No. 5–10–0351WC

Order filed April 22, 2011

IN THE

APPELLATE COURT OF ILLINOIS

FIFTH DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

PAUL TONGAY,	)	Appeal from the Circuit Court
	)	of Madison County, Illinois.
Appellant,	)	
	)	
v.	)	No. 09–MR–735
	)	
THE ILLINOIS WORKERS' COMPENSATION	)	Honorable
COMMISSION *et al.* (Prairie Farms Dairy,	)	Clarence W. Harrison II,
Appellee).	)	Judge, Presiding.

JUSTICE HOLDRIDGE delivered the judgment of the court.

Presiding Justice McCullough and Justices Hoffman, Hudson, and Stewart concurred in the judgment.

ORDER

Held: The Commission's finding that the claimant failed to prove a causal connection between his work-related accident and his current condition of ill-being and need for surgery was not against the manifest weight of the evidence.

The claimant, Paul Tongay, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2004)), seeking benefits for a shoulder injury he claimed to have sustained while working for Prairie Farms Dairy (employer).

Following a hearing, an arbitrator denied benefits because he found that the claimant had failed to prove a causal relationship between his work accident, his shoulder injury, and his need for shoulder surgery.

The claimant appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (Commission). In a unanimous decision, the Commission affirmed the arbitrator's finding that the claimant had failed to establish a causal connection between his work accident and his current condition of ill-being. After making certain corrections and modifications to the arbitrator's decision, the Commission affirmed and adopted the arbitrator's decision as modified.

The claimant sought judicial review of the Commission's decision in the circuit court of Madison County. The court confirmed the Commission's decision. This appeal followed.

FACTS

The claimant worked for the employer for 15 years in the employer's industrial maintenance department. His duties included electrical work, plumbing, and maintaining packaging machines and processing equipment. On August 5, 2005, the claimant was installing a sanitary valve which jammed and shot high-temperature water at him. This caused him to fall from the six-foot ladder on which he was standing onto a pallet on the floor. During the arbitration hearing, the claimant testified that he landed on his left shoulder and experienced a "very sharp" and "very heavy" pain on impact. The claimant was 50 years old at the time of the accident.

The claimant had experienced pain in his left shoulder for several years prior to the August 5, 2005, accident. On January 28, 2004, the claimant visited his family physician, Dr. Garces, complaining of pain in his left shoulder that was "getting worse." Dr. Garces scheduled

an MRI for February 4, 2004, and made a preliminary working diagnosis of left shoulder rotator cuff tendonitis. The report of the February 4, 2004, MRI concludes that the MRI revealed "[m]oderate rotator cuff peritendinitis" (*i.e.*, mild inflammation of the tissue surrounding the rotator cuff tendon), "[m]oderate joint effusion likely due to reactive synovitis," *i.e.*, a moderately swollen joint likely caused by inflammatory arthritis) "[m]ild AC joint arthropathy," (*i.e.*, mild disease of the joint at the top of the shoulder), and "[s]upraspinatus tendinosis" (*i.e.*, inflammation or fraying of the rotator cuff tendon on top of the shoulder).

On February 10, 2004, Dr. Garces referred the claimant to Dr. Steven Horner, an orthopedist. During his initial visit with Dr. Horner, the claimant prepared a patient history form in which the claimant indicated that he had a left shoulder injury which he had not reported as a work injury. The claimant noted that the injury's date of onset was "unknown."

Dr. Horner's February 10, 2004, medical records indicate that the claimant saw Dr. Horner on that date "for evaluation of a painful left shoulder" which was "[a]ssociated with some popping and cracking" and that the claimant had suffered from left shoulder pain "for at least a year." Dr. Horner noted that the claimant also suffered from occasional neck pain and occasional numbness in his ring finger and his little finger. Dr. Horner noted that the claimant had "no history of trauma." After examining the claimant, Dr. Horner noted that the claimant had "mild pain with strength testing of the rotator cuff" but "no subacromial pain" and "no AC joint pain." Dr. Horner concluded that the February 4, 2004, MRI "show[ed] what appear[ed] to be an intraarticular infusion" (*i.e.*, an accumulation of fluid in a joint), some of which was "extending into the area under the coracoid, probably through the rotator cuff interval." Dr. Horner observed

that the claimant's rotator cuff was "slightly thickened," and he diagnosed the claimant as suffering from "some mild tendinitis" and "some AC joint degenerative changes."

