2013 IL App (1st) 122704WC-U

FILED: December 23, 2013

NO. 1-12-2704WC

IN THE APPELLATE COURT

OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

ABIGAIL MAGADAN, Appellant, v. THE ILLINOIS WORKERS' COMPENSATION COMMISSION *et al*. (S.P. Richards Co., Appellee).	)	Appeal from Circuit Court of Cook County No. 11L50998 Honorable Margaret Brennan, Judge Presiding.

JUSTICE HARRIS delivered the judgment of the court.
Presiding Justice Holdridge and Justices Hoffman, Hudson, and Stewart concurred in the judgment.

ORDER

¶ 1 *Held*: (1) The Commission's finding that the current condition of ill-being in claimant's right shoulder was not causally connected to her employment, and its denial of benefits associated with that condition, was against the manifest weight of the evidence.

(2) The Commission's determinations that the current conditions of ill-being in claimant's left shoulder, neck, and left hand and wrist were not causally connected to her employment, and its denial of benefits associated with those conditions, were supported by the record and not against the manifest weight of the evidence.

(3) The Commission's denial of temporary total disability benefits from December 5, 2005, to October 31, 2006, was not against the manifest weight of the evidence.

¶ 2 On November 2, 2005, claimant, Abigail Magadan, filed two applications for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 to 30

(West 2004)), seeking benefits from the employer, S.P. Richards Co. In her first application (05WC48591), claimant alleged a work-related injury to her right shoulder on May 12, 2005, when she fell and struck her shoulder. On March 27, 2006, she amended her application to additionally allege injuries to her arm and neck. In her second application (05WC48592), claimant alleged a work-related injury to her left hand on August 20, 2005, when her hand was "crushed in [a] conveyor belt."

¶ 3 Claimant's workers' compensation claims were consolidated. Following a hearing, the arbitrator determined, although claimant sustained accidental injuries that arose out of and in the course of her employment on both dates, the current conditions of ill-being in her left shoulder; right shoulder; neck; and left thumb, hand, and wrist were not causally related to either accident. The arbitrator (1) ordered the employer to pay claimant 102-1/7 weeks' temporary total disability (TTD) benefits from October 31, 2006, through October 15, 2008; (2) ordered that the employer receive a total credit of $183,297.30, for amounts paid to claimant; and (3) determined the employer had paid all reasonable and necessary medical expenses and was not required to pay for either the left shoulder surgery recommended by one of claimant's doctors or any additional medical care after claimant's December 1, 2008, functional capacity evaluation (FCE).

¶ 4 On review, the Illinois Workers' Compensation Commission (Commission) affirmed and adopted the arbitrator's decision without further comment. The circuit court of Cook County confirmed the Commission. Claimant appeals, arguing (1) the Commission's findings that claimant failed to establish a causal connection between her work accidents and the ongoing conditions of ill-being in her left shoulder, right shoulder, neck, and left hand and wrist were against the manifest weight of the evidence; (2) the Commission's denial of TTD benefits

from December 5, 2005, to October 31, 2006, and after October 15, 2008, was against the manifest weight of the evidence; and (3) the Commission's refusal to award past and prospective medical expenses was against the manifest weight of the evidence. We affirm in part, reverse in part, and remand the matter for further proceedings.

¶ 5 I. BACKGROUND

¶ 6 At arbitration, claimant, a Spanish-speaking individual, testified with the aid of an interpreter. She stated she began working for the employer in 2003 as a packer. Claimant's job duties required that she work next to a conveyor belt and pack boxes with office supplies. She denied that her job required any overhead reaching.

¶ 7 On May 12, 2005, claimant was injured at work when she tripped, fell forward, and struck "the front of her right side" on a metal pole. She testified she reported her accident to the employer but continued to work. On May 17, 2005, claimant was seen at Alexian Brothers Corporate Health Services (Alexian Brothers). She provided a history of her work accident, stating she struck the anterior aspect of her right shoulder against a metal post at work. Claimant complained of pain that increased with overhead motion. She was assessed as having a right shoulder contusion and placed on light-duty restrictions with no lifting greater than 20 pounds and no over-the-shoulder work. Claimant testified she returned to regular-duty work on June 3, 2005, and continued to notice shoulder pain.

