist or PCP to ensure that his blood pressure remains controlled and to be prescribed medications related to the treatment of hypertension in order to control his BP.
47. All of the E/C's defenses are rejected.

Accordingly, it is hereby,

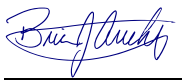
ORDERED and ADJUDGED:

1. The claim for compensability of disabling arterial cardiovascular hypertension pursuant to Section 112.18(1), Florida Statutes, is **GRANTED**.
2. The claim for authorization and medical care/testing with a cardiologist for arterial and cardiovascular hypertension is **GRANTED, in part**, as the accepted opinion of Dr. Siddiqui is that a cardiologist **OR** PCP is an appropriate provider; the E/C need only provide **one** of these providers.
3. The claim for authorization and medical care/testing with a PCP for arterial and cardiovascular hypertension is **GRANTED, in part**, as the accepted opinion of Dr. Siddiqui is that a cardiologist **OR** PCP is an appropriate provider; the E/C need only provide **one** of these providers;
4. The claim for authorization and medical care/testing with an internal medicine specialist

for arterial and cardiovascular hypertension is **DENIED**, per Claimant's agreement that a PCP and internal medicine specialist are mutually exclusive.

5. The claim for Attorney's Fees and/or Costs pursuant to Section 440.34, Florida Statutes or as otherwise provided by law, is **GRANTED**; The Claimant is entitled to payment of a reasonable attorney's fee and at the expense of E/C for the benefits secured. Jurisdiction is reserved as to amount if the parties cannot agree.

DONE AND SERVED this 17th day of July, 2026, in Tampa, Hillsborough County, Florida.



Brian J. Anthony
Judge of Compensation Claims
Division of Administrative Hearings
Office of the Judges of Compensation Claims
Tampa District Office
4200 West Cypress Street, Suite 144
Tampa, Florida 33607
(813) 664-4000
www.jcc.state.fl.us

COPIES FURNISHED:

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Vaughan McLean
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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS
TAMPA DISTRICT OFFICE

James J. Savaglio,

Claimant,

v.

Manatee County Sheriff's Office and
Commercial Risk Management, Inc.,

Employer/Carrier/Servicing Agent.

D/A:	2/9/2024
OJCC Case No.:	25-029507 BJA
Venue:	Manatee County
Judge:	Brian J. Anthony

STRAIGHT STIPULATION REGARDING ATTORNEY'S FEES & COSTS

COME NOW the parties, by and through their undersigned attorneys, pursuant to § 440.34, Fla. Sta. (2023), and Fla. Admin. Code R. 60Q-6.124(2), and hereby stipulate and agree as follows and further request that the Judge of Compensation Claims enter an Order that approves this instant Straight Stipulation. The parties stipulate that:

1. Claimant has been represented by TONYA A. OLIVER, ESQ., OLIVER & FOX, P.A., in connection with Claimant's above-noted industrial accident while working for MANATEE COUNTY SHERIFF'S OFFICE.

2. Claimant, through his attorney, filed a Petition for Benefits wherein Claimant sought, *inter alia*, compensability of disabling arterial cardiovascular hypertension, authorization and medical care/testing with a cardiologist, costs, and attorney's fees.[1] The claims were denied

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[1] Pet. for Benefits, Dec. 11, 2025, OJCC Docket No. 4.

by the Employer/Servicing Agent ("E/SA"), MANATEE COUNTY SHERIFF'S OFFICE and COMMERCIAL RISK MANAGEMENT, INC.

3. The parties proceeded to Final Hearing before the Judge of Compensation Claims ("JCC") June 18, 2026. Thereafter, the JCC entered a Final Compensation Order in support of Claimant's claims, and awarded compensability of the claimed condition and medical benefits.[2]

4. Claimant's counsel estimates the value of the aforesaid medical benefits is approximately in excess of $25,000.00.

5. Pursuant to § 440.34(3), Fla. Stat. (2023), counsel for the Claimant is entitled to a reasonable attorney's fee and costs payable by the E/SA for having secured the award of compensability and the aforementioned medical benefits.

6. In satisfaction of any and all outstanding claims for attorney's fees as payable by the E/SA for the above-captioned date of accident, the E/SA agree to pay and Claimant's counsel agrees to accept the sum of **$45,249.55** as and for payment of reasonable attorney's fees.