Dr. Horner injected an anti-inflammatory corticosteroid and a local anesthetic into the claimant's left shoulder. In his medical record, Dr. Horner indicated that if the injection did not help or if it provided only temporary and partial relief from the pain, he would suggest an x-ray evaluation "and then consideration for arthroscop[ic] [surgery] if nothing really helps."

On May 11, 2005, the claimant returned to Dr. Horner complaining of continued left shoulder pain and asked for an additional injection. Dr. Horner's record of that visit reports that although the claimant reported "no new injury," he was experiencing "constant achiness at the left shoulder joint anteriorly and posteriorly." Dr. Horner noted that the claimant did not appear to have rotator cuff pain because he reported no tendernesss in the subacromial space. He took x-rays of the claimant's left shoulder which showed "very mild AC joint arthritic changes." Dr. Horner concluded that the claimant probably had "some mild degenerative disease or mild labral tearing." He gave the claimant an additional injection and again discussed with the claimant the possibility of an arthroscopic surgery, which the claimant declined.

On June 9, 2005, the claimant visited Dr. Donald Weimer, another orthopedist. Dr. Weimer's records of that visit indicate that the claimant was suffering from left shoulder pain "of about 3 years' duration." Dr. Weimer characterized the pain as primarily posterior deltoid pain with some pain "over the lateral deltoid and some extension down the arm but not below the elbow." He noted that x-rays taken of the claimant's left shoulder "show[ed] a type II acromion"[1] and "moderate AC joint arthritis." He concluded that the claimant's MRI scan

[1] The acromion is an bony arch on the shoulder blade which extends laterally over the

showed some rotator cuff tendinosis (*i.e.*, damage or inflammation of the rotator cuff tendon) and "impingement" (*i.e.*, compression of soft tissues usually caused by a bone spur) at the AC joint. Dr. Weimer observed that there was also some fluid around the claimant's biceps tendon and what Dr. Weimer suspected to be a "SLAP lesion."[2] Dr. Weimer injected a local anesthetic into the claimant's left shoulder and recommended that the claimant undergo a left shoulder arthroscopic decompression and distal clavicle excision, debridement of rotator cuff tendinosis,[3] and repair of what he believed was a SLAP lesion. However, the claimant later informed Dr. Weimer's office that he wanted to wait until September or October to schedule the surgery.

The work-related accident at issue in this case occurred on August 5, 2005. The same day, the claimant went to the emergency room at Gateway Regional Medical Center, where he was treated for first-degree burns to his right wrist and second-degree burns to his right ear and the right side of his face. The hospital's medical records contain no reference to any shoulder complaints or problems resulting from the fall. The claimant was discharged with instructions to clean the burned areas with soap and water on a daily basis and to apply Silvadene cream to the burns.

On August 8, 2005, the claimant was evaluated by Dr. Charles Salesman at the Gateway Occupational Health Clinic. The claimant filled out a medical history and information form in which he indicated that the reason for his visit was to "follow up on burns." Dr. Salesman noted

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shoulder joint. A "type II" acromion is an abnormally curved or downward-dipping acromion.

[2] During his deposition, Dr. Weimer testified that a superior labral anterior-posterior (SLAP) lesion is "an injury to the superior labrum or the cartilage around the top of the socket."

[3] "Debridement" is the removal of dead or damaged tissue.

that the claimant had sustained a mild contusion on his left shoulder and a small abrasion on his right leg in addition to the burns. As a result of the burns, Dr. Salesman directed the claimant to "work in a clean, dry, cool area and stay away from open product" and recommended that he return in a week for reevaluation. On August 12, 2005, Dr. Salesman reexamined the claimant and released him for full-duty work. No shoulder complaints were noted during that visit.

The claimant returned to Dr. Salesman on September 9, 2005, complaining of pain in his left shoulder. During that visit, the claimant told Dr. Salesman that he had previously treated with two other physicians for possible bone spurs and had an MRI performed on his left shoulder "a few months ago" because of ongoing pain. He also reported that he had undergone two injections into the left shoulder during the previous two years. Dr. Salesman noted in his medical record that the claimant's description of his complaints suggested that the claimant "may have been having a rotator cuff problem" prior to his August 5, 2005, work accident. Dr. Salesman restricted the claimant from lifting more than 25 pounds and from lifting over his head and prescribed two weeks of physical therapy.