¶ 8 On August 20, 2005, claimant had a second work accident that occurred when a box "ran over [her left] thumb" on the conveyor belt. Again, claimant reported her accident to the employer and continued working. She testified her problem worsened and, on September 1, 2005, she returned to Alexian Brothers for treatment. Claimant provided a history of her accident and complained of left thumb and wrist pain. She was diagnosed with status post

contusion to the left thumb with radial de Quervain tenosynovitis. Claimant was given a thumb spica strap and wrist immobilizer and restricted to maximum lifting of five pounds with the left hand, no climbing ladders, no strong gripping or grasping with the left hand, and no direct pressure to the thumb. Claimant testified the employer had no light-duty work available and she returned to work and performed her regular job duties.

¶ 9 Claimant stated she continued to follow up at Alexian Brothers until she was sent to Dr. Sanjay Patari, an orthopedic doctor. On September 21, 2005, claimant saw Dr. Patari who noted a chief complaint of left wrist pain. Dr. Patari's impression was left de Quervain's tenosynovitis and left wrist volar ganglion, the latter of which he noted had been present for one year and was not work related. Dr. Partari gave claimant a corticosteroid injection and took her off work. Claimant testified, however, that she continued to work for the employer.

¶ 10 Medical records show, in September 2005, claimant reported she was involved in a motor vehicle accident. On September 13, 2005, she received medical care in connection with that accident and reported experiencing neck pain, left shoulder pain, and left elbow pain.

¶ 11 During October and November 2005, claimant continued to follow up with Dr. Patari regarding the symptoms in her left hand. He recommended splinting and therapy. On November 16, 2005, claimant reported persistent left thumb pain and pain radiating throughout her forearm. Dr. Patari recommended a second opinion and work restrictions of no use of the left hand.

¶ 12 On November 18, 2005, claimant was evaluated by Dr. John Ruder at the employer's request in connection with her left hand and thumb condition. Claimant reported thumb pain but no wrist pain. Dr. Ruder diagnosed claimant with soft-tissue injury of the left thumb.

¶ 13 On December 6, 2005, claimant was laid off by the employer. She testified she remained off work from that date through the date of arbitration (September 2, 2010). At arbitration, the employer submitted a surveillance report and video recordings of claimant's activities in January 2006. Although the recordings are not contained in the record on appeal, the arbitrator described the surveillance evidence as follows:

> "During three days of surveillance on 1/07/06, 1/08/06, and 1/09/06, [claimant] spent up to nine to ten hours performing tasks such as unlocking and opening the Blue Shoe Store, waiting on customers, packaging shoes in boxes, speaking with customers, and working a cash register."

At arbitration, claimant acknowledged she spent a lot of time at the Blue Shoe Store but denied working there. She testified her niece owned the store and gave claimant permission to receive telephone calls at the store because claimant did not have a telephone. Claimant stated she also sent faxes to her lawyer from the store. She specifically denied that she spent 9 to 10 hours at the store per day, that she packaged shoes in boxes, or that she lifted and carried boxes.

¶ 14 On December 20, 2005, Dr. Patari performed surgery on claimant's left hand in the form of a left volar ganglion excision and de Quervain's release. Following surgery, he recommended therapy. Claimant testified she continued to follow up with Dr. Patari in connection with her hand.

¶ 15 On January 4, 2006, claimant began seeing Dr. Bruce Montella pursuant to a referral from Dr. Luis Luna, her family physician. Dr. Montella noted claimant injured her neck at work in May 2005 and reported having difficulties with her neck and radiating arm pain that was worse on the right. He further stated claimant reported being involved in a motor vehicle

accident in September 2005, after which she experienced "worsening neck pain and now a new onset of low back pain." Dr. Montella found claimant's condition was consistent with cervical discogenic pain and radiculitis, and lumbar discogenic pain and radiculitis. He recommended "non-operative management" for claimant, including anti-inflammatories and physical therapy.

¶ 16 On January 16, 2006, claimant underwent magnetic resonance imagings (MRIs) of the right shoulder and cervical spine. The impression from claimant's right shoulder MRI was "[m]ild AC joint disease with evidence for rotator cuff tendinopathy." The MRI report further stated "there probably is a small distal partial thickness tear" however no "evidence for a full thickness tear or tendon retraction" was seen. The MRI of claimant's cervical spine revealed "[m]ild disc bulging and slight right neural foraminal encroachment at C5-6" and the findings were noted as "similar to the previous study from 11-19-04."

¶ 17 On January 25, 2006, Dr. Montella noted claimant injured her shoulder at work and was having pain and difficulty consistent with rotator cuff tendinitis. He recommended claimant continue with physical therapy and anti-inflammatories. The same date, he noted claimant suffered neck and back injuries as the result of a motor vehicle accident and was improving steadily with non-operative management. On February 22, 2006, Dr. Montella noted claimant was experiencing neck, back, and shoulder symptoms that were "severe and debilitating." He found it unreasonable for her to participate at work in any way and gave her a subacromial steroid injection.