7. In satisfaction of any and all outstanding claims for costs as payable by the E/SA for the above-captioned date of accident, the E/SA agree to pay and Claimant's counsel agrees to accept the sum of **$4,750.45** as and for payment of taxable costs.

8. The parties further agree that said payment of attorney's fees and costs by the E/SA to Claimant's counsel shall satisfy any and all claims for attorney's fees and costs in connection with the subject date of accident with respect to all benefits secured to date, whether or not such claims have been formally asserted.

9. The parties agree that this Straight Stipulation is contingent upon approvals by the Manatee County Attorney and the Board of County Commissioners ("BOCC"). It also is

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[2] Final Compensation Order, July 17, 2026, OJCC Docket No. 50.

contingent upon the County Attorney's signature on this Straight Stipulation. The failure to satisfy any or all of these contingencies will render this Straight Stipulation void, unenforceable, and of no effect whatsoever. The BOCC may consider this Straight Stipulation in an open session meeting.

10. Original signatures on this Straight Stipulation are required from Claimant, Claimant's counsel, and defense counsel.

11. Following the satisfaction of the contingencies stated herein, execution of this Straight Stipulation by Claimant and counsel for the parties, and entry of an order by the JCC that approves this Straight Stipulation, any and all outstanding claims for attorney's fees and costs for all benefits secured to date shall be deemed to be dismissed with prejudice.

12. The parties specifically stipulate that the E/SA shall have 14 days from the date on which the JCC enters and e-mails to counsel for the parties an order that approves this instant Stipulation, within which to pay the aforementioned attorney's fees and costs, without incurring penalties or interest on said fees and costs. Payment shall be deemed complete upon mailing via the United States Postal Service or its substantial equivalent, or via hand delivery, or via private delivery service, at the election of the Employer/Servicing Agent.

(Signatures appear on page 4.)

Dated: 9/3/2026

Oliver & Fox, P.A.
13031 W. Linebaugh Ave., Suite 102
Tampa, FL 33626-4479
(813) 375-9400

By: Tonya A. Oliver, Esq.
Florida Bar No. 163181

Dated: 9-4-26

By: James J. Savaglio
Claimant

Dated: _____

Manatee County Attorney's Office
P.O. Box 1000
Bradenton, FL 34206-1000
(941) 745-3750

By: Pamela J. D'Agostino, Esq.
County Attorney
Fla. Bar No. 040755
Attorney for Manatee County, a political subdivision of the State of Florida; Manatee County Board of County Commissioners; and on behalf of the Manatee County Sheriff's Office

Dated: _____

Vaughan McLean
5589 Marquesas Circle, Suite 101
Sarasota, FL 34233-3337
(941) 328-6200

By: Daniel J. DeMay, Esq.
Florida Bar No. 764728
Attorney for Employer/Carrier/
Servicing Agent

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the foregoing has been electronically filed with the Office of the Judges of Compensation Claims and a true and correct copy thereof has been furnished to Claimant's counsel via e-mail, as follows, this _____ day of _____, 2026:

The Honorable Brian J. Anthony
Office of the Judges of Compensation Claims
4200 West Cypress Street, Suite 144
Tampa, FL 33607-4170

Tonya A. Oliver, Esq.
Oliver & Fox, P.A.
13031 W. Linebaugh Ave., Ste. 102
Tampa, FL 33626-4479
tonya@oliverfoxlaw.com
daniel@oliverfoxlaw.com

VAUGHAN MCLEAN
5589 Marquesas Circle, Suite 101
Sarasota, FL 34233-3337
Attorneys for Employer/Carrier/Servicing Agent
(941) 328-6200 Telephone
DDeMay@VaughanMcLean.com
SarasotaOffice@VaughanMcLean.com

By: _____
Daniel J. DeMay, Esq.
Florida Bar No. 764728

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS
TAMPA DISTRICT

James Jay Savaglio, Employee/Claimant, vs. Manatee County Sheriff's Office/Commercial Risk Management, Inc., Employer/Carrier.	OJCC No.:	25-029507BJA
	JUDGE:	Brian J. Anthony
	D/A:	02/09/2024

AFFIDAVIT IN SUPPORT OF STIPULATED EMPLOYER/CARRIER PAID ATTORNEY FEES AND COSTS

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)

After being duly sworn, Tonya A. Oliver, Esquire ("Affiant"), attorney for the Employee/Claimant in the above-styled matter, in support of approval of a reasonable and necessary attorney fee and costs, affirms and states as follows:

1. Affiant has been instrumental in obtaining the following benefits for the Employee/Claimant: adjudication of compensability of hypertension pursuant to F.S. 440 and 112.18, also known as the Heart Bill, authorization of care and entitlement to attorney fees.