On October 19, 2005, the claimant returned to Gateway Occupational Health Clinic and was examined by Dr. Christopher Knapp. Dr. Knapp noted that the claimant's burns had fully recovered and that the claimant had no residual pain from the burns. Dr. Knapp's medical records indicate that the claimant told Dr. Knapp that, since the time of his last visit, his left shoulder pain and intermittent numbness into his left hand had "essentially resolved back to the baseline" and was "no different than it was prior to his fall." The claimant also told Dr. Knapp that he was due to be scheduled for a shoulder arthroscopy prior to his fall at work and that he was still waiting to schedule that surgery. Dr. Knapp concluded that the claimant was "back to

baseline preinjury level in both the shoulder and left arm numbness." He discharged the claimant from treatment for the August 5, 2005, injury and recommended that the claimant follow up with Dr. Weimer for treatment of his "preexisting complaints" regarding his left shoulder. Dr. Knapp concluded that the claimant had reached maximum medical improvement (MMI) and released him for full-duty work with no restrictions.

The complainant visited Dr. Garces on February 15, 2006, March 8, 2006, March 16, 2006, August 11, 2006, and September 5, 2006. Dr. Garces's records of those visits do not reflect that the claimant made any complaints about his left shoulder.

On September 15, 2006, the claimant returned to Dr. Garces complaining of left shoulder pain, muscle spasms in the arm, and a stiff neck. Dr. Garces's medical record of that visit indicates that the duration of these symptoms was one week. On the same day, the claimant's wife called Dr. Weimer's office and stated that the claimant had been having left shoulder pain for 2 weeks. She requested an additional injection.

The claimant visited Dr. Weimer again on September 21, 2006. In a patient history form that the claimant filled out during that visit, the claimant noted that the date of injury or onset of his left shoulder condition was "not known" and that he had been experiencing pain "for the last 3 years." However, Dr. Weimer's notes of that visit state that the claimant told him that he initially "got somewhat better" after his last visit to Dr. Weimer but that "things have been worsening since around August of 2005 when he fell off of a ladder." After examining the claimant, Dr. Weimer noted diffuse shoulder pain that was worse over the lateral deltoid area with pain down the left arm into the hand, with associated numbness and tingling at times in the fingers. Dr. Weimer made a preliminary diagnosis of impingement and scheduled another MRI.

An MRI was performed on the claimant's left shoulder on October 2, 2006. Dr. Weimer noted that the MRI showed: (1) impingement at the AC joint; (2) "either tendinosis of the supraspinatus [tendon]" (*i.e.*, inflammation or fraying of the rotator cuff tendon) or a "partial-thickness tear" of that tendon; and (3) a SLAP lesion. Dr. Weimer again recommended that the claimant undergo surgery on his left shoulder. Specifically, he recommended "a left shoulder arthroscopy with decompression, distal clavicle excision, debridement versus repair of a rotator cuff tear or tendinoisis and also repair of a SLAP lesion versus subpectoral biceps tenodesis."

Dr. Weimer performed surgery on the claimant on January 26, 2007. The surgery included a left shoulder arthroscopy with debridement of the superior labrum, repair of the claimant's torn rotator cuff tendon with distal clavicle excision and subacromial decompression, and repair of a torn biceps tendon. Shortly after the surgery, the claimant began a program of physical therapy. He completed physical therapy on June 12, 2007. At that time, the claimant rated his shoulder pain at the level of zero to one. One month later, Dr. Weimer returned the claimant to work with a 25-pound weight restriction for six weeks and told the claimant that he could resume all work activities without restrictions after the six-week period had passed. The claimant returned to work on July 18, 2007, and is currently working full duty with no restrictions. He has not seen Dr. Weimer since June 2007.

During the arbitration hearing, the claimant admitted that he had some light pain and "discomfort off and on" in his left shoulder and some numbness in his left hand prior to his August 5, 2005, work accident. However, he testified that these symptoms worsened after the accident. For example, he claimed that, after the accident, his fingers would go "totally" numb to the point where he could not hold on to a steering wheel. He testified that he was "still in quite a

bit of pain" after he completed physical therapy on October 19, 2005, but that he "continued to work anyway" because the pain "lessen[ed]." He claimed that his pain waxed and waned after his work accident and testified that he sought treatment again in September 2006 because the pain was "killing" him at that time and he "couldn't take it anymore." He testified that he still had some shoulder pain at the time of the arbitration but not nearly as much as he had before the surgery. He takes ibuprofen "once in a while" if he has pain, but he is not taking any prescription pain medication. He also testified that he "bab[ies]" his left shoulder while working and that he tries to lift with the other arm so as not to "overshoot it."