¶ 18 On March 15, 2006, claimant followed up with Dr. Patari who noted she returned with complaints of "clicking of the left thumb." His impression was left trigger thumb and he provided claimant with a corticosteroid injection. On April 5, 2006, Dr. Patari noted claimant had persistent left trigger thumb and that claimant elected to have surgery in the form of a trigger

thumb release.

¶ 19 On April 6, 2006, claimant followed up with Dr. Montella in connection with her right shoulder. He noted claimant wished to proceed with right shoulder surgery, "which would entail subacromial decompression" and "possible rotator cuff repair." Records reflect claimant continued to follow up with Dr. Montella in connection with her right shoulder, neck, and lower back condition. In June 2006, he noted claimant's symptoms were severe and debilitating and that it was unreasonable for her to participate in work.

¶ 20 On May 17, 2006, clamant followed up with Dr. Patari for her left trigger thumb. He noted claimant was waiting on approval for surgery and that she reported her thumb pain was causing her shoulder pain. Dr. Patari stated he was not treating claimant for her shoulders at that time.

¶ 21 On August 2, 2006, claimant saw Dr. Gregory Nicholson for her right shoulder condition at the employer's request. Dr. Nicholson noted, in May 2005, claimant fell at work and her right shoulder impacted a metal bar "quite firmly." He reviewed an MRI report that "showed no evidence of a full-thickness rotator cuff tear" but did reveal a "high signal within the AC joint and *** a possibility of a partial undersurface tear of the rotator cuff." Dr. Nicholson found there was certainly evidence of tendinosis of the rotator cuff. He believed claimant had "a post-traumatic subacromial bursitis/impingement syndrome." Dr. Nicholson opined claimant's condition was work related and her medical care had been appropriate. He also recommended right-shoulder surgery.

¶ 22 On August 21, 2006, Dr. Montella noted claimant's neck and back pain were steadily improving. On October 16, 2006, claimant saw Dr. Montella in connection with her left hand and thumb injury. He noted "a component of triggering to [claimant's] thumb as well as

carpal tunnel symptomatology." Dr. Montella recommended an occupational therapy program and stated surgery would be considered as a last resort.

¶ 23 On October 31, 2006, Dr. Montella performed surgery on claimant's right shoulder. An operative report identified the procedures performed as a right shoulder diagnostic operative arthroscopy, subacromial decompression, coracoacromial ligament takedown, distal clavicle resection, pain pump placement. Additionally, the report states as follows:

> "Sequential diagnostic operative arthroscopy was notable for partial thickness rotator cuff tear, no obvious full thickness suspension. It was debrided."

Claimant testified, following surgery, she underwent physical therapy for both her right shoulder and left hand and thumb and continued with physical therapy through August 2007. She stated she also continued to follow up with Dr. Montella.

¶ 24 On November 9, 2006, Dr. Montella stated claimant was having ongoing difficulties trigger thumb, flexor tenosynovitis, and carpal tunnel. He recommended claimant continue to maximize non-operative management and that she obtain an EMG.

¶ 25 On April 18, 2007, claimant returned to see Dr. Nicholson at the employer's request. He noted claimant had continued pain and "clicking" in her right shoulder. Dr. Nicholson also noted there had been some discussion of neck pain and cervical spine issues but stated he was only evaluating claimant's shoulder. He opined claimant's condition involved "a persistent soft tissue problem, *i.e.*, impingement after surgery." Dr. Nicholson recommended diagnostic testing and believed claimant's condition was secondary to her work-related injury and surgery. He opined further arthroscopy might be required if her condition persisted.

¶ 26 On May 7, 2007, Dr. Montella noted claimant seemed to have developed some

calcification in the AC joint region and had some "popping" and discomfort. Dr. Montella also recommended a shoulder MRI. The same date, he stated claimant wished "to proceed with surgery for trigger finger release."

¶ 27 On August 13, 2007, Dr. Montella stated claimant's right shoulder surgery had gone well but "she may have fractured the distal clavicle or developed heterotrophic ossification leading to some recurrent impingement that would lead to a surgical option." Dr. Montella noted claimant requested revision surgery.