2. The Employee/Claimant had to employ the legal services of Affiant for the necessity of securing the above-described benefits on behalf of the Employee/Claimant, which the Employer/Carrier denied and refused to provide.

3. Due to Employer/Carrier's initial position and failure to timely provide the above-described benefits, Affiant's legal services were required in order to secure said benefits.

4. The Employer/Carrier is responsible for payment of an attorney fee to Affiant for securing the above-described benefits, pursuant to §440.34(3)(b), Florida Statutes.

5. Affiant has expended more than 175 hours securing the above-described benefits on behalf of the Employee/Claimant.

6. The statutory guideline fee should be enhanced based on the following factors as outlined in Lee Engineering & Construction Co. v. Fellows, 209 So.2d 454 (Fla. 1968) and codified in the Rules Regulating the Florida Bar at rule 4-1.5(b):

7. **The amount of time and labor required, the novelty and difficulty of the questions involved, and the skill requisite to perform the legal service properly.** As noted above, Affiant has expended in excess of 175 hours in securing the above-described benefits on behalf of the Employee/Claimant. Due to Employer/Carrier's position and failure to timely provide the benefits Affiant requested on behalf of the Employee/Claimant, Affiant was required to perform valuable legal services, including:

- making a good faith request that Employer/Carrier provide the benefits requested; filing a petition for benefits;
- conducting discovery, including but not limited to clarifying the Employer/Carrier; reviewing preliminary records from referring counsel, consulting with client; drafting and serving upon Counsel for the Employer/Carrier initial pleadings and correspondence; receiving, review and responding to discovery: reviewing Employer records, Carrier Records, Employer/Carrier's Response to Request to Produce, Supplemental Request to Produce, video from the date of accident, payout, carrier correspondence,

notice of denial, HIPPA authorization, first report of injury, and other discovery reasonable and relevant to securing a favorable award at Final Merit's Hearing;

- reviewing medical records including but not limited to: Dr. Gomez, Mantatee Memorial Hospital, Pre-Employment Physical, Dr. Rodriguez, Dr. Tamboli, Dr. Craft, Mantatee County EMS, Center for Urgent Care and other medical records reasonable and relevant to securing a favorable award at Final Merit's Hearing;
- review and receipt of Employer/Carrier's IME report of Dr. Perloff, preparation of Employer/Carrier's deposition and attendance after 5 p.m. due to the doctor's accommodation of deposition;
- preparation of Medical Composite and Correspondence to Dr. Siddiqui, Claimant's IME; telephone conferences with Claimant's IME, Dr. Siddiqui, preparation of Claimant's IME deposition of Dr. Siddiqui and Attendance at deposition of Dr. Siddiqui;
- drafting, editing and processing the following letters: Letter to OC re: IME; Letter To Hospital for Medical Records Request; Letters to Doctors for Medical Records Request; Letter from OC re: RRTP; Letter to Client re: Dr. Siddiqui IME; Letter from OC re: IME with Dr. Perloff, Letter to OC re: IME: Letter to Doctor for medical records request; Letter to Doctor for medical records request, Opening documents to carrier, opening documents to client and other correspondence reasonable and relevant to securing a favorable award at Final Merit's Hearing;