During his evidence deposition, Dr. Weimer opined that it was "more likely than not" that the claimant's rotator cuff tear was caused by his August 5, 2005, work accident. Dr. Weimer testified that while the 2004 MRI showed evidence of impingement, a possible SLAP lesion, and rotator cuff *tendinosis*, it showed no evidence of a rotator cuff *tear*.[4] He testified that the October 2006 MRI, by contrast, showed impingement, a SLAP lesion, and "what either was tendinosis *or a partial tear* down the rotator cuff." (Emphasis added.) Dr. Weimer claimed that this caused him to change his surgical recommendation. After the 2004 MRI, Dr. Weimer had recommended an arthroscopic decompression and distal clavicle excision to treat the impingement, repair of the possible SLAP lesion, and "debridement" to address the rotator cuff tendinosis. After the 2006 MRI, he made similar recommendations for treating the impingement and SLAP lesion, but he

[4] Dr. Weimer defined rotator cuff tendinosis as "the fraying or degeneration of the rotator cuff" that occurs after an impingement "has been present for a while." He characterized this condition as the "preceding step" to a rotator cuff tear.

recommended addressing the rotator cuff injury with "either debridement or repair depending on whether there was a substantial tear or not."

During the January 26, 2007, surgery, Dr. Weimer found a "substantial" rotator cuff tear, which he surgically repaired. Dr. Weimer opined that the rotator cuff tear—and the subsequent surgical repair of the tear—was causally related to the claimant's August 5, 2005, work accident. He based this conclusion primarily on the 2006 MRI results and on the claimant's assertion that his pain worsened after his work accident.

However, Dr. Weimer admitted that the claimant's rotator cuff tear could have been caused by the preexisting impingement that he had.[5] In addition, Dr. Weimer testified that he could not tell how long the claimant's rotator cuff tear was there, and he admitted that it was possible (but "not more likely than not") that the tear existed before the 2004 MRI and went undetected at that time. He admitted that his opinion that the claimant's rotator cuff tear occurred during his work accident could not be based on the MRI results alone because an MRI cannot "tell you exactly when" an injury occurred. He also testified that, when he first examined the claimant in June 2005—two months before his work accident, the claimant's "Jobe's test was positive, which is typical of somebody who's got an injury to the rotator cuff already, *maybe a partial tear at that point*." (Emphasis added.)

Dr. Weimer acknowledged that, by June 2005, the claimant already had a "three year history of shoulder pain." Nevertheless, Dr. Weimer found it significant that the claimant reported in September 2006 that his pain had increased since the accident. When confronted

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[5]The claimant tested positive for impingement in June 2005—two months before his work accident.

with evidence suggesting that the claimant experienced the same level of pain before and after the accident and that his spike in pain did not occur until more than a year after the accident, Dr. Weimer testified that the pain associated with rotator cuff injuries "waxes and wanes." However, he admitted that persons who suffer trauamtic tears of the rotator cuff usually experience pain at the location of the tear within a "few days" of the trauma.

On October 27, 2008, Dr. Petkovich, an orthopedic surgeon, examined the claimant at the employer's request. Dr. Petkovich reviewed the February 4, 2004, and the October 2, 2006, MRI studies of the left shoulder. During his evidence deposition, Dr. Petkovich testified that the 2004 MRI showed significant synovitis (*i.e.*, inflammation in the shoulder joint) which was pushing up against the supraspinatus tendon with evidence of pending erosion of the rotator cuff. He testified that the 2004 MRI also showed significant degenerative arthritic changes at the AC joint with some evdience of impingement on the rotator cuff. He testified that the type of synovitis shown in the MRI will usually progress to cause a tear of the supraspinatus portion of the rotator cuff. He noted that the 2006 MRI showed a "continued progression of the disease process" shown in the 2004 MRI—namely, "further erosion into the undersurface of the supraspinatus tendon." He further noted that Dr. Weimer had performed surgery in the same area where these degenerative changes had been occurring.