¶ 28 On September 4, 2007, claimant was evaluated by Dr. Ruder at the employer's request in connection with her left hand. She complained of stiffness in her left thumb with a "clicking" sensation and numbness and tingling of the thumb, index, and middle fingers. Dr. Ruder stated he reviewed an EMG report from October 2006, which was normal. He opined claimant did not need left carpal tunnel surgery at that time but recommended a left thumb release of the A1 pulley if claimant failed conservative treatment.

¶ 29 On September 5, 2007, claimant was evaluated by Dr. Nicholson at the employer's request. He noted x-rays showed a "retained cortical bone remnant in the superior aspect of the clavicle just distal to the distal clavicle resection." Dr. Nicholson recommended "a revision surgery arthroscopically to do a subacromial decompression." He also recommended evaluation of "the glenohumeral joint and then, most likely, a revision distal clavicle resection."

¶ 30 Claimant testified she resumed physical therapy after her September 2007 evaluation with Dr. Nicholson. She stated she also continued to see Dr. Montella through 2008. On March 18, 2008, Dr. Montella performed a second surgery on claimant's right shoulder in the form of a diagnostic and operative arthroscopy, subacromial decompression, distal clavicle resection, coracoacromial ligament scar/scar takedown, subacromial decompression arthroplasty,

and bursectomy. The operative reports states "[t]here was no evidence of a full-thickness rotator cuff tear." Claimant's postoperative diagnosis was right shoulder impingement and acromioclavicular joint arthritis. Claimant testified, following surgery, she underwent physical therapy on her right shoulder and neck.

¶ 31 On April 30, 2008, claimant followed up with Dr. Montella who noted she was having "a lot of difficulties with activity related pain referable to the shoulder." The same date, Dr. Montella noted clamant was "having difficulties with the left trigger finger of her thumb" and had been cleared for surgery. He referred her to Dr. Mary Morrell, his practice's hand specialist.

¶ 32 On May 7, 2008, claimant began seeing Dr. Morrell who noted claimant had been receiving treatment for her left thumb trigger finger, which she stated developed following a thumb injury and continued to progress with repetitive overuse at work. She assessed claimant as having left trigger thumb and probable left carpal tunnel syndrome. Dr. Morrell recommended surgery. On May 30, 2008, she performed a left trigger thumb release on claimant. Claimant testified, following surgery, she continued to see both Dr. Montella and Dr. Morrell and resumed physical therapy.

¶ 33 Claimant testified she had continuing problems with her shoulder and left hand during therapy. The record reflects claimant had monthly follow-up visits with Dr. Montella from June to October 2008. During each visit, Dr. Montella noted claimant was having ongoing "difficulties" with her shoulder. Specifically, on June 5, 2008, Dr. Montella stated claimant was having "activity related pain referable to her shoulder." On July 9, 2008, he noted ongoing difficulties with claimant's shoulders and that, although her recovery from both previous surgeries had been slow, she was improving with therapy. However, on August 6, 2008, Dr.

Montella stated claimant's presentation was consistent with shoulder impingement. On September 17, 2008, claimant reported recurrent bouts of shoulder pain. On October 15, 2008, Dr. Montella generally noted "ongoing difficulties" with claimant's shoulder.

¶ 34 Also on October 15, 2008, claimant returned to Dr. Nicholson at the employer's request. Dr. Nicholson stated claimant had done well after two shoulder surgeries and found she had a good range of motion, mild strength deficits, pain at the terminal extent of motion, and no evidence of adhesive capsulitis. He opined claimant had reached maximum medical improvement (MMI) with respect to her right shoulder. Dr. Nicholson recommended an FCE to determine claimant's permanent restrictions. Additionally, he found no further need for treatment of claimant's right shoulder or surgery at that time.

¶ 35 On October 15, 2008, claimant also saw Dr. Morrell who noted claimant's left thumb continued to improve and she had no pain complaints. Dr. Morrell stated claimant had pain along he left radial wrist that improved after a steroid injection. She fully released claimant to return to work with respect to her left hand and anticipated claimant would reach MMI within six months.

¶ 36 On November 12, 2008, claimant returned to Dr. Montella who stated claimant was having difficulties with shoulder pain consistent with shoulder impingement. On December 1, 2008, claimant's FCE was performed, placing her at a light physical-demand level. Claimant followed up monthly with Dr. Montella from December 2008, through March 2009. During that time period he stated claimant continued to have ongoing right shoulder difficulties that were severe and debilitating and opined her shoulder injury was likely a permanent impairment.

¶ 37 On January 11, 2009, claimant slipped and fell and fractured her left wrist. Medical records reflect she suffered a nondisplaced fracture involving the distal left radial

metaphysis.