- providing advice to the Employee/Claimant by telephone, email and written correspondence;
- corresponding with opposing counsel;
- preparing for and attending deposition of the Claimant;
- preparing for and attending deposition of the Adjuster;
- preparing for and attending mediation;
- preparing for and scheduling records custodian deposition that were subsequently cancelled after speaking with Attorney Samuel Earp and a stipulation of such records for fact and historical purposes;
- monitoring the case;
- requesting a case assignment and drafting a Motion to Compel;
- filing a Petition for Benefits;
- receipt and review of DOAH correspondence;
- review and receipt of Er/Ca NOA and Response and Opposition to Motion to Compel;
- receipt and review of Response to Petition for Benefits;
- preparation for evidentiary hearing on January 20, 2026;
- telephone conversation and resolve with OC issue for Motion to Compel;
- draft and serve Notice of Withdrawal of Motion to Compel;
- receipt and review of DOAH Correspondence: notice of cancellation of hearing, notice of mediation, pre-trial conference and final hearing;
- receipt and review of child support information;

- receipt and review of notice of designation of defense IME;
- receipt and review of mediation report;
- drafting, serving, receipt and review of Uniform Pre-trial Stipulation;
- motion to Correct Employer;
- receipt and Review of Er/Ca's Motion to Reschedule Final Hearing;
- receipt and review of order rescheduling Final Merit's Hearing;
- receipt and Review of Er/Ca's Motion to Correct Employer;
- preparation and Attendance at Zoom hearing for Motion to Correct and receipt of subsequent Order;
- receipt and review of Order and Notice to Counsel;
- filing of Claimant's Exhibits
- preparing for extensive research on workers' compensation and specifically related to Heart Bill claims for complex issues considering hypertension and heart disease;
- preparing for and drafting trial memorandum;
- preparing Claimant for trial testimony;
- final review before Final Merit's Hearing;
- Attending Final Merit's Hearing; and
- performing other necessary legal services in this case, including ongoing counsel and advice regarding medical and compensation issues for adjudication and securing compensability.

Additionally, workers' compensation law is by nature a very specialized field of law and the representation in this case was necessarily complex and specialized requiring a level of skill and expertise particular to this area of law.

a. **The fee, or rate of fee, customarily charged in the locality for legal services of a comparable or similar nature**: The fee customarily charged for similar legal services ranges from $375 to $450 per hour. Affiant regularly charges $475.00 per hour for legal services that are billed on an hourly basis, including pension work. Claimant has expended more than 175 hours in securing compensability at an hourly of $425 per hour is $74,375.00 for attorney fees.

b. **The significance of, or amount involved in, the subject matter if the representation, the responsibility involved in the representation, and the results obtained.** In this case Affiant was the sole responsible attorney for the representation of the Employee/Claimant. Affiant obtained compensability of treatment, care and medication on behalf of the Employee/Claimant for the remainder of his life.. The Claimant being on more than four medications and treatment of this type of condition be progressive anticipates a future medical cost of greater than $25,000.00. The amount of the benefit obtained in this instance was not as much an issue as was the fact that Employer/Carrier did not provide the benefit to which Employee/Claimant was entitled, and it was necessary for Affiant to perform valuable legal services on behalf of Employee/Claimant in order to secure such benefit.

c. **The time limitation imposed by the client or the circumstance and, as between attorney and client, any additional or special time demands or requests of the attorney by client.** Representation of this Client resulted in significant time

expenditure and excluding time availability to other clients, preparation and discovery on the evenings due to doctor's schedules.

d. **The experience, reputation, diligence, and ability of the lawyer or lawyers performing the service and the skill, expertise, or efficiency of effort reflected in the actual providing of such services.**

Affiant has been practicing for more than twenty-six years and is admitted in Florida, United States Middle District of Florida and United State Court of Federal Claims. Affiant is a shareholder in Oliver & Fox, P.A. and has represented claimants in the First District Court of Appeals, including cases that have been instrumental in shaping issues related to the Heart Bill in Florida Statute 112.18(1) and first responders, such as Carney v. Sarasota County Sheriff's Office, Rocha v. City of Tampa and Eckert v. Pinellas County Sheriff's Office. The undersigned has lectured numerous times for the Workers' Compensation Section of the Florida Bar and Florida Workers' Advocates and strives to maintain a positive reputation in the community. The undersigned maintains a prominent "AV" rating from Martindale Hubbell and has been invited to lecture at the judge of compensation claims forum in Tallahassee and Barry College of Law invited by the Honorable Judge Dietz. Further, this claim was referred to Attorney Tonya A. Oliver at Oliver & Fox, PA from a seasoned workers compensation attorney, Eric Christiansen, at Lancaster & Eure, PA due to the difficult and novel issues with the Heart Bill presumption, facts of this case and representation involving first responders. This is notable as Attorney Oliver devotes her practice to advancing first responders claims, specifically heart claims similar to the case at bar.