Although Dr. Petkovich admitted that it was "possible" that the claimant's rotator cuff tear could have been caused by a trauma (such as a fall), he testified that it was "very, very common" to have rotator cuff tears in that location without any specific incident of trauma. Moreover, he testified when a rotator cuff tear is caused by a trauma, the person usually experiences pain right away.

Accordingly, Dr. Petkovich opined that the claimant's rotator cuff tear was caused by the natural progression of the degeneratrive processes noted above, not by the August 2005 accident. Although he opined that the August 2005 work accident caused a contusion and a "temporary exacerbation of [the claimant's] preexisting degenerative changes in his left shoulder," he concluded that the accident did not cause any "permanent exacerbation" of his left shoulder condition. Thus, he concluded that the treatment provided by Dr. Weimer, while reasonable, was not the result of the work accident.

The arbitrator found that the claimant had failed to prove a causal relationship between his work accident and his need for the shoulder surgery that Dr. Weimer performed. In support of this finding, the arbitrator noted that the surgery that Dr. Weimer recommended in June 2005 was "substantially the same" as the surgery he performed in January 2007. Moreover, the arbitrator found it significant that the claimant went without treatment from October 2005 until September 2006 and told Dr. Knapp on October 19, 2005, that his left shoulder pain and numbness had returned to the "baseline" level he had experienced prior to the accident. Moreover, the arbitrator found Dr. Petkovich's causation opinions more persuasive than those of Dr. Weimer because Dr. Weimer gave "little, if any credence" to the record evidence suggesting that the claimant's pain had returned to the baseline after the accident before suddenly spiking in September 2006. Finally, the arbitrator stressed that Dr. Weimer admitted that the claimant's rotator cuff tear could have been the result of his preexisting degenerative condition and that a person who experiences a traumatic tear of the rotator cuff would feel pain within days of the trauma. Accordingly, the Commission denied the claimant's request for temporary total disability benefits and medical benefits.

The claimant appealed the arbitrator's decision to the Commission. The Commission made two corrections to the arbitrator's decision and otherwise unanimously affirmed and adopted the arbitrator's decision.[6] Like the arbitrator, the Commission was "troubled" by the fact that Dr. Weimer had recommended extensive left shoulder surgery in June 2005 and also by the fact that claimant told Dr. Knapp in October 2005 that his shoulder problems were "no different" than they were before the accident. The Commission agreed with the arbitrator's finding that Dr. Petkovich was more persuasive than Dr. Weimer, noting that Dr. Weimer was "evasive and argumentative when confronted by the significant gap in [the claimant's] post-accident treatment and the histories of a recent onset of pain that were provided when [the claimant] resumed care in mid-September 2006." It also noted that Dr. Weimer had mistakenly assumed that the claimant had fallen from a ten-foot ladder, rather than a six-foot ladder. Accordingly, the Commission affirmed the arbitrator's finding of no causation and his denial of benefits.

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[6] The arbitrator found that the claimant "did not have any medical treatment to his left shoulder after 10/9/05 until he saw Dr. Weimer on 9/21/06, more than a year later." The Commission corrected this sentence to read that "[the claimant] did not have any medical treatment to his left shoulder after 10/19/05 until he saw Dr. Garces on 9/15/06, eleven months later." The Commission also disagreed with the arbitrator's finding that Dr. Weimer was initially unable to find causation and later changed his mind. The Commission noted that, although the attorneys for both parties stipulated that Dr. Weimer couldn't render a causation opinion with a reasonable medical certainty in May 2007, Dr. Weimer issued a causation opinion in March 2007 and never suggested that his causation opinion had changed over time.

The claimant sought judicial review of the Commission's decision in the circuit court of Madison County. The circuit court found that the Commission's decision was not contrary to the manifest weight of the evidence and therefore affirmed. This appeal followed.

ANALYSIS

To obtain compensation under the Act, a claimant must show by a preponderance of the evidence that he has suffered a disabling injury arising out of and in the course of his employment. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203 (2003). The "arising out of" component addresses the causal connection between a work-related injury and the claimant's condition of ill-being. *Sisbro, Inc.*, 207 Ill. 2d at 203. A claimant need prove only that some act or phase of his employment was a causative factor in his ensuing injury. *Land & Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d 582, 592 (2005). An accidental injury need not be the sole or principal causative factor, as long as it was *a* causative factor in the resulting condition of ill-being. *Sisbro, Inc.*, 207 Ill. 2d at 205.