e. **The contingency or certainty of a fee.** There was no certainty to the fee and the representation was pursued regardless thereof. The resulting anticipated future benefits obtained would entitle counsel to a statutory fee of $3,250.00, less than $18.57 per hour, an amount OR a statutory fee of unknown amount, which is inadequate, unreasonable and unfair in light of the time required to obtain the benefits, and in light of the ability of the employer to obtain advice and representation of counsel with absolutely no limitation on the amount of time or cost expended to delay or deny benefits due to the Employee/Claimant.

8. The parties have stipulated and agreed that a reasonable and necessary fee of $45,249.55 and costs of $4750.45 for a total of $50,000.00 as a compromise will be paid by the Employer/Carrier to Employee/Claimant's counsel for securing the above-described benefits on behalf of Employee/Claimant, pursuant to the adjudication in the final compensation order issued on July 17, 2026, no later than 14 days from the date of this order.

9. Affiant certifies that no fee for obtaining the above benefits has previously been paid.

FURTHER AFFIANT SAYETH NAUGHT

DATED this 3 day of September, 2026, in Tampa, Hillsborough County, Florida.

OLIVER & FOX, P.A.

By: _____

Tonya A. Oliver, Esquire
Florida Bar No.: 0163181
Attorney for Claimant

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 3rd day of September, 2026, by Tonya A. Oliver.

[Notary Seal]



Notary Public

George Faison
Name typed, printed or stamped

My Commission Expires: 3/14/30

Personally Known OR ____ Produced Identification
Type of Identification Produced _____

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS
TAMPA DISTRICT OFFICE

OJCC CASE NO.:	25-029507 BJA	**D/A:**	2/9/2024
EMPLOYEE:	JAMES J. SAVAGLIO	**ATTORNEY:**	TONYA A. OLIVER, ESQ.
EMPLOYER:	MANATEE COUNTY SHERIFF'S OFFICE	**ATTORNEY:**	DANIEL J. DeMAY, ESQ.
CARRIER/SERVICING AGENT:	COMMERCIAL RISK MANAGEMENT, INC.		

Attorney Fee Data Sheet
Attorney Fee Not in Connection with Settlement

Use this form to report any attorney fee sought to be approved in any case in which a washout settlement agreement has not been reached and is not expected.

1. Amount of attorney fee for which approval is sought: **$45,249.55**.
2. The attorney fee is payable by ☐ Claimant ☑ Employer/Carrier.
3. The attorney fee is by ☐ agreement of counsel ☑ attorney-client agreement ☐ order of Judge.
4. The basis for calculation of the attorney fee is:
   ☑ hourly. The number of hours claimed is 175 and the hourly rate claimed is $258.57.
   ☐ statutory percentage. The benefits secured claimed are itemized in the following table:

Description of Benefit	Claimed Monetary Value	Basis of Valuation
Awards of compensability and medical benefits via Final Compensation Order 7/17/26.	in excess of $25,000	hourly

Total claimed monetary value: $_____.

5. If the attorney fee is in excess of the statutory percentage formula, state the basis for the deviation:

By submitting this document, the attorney attests each entry is accurate and consistent with applicable instructions, to the best of his or her knowledge, information, and belief.

Attorney's Name: Tonya A. Oliver, Esq. Florida Bar No. 163181

Attorney's Signature: _____ Date: 9/3/2026

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS
TAMPA DISTRICT

James Jay Savaglio,

Employee/Claimant,

vs.

Manatee County Sheriff's Office/Commercial Risk Management, Inc.,

Employer/Carrier.

OJCC No.: 25-029507BJA

JUDGE: Brian J. Anthony

D/A: 02/09/2024

COST REIMBURSEMENT DATA SHEET

Use this form when submitting attorney's fee stipulations for JCC approval or when filing Motions for Approval of Attorney's Fees and Child Support under F.S. 440.20 (11). Check *one* of the applicable statements:

(A) No Costs:

1. _____ No costs are being paid to the undersigned attorney in conjunction with the §440.20 (11) (c) settlement.
2. _____ A stipulation for payment of attorney's fees has been submitted for approval, and no costs are being paid to the undersigned attorney in conjunction with that stipulation.

(B) Costs payable by Claimant:

1. _____ Costs of $___ are being paid by the Claimant and deducted from the Claimant's settlement as itemized on the attached page(s). Those costs are the only costs being paid by Claimant to Claimant's counsel.
2. _____ A stipulation for payment of attorney's fees has been submitted for approval. Costs of $_____ are being paid by the Claimant as itemized on the attached page(s). Those costs are the only costs payable by Claimant to Claimant's counsel.

(C) Costs payable by the Employer/Carrier:

1. _____ Costs of _____ are being paid by the E/C to Claimant's counsel as itemized on the attached page(s). Those costs are the only costs being paid by the E/C to Claimant's counsel.
2. __X__ A stipulation for payment of attorney's fees has been submitted for approval. Costs of $$4.750.45 are being paid by the E/C as itemized on the attached page(s). Those costs are the only costs payable by the E/C to Claimant's counsel.

By submitting this document, the undersigned attorney attests that each entry is accurate to the best of his or her knowledge, information and belief. Further, counsel attests that all costs being paid have been delineated on an attachment hereto, and that those representations are accurate.

Attorney's Name: Tonya A. Oliver

Date: 9/3/26

Signature: _____

Florida Bar Number: 0163181

Activities Export

09/03/2026
11:20 AM

Date	Type	Description	Matter	User	Qty	Rate ($)	Non-billable ($)	Billable ($)
06/22/2026	$	Transcript: Deposition of Dr. Perloff - Transcript copy 381.60 - Job Date 05/19/26 - Job #2053706 - Lexitas 2053706 Billed invoice 5038	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Erika De Jesus	1.00	$381.60	-	$381.60
06/19/2026	$	Medical Records (108 pgs) - The Center for Urgent Care - Invoice 106232 Billed invoice 5034	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Drew Betts	1.00	$27.00	-	$27.00
06/17/2026	$	Copy/Postage/Print Unbilled	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Kelli Boutin	1.00	$50.00	-	$50.00
06/16/2026	$	Medical Records Review - Dr. Siddiqui - Medical Records Review $1050.00 - Atty Conf $150.00 - IME 1500.00 - Pre Depo Conf $150.00 - Depo attendance 250.00 - Expert Medical Advisors & Consultants #WK029A Billed invoice 5027	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Erika De Jesus	1.00	$3,100.00	-	$3,100.00
06/09/2026	$	Court Reporter & Transcript: ORIGINAL TRANSCRIPT OF: Irfan Siddiqui - Original 216.00 - 8 Business Day Expedite 64.80 -	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Erika De Jesus	1.00	$461.50	-	$461.50
							$0.00 0.00h	**$4,750.45** 0.00h

Activities Export

09/03/2026
11:20 AM

Date	Type	Description	Matter	User	Qty	Rate ($)	Non-billable ($)	Billable ($)
		Exhibit 1.95 - Exhibits (Color) 3.75 - DepoSummary Pro 35.00 - Appearance Fee - First Hour 95.00 - Transcript Handling & Processing 45.00 - Job Date 6/3/2026 - Job #7134178 - USLegal 20261353262-12 Billed invoice 5012	Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN					
05/29/2026	$	Court Reporter & Transcript: Deposition of Marylou Luiz - Original Workers Comp 181.35 - Transcript Handling 45.00 - Job date 03/10/26 - Job #7048991 - US Legal20261337959-12 Billed invoice 4993	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Erika De Jesus	1.00	$226.35	-	$226.35
04/20/2026	$	Medical Records - Patient Care Reprt - Chartswap REQ-23987936 Billed invoice 4923	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Erika De Jesus	1.00	$8.00	-	$8.00
04/15/2026	$	Medical Records (53 pgs) Advent Health Primary Newt - Per page copy (paper) 25 pgs $25 - Per page copy (paper 1) 28 pgs $7 - Electronic Data Archive fee $2 - Datavant 0553487017 Billed invoice 4909	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Helin Tan	1.00	$34.00	-	$34.00
04/09/2026	$	Medical Records (74 pgs) Manatee County EMS - Digital delivery $37 - ChartSwap REQ-23987936	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024	Helin Tan	1.00	$37.00	-	$37.00
							$0.00 0.00h	**$4,750.45** 0.00h