Thus, even if an employee has a preexisting condition which may make him more vulnerable to injury, recovery for an accidental injury will not be denied as long as he can show that the employment was also a causative factor. *Sisbro, Inc.*, 207 Ill. 2d at 205; *Swartz v. Illinois Industrial Comm'n*, 359 Ill. App. 3d 1083, 1086 (2005). A claimant may establish a causal connection in such cases if he can show that a work-related injury played a role in aggravating his preexisting condition. *Mason & Dixon Lines, Inc. v. Industrial Comm'n*, 99 Ill. 2d 174, 181 (1983); *Azzarelli Construction Co. v. Industrial Comm'n*, 84 Ill. 2d 262, 266 (1981); *Swartz v. Illinois Industrial Comm'n*, 359 Ill. App. 3d 1083, 1086 (2005). In preexisting condition cases, recovery will depend on the employee's ability to show that a work-related

injury aggravated or accelerated the preexisting disease such that the employee's current condition of ill-being can be said to have been causally connected to the work-related injury and not simply the result of a normal degenerative process of the preexisting condition. *Sisbro, Inc.*, 207 Ill. 2d at 204-05.

Whether a claimant's disability is attributable solely to the degenerative process of a preexisting condition rather than an aggravation or acceleration of the preexisting condition by a work-related accident is a factual determination to be decided by the Commission. *Sisbro, Inc.*, 207 Ill. 2d at 206. In resolving disputed issues of fact, including issues related to causation, it is the Commission's province to assess the credibility of witnesses, draw reasonable inferences from the evidence, determine what weight to give testimony, and resolve conflicts in the evidence, particularly medical opinion evidence. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 675 (2009); *Fickas v. Industrial Comm'n*, 308 Ill. App. 3d 1037, 1041 (1999). We will overturn the Commission's causation finding only when it is against the manifest weight of the evidence. A factual finding is against the manifest weight of the evidence if the opposite conclusion is "clearly apparent." *Swartz*, 359 Ill. App. 3d at 1086. This occurs "only when the court determines that no rational trier of fact could have agreed with the Commission's decision." *Fickas*, 308 Ill. App. 3d at 1041. The test is whether the evidence is sufficient to support the Commission's finding, not whether this court or any other tribunal might reach an opposite conclusion. *Pietrzak v. Industrial Comm'n*, 329 Ill. App. 3d 828, 833 (2002).

Applying these standards, we cannot say that the Commission's conclusion that the claimant failed to prove that his rotator cuff tear and his January 26, 2007, shoulder surgery are causally related to the August 5, 2005, work accident was against the manifest weight of the

evidence. Both Dr. Horner and Dr. Weimer diagnosed the claimant with degenerative shoulder conditions prior to his accident. The February 4, 2004, MRI showed some inflammation of the tissue surrounding the rotator cuff tendon, moderate joint effusion "likely due to reactive synovitis," inflammation or fraying of the rotator cuff tendon, arthritic changes at the AC joint, and other conditions. Moreover, the claimant tested positive for impingement in June 2005, and Dr. Petkovich testified that the February 2004 MRI showed synovitis that was pushing up against the supraspinatus tendon with evidence of pending erosion of the rotator cuff. He noted that the October 2006 MRI showed a "continued progression of th[is] disease process," *i.e.*, further erosion into the undersurface of the supraspinatus tendon in the claimant's rotator cuff.

Dr. Petkovich opined that the type of synovitis shown in the February 2004 MRI will usually progress to cause a tear of the supraspinatus portion of the rotator cuff—the precise injury suffered by the claimant. He noted that it was "very, very common" to have rotator cuff tears in that location without any specific incident of trauma. Accordingly, Dr. Petkovich opined that the claimant's rotator cuff tear was caused by the natural progression of the degenerative processes noted above, not by the August 2005 accident. In addition, Dr. Weimer testified that the particular type of impingement that the claimant had could cause the particular type of rotator cuff tear that he eventually suffered. He also admitted that the rotator cuff tear could have preexisted the August 2005 accident.