Activities Export

09/03/2026
11:20 AM

Date	Type	Description	Matter	User	Qty	Rate ($)	Non-billable ($)	Billable ($)
		Billed invoice 4893	HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN					
03/12/2026	$	Court Reporter - No write hourly workers comp $125 - Archival fee $25 - Job # 7048991 - Job dated 03.10.26 - US Legal Support 20261265035-12 Billed invoice 4831	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Helin Tan	1.00	$150.00	-	$150.00
01/31/2025	$	Medical Records (370 pgs) - Manatee Memorial Hospital - MRO 94530175 Billed invoice 4177	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Erika De Jesus	1.00	$185.00	-	$185.00
01/27/2025	$	Medical Records (185 pgs) - Bay Area Arthritis and Osteoporosis - invoice dateed 01/27/25 Billed invoice 4167	2024-102624 Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN Savaglio, James v. Manatee County Sheriff's Office 02/09/2024 HTN	Erika De Jesus	1.00	$90.00	-	$90.00
							$0.00 0.00h	**$4,750.45** 0.00h

HIPAA-COMPLIANT AUTHORIZATION
FOR RELEASE OF MEDICAL, PERSONNEL
AND EMPLOYMENT INFORMATION

By signing this Authorization, I hereby authorize the MANATEE COUNTY BOARD OF COUNTY COMMISSIONERS ("BOCC") to use and/or have disclosed to it certain medical, personnel and employment information as set forth below pertaining to the following individual:

Name:	JAMES J. SAVAGLIO
DOB:	[redacted]
SSN:	
Claim:	*James J. Savaglio v. Manatee County Sheriff's Office*
OJCC Case No.:	25-029507 BJA

Description of medical, personnel and employment information to be released:

A copy of the entire medical, personnel, employment and workers' compensation records related to JAMES J. SAVAGLIO to be used or disclosed as set forth in this Authorization, including but not limited to records regarding any and all psychological/psychiatric diagnoses, conditions, illnesses, or treatment; provided, however, that those records are directly related to the workers' compensation claim as noted above. In addition, any and all applications for employment, wages and benefits, disciplinary matters, job description(s), physical examination reports, medical records, correspondence, notes, and every other document pertaining JAMES J. SAVAGLIO.

I understand that this Authorization is voluntary.

I authorize this information to be disclosed to the BOCC and its attorneys for the purposes of the BOCC's review, discussion, and consideration of my workers' compensation claim, including but not limited to a proposed Straight Stipulation Regarding Attorney's Fees & Costs. I authorize the BOCC to discuss these records and matters in open session.

I understand the information used or disclosed pursuant to this Authorization will be subject to re-disclosure by the recipient and no longer subject to applicable privacy laws or regulations.

This Authorization shall be effective for the entire duration of the legal matters related to the above-referenced workers' compensation claim.

This Authorization shall expire upon the conclusion of the legal matters related to the above-referenced workers' compensation claim.

I understand that I have the right to revoke this Authorization at any time in writing, except to the extent that the BOCC and or its attorneys has/have already acted in reliance on the Authorization. I can revoke this Authorization by providing a written revocation to the Manatee County Attorney's Office, P.O. Box 1000, Bradenton, FL 34206-1000, Attention: Privacy Officer.

A photocopy, facsimile, or electronically transmitted version of the signed original of this Authorization shall have the same validity as the original.

Signature:

James J. Savaglio

STATE OF FLORIDA

COUNTY OF Hillsborough

SWORN TO (OR AFFIRMED) and subscribed before me, by means of ☑ **physical presence** ~~or ☐ online notarization~~, this 4 day of September, 2026, by JAMES J. SAVAGLIO, who ☐ is personally known to me or ☒ was identified by FL Drivers License (type of identification).

NOTARY PUBLIC
State of Florida at large
Printed Name: Annjeane Terrelonge
Commission Number: HH737606
My Commission Expires: 11/30/2029

(SEAL)

ANNJEANE TERRELONGE
Notary Public
State of Florida
Comm# HH737606
Expires 11/30/2029