Moreover, the progression of the claimant's symptoms after the August 5, 2005, accident belies Dr. Weimer's conclusion that his rotator cuff tear was caused by the August 2005 accident. Dr. Petkovich testified when a rotator cuff tear is caused by a trauma (such as a fall), the person usually experiences pain right away, and Dr. Weimer testified that a person would feel pain at the

location of the traumatic tear within a "few days." The claimant testified that he felt a sharp pain upon impact and that his pain and numbness waxed and waned and generally worsened after the accident. However, the weight of the record evidence refutes this claim. The August 5, 2005, emergency room hospital records do not indicate that the claimant complained of shoulder pain or hand numbness immediately after the accident. He did not seek treatment again for left shoulder pain until September 9, 2005, more than a month after the accident. Moreover, the claimant told Dr. Knapp in October 2005 that his pain and numbness had returned to the preaccident "baseline" and were "no different" than they were before the August 2005 accident. He then proceeded to work full duty without any restrictions for the following 11 months. He visited Dr. Garces five times during that time period, and none of Dr. Garces's records reference any complaints of left shoulder pain or hand numbness.

Taken together, this evidence strongly suggests that the claimant's rotator cuff tear was caused by a preexisting degenerative condition and not by the August 2005 accident. The Commission was therefore entitled to credit Dr. Petkovich's conclusion to that effect and to find that the claimant had failed to establish causation. Although Dr. Weimer reached a different conclusion, it is the Commission's province to choose among competing medical expert opinions. *Hosteny*, 397 Ill. App. 3d at 675. Moreover, Dr. Weimer admitted that the claimant's rotator cuff tear could have been caused by his preexisting impingement, and he refused to consider Dr. Knapp's October 19, 2005, medical record, both of which undermined his causation

opinion.[7] Accordingly, the Commission's finding that Dr. Petkovich's opinion was more persuasive than Dr. Weimer's opinion is not against the manifest weight of the evidence.

In support of his argument that his rotator cuff tear was caused by the August 2005 accident, the claimant argues that Dr. Weimer recommended different surgical procedures to treat his rotator cuff before and after the accident. This is a red herring. It is true that Dr. Weimer recommended debridement to address rotator cuff tendinosis before the accident and recommended "either debridement or repair depending on whether there was a substantial tear or not" after the accident. He testified that he changed his recommendation based upon the October 2006 MRI, which showed evidence of a possible rotator cuff tear. However, the important question is not what Dr. Weimer recommended at that point, but what caused the tear. As noted above, there is ample evidence in the record suggesting that the tear was caused by the claimant's preexisting degenerative condition (*i.e.*, his impingement and reactive synovitis), not the August 2005 accident.[8]

The claimant also argues that the evidence suggests that the August 2005 work accident aggravated his preexisting shoulder condition. Specifically, the claimant maintains that, prior to

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[7] During his deposition, Dr. Weimer repeatedly refused to consider the information in Dr. Knapp's medical record, even when the employer's attorney posed it as a hypothetical question.

[8] The claimant notes that Dr. Weimer testified that the claimant's preexisting tendinosis could not have caused the type of rotator cuff tear that the claimant suffered. However, Dr. Weimer never testified that the claimant's tear could not have been caused by his preexisting reactive synovitis, and he admitted that it could have been caused by his preexisting impingement.

the accident, his shoulder condition had "stabilized" and he was able to work without any conditions. The claimant asserts that after the accident, however, his shoulder pain and hand numbness became so bad that he was unable to grip a steering wheel or to work even with restrictions. As noted above, however, the claimant told Dr. Knapp in October 2005 that his shoulder pain and numbness had returned to the preaccident "baseline," and he was able to work full duty without restrictions (and sought no additional treatment for his shoulder) for 11 months thereafter. Moreover, there was ample evidence suggesting that the aggravation of the claimant's shoulder condition in September 2006 was caused by his preexisting degenerative condition. Whether a claimant's disability is aggravated by a work accident or attributable solely to a preexisting degenerative condition is a factual determination to be decided by the Commission. *Sisbro, Inc.*, 207 Ill. 2d at 206. The weight of the evidence in this case suggested that any aggravation caused by the August 2005 accident was temporary and had fully resolved by October 19, 2005, and that any subsequent aggravation was caused by the claimant's preexisting condition.

Thus, the Commission's determination was not against the manifest weight of the evidence.

CONCLUSION

The Commission's conclusion that the claimant failed to prove that his current condition of ill-being and need for shoulder surgery are causally related to the August 5, 2005, work accident is not against the manifest weight of the evidence. We therefore affirm the judgment of the circuit court of Madison County, which confirmed the Commission's decision.

Affirmed.