¶ 38 On April 13, 2009, claimant returned to Dr. Montella who recommended a second opinion and MRIs of both of claimant's shoulders, stating she injured her left shoulder and left wrist in a work accident in September 2005. Claimant testified Dr. Luna also recommended she seek a second opinion and she was sent to Dr. Benjamin Domb, an orthopedic surgeon.

¶ 39 On April 30, 2009, claimant saw Dr. Domb for the first time and complained of right shoulder pain, which began with a work-related injury in 2005. He noted an MRI of claimant's right shoulder performed on April 19, 2009, demonstrated a "small partial thickness undersurface tear of the supraspinatus with accompanying tendinopathy." An MRI of claimant's left shoulder, dated April 20, 2009, showed "tendinopathy of the supraspinatus with small partial thickness intrasubstance tear." Dr. Domb stated claimant had a little bit of continued pain around the AC joint of her right shoulder "but most of her pain appear[ed] to be related to right cervical radiculopathy." He stated he would review claimant's previous operative reports and MRI disks and referred her for a consultation with Dr. Mark Lorenz regarding right cervical radiculopathy. Claimant testified Dr. Domb also recommended an MRI of her cervical spine which was performed on May 5, 2009, and showed mild spondylotic changes; mild stenosis at C4-C5, C5-C6, and C6-C7, and "questionable synovial cyst within the right neural foramen at C6-C7."

¶ 40 On May 7, 2009, claimant saw Dr. Lorenz. She provided a history of her May 2005 work accident, stating she hit a metal pole and injured her right shoulder. Claimant reported that she developed neck pain after undergoing surgery on her right shoulder in 2006, and, since that time, had chronic neck pain and numbness in her right arm and leg. She asserted her second right shoulder surgery made her shoulder pain worse. Following an examination, Dr.

Lorenz recommended claimant follow up with Dr. Domb regarding her shoulder, continue off work, and begin a course of physical therapy for her cervical spine. He also referred claimant to Dr. Marie Kirincic for an EMG nerve conduction of her right arm and leg.

¶ 41 On May 14, 2009, claimant saw Dr. Kirincic who noted claimant's chief complaints as being right arm and lower extremity paresthesias and chronic pain in the cervicothoracic and lumbar area and right shoulder. She stated an EMG/NCV was performed and showed "no obvious electrical evidence of neuromuscular disease on right upper and lower extremity testing." Dr. Kirincic's working diagnosis was cervicothoracolumbar mild degenerative joint disease with diffuse myofascial pain, chronic pain, right shoulder pain, and parasthesias, probably referred from tight musculature, possibly discogenic. She recommended an MRI of claimant's lumbar spine.

¶ 42 On May 21, 2009, claimant returned to see Dr. Domb who stated he reviewed claimant's April 2009 MRI, which "appear[ed] to show a large amount of partial thickness tearing in the supraspinatus." He believed claimant's pain might "be due to continued partial thickness tear of the rotator cuff." Dr. Domb recommended an MR arthrogram and restricted claimant from working with her right upper extremity. On June 22, 2009, Dr. Domb reviewed the results of an MR arthrogram of claimant's right shoulder. He stated it demonstrated "a high-grade partial thickness tear of the supraspinatus." Dr. Domb diagnosed claimant with a right shoulder high-grade partial thickness rotator cuff tear and stated claimant's condition and continued pain was causally-related to her 2005 work injury. He noted claimant's previous right-shoulder surgeries did not involve a rotator cuff repair and he recommended operative repair at that time.

¶ 43 On July 21, 2009, Dr. Domb stated claimant continued to have pain and wished to

proceed with surgery. He noted she had continued pain in the shoulder and also in the neck and into the arm and hand, which he believed involved two separate problems. Dr. Domb recommended arthroscopic repair of claimant's right shoulder and opined claimant might also be a candidate for surgical treatment in connection with her right cervical radiculopathy if that condition did not improve over time.

¶ 44 On August 5, 2009, Dr. Domb performed right shoulder surgery on claimant. Following surgery, she underwent physical therapy. Claimant testified that, during therapy, she started to have more pain in her left shoulder. On September 24, 2009, claimant saw both Dr. Kirincic and Dr. Domb and reported left shoulder pain or discomfort. Dr. Domb noted claimant was proceeding well after her right shoulder surgery. He recommended physical therapy for both shoulders and gave claimant an injection in her left shoulder.

¶ 45 Claimant testified she continued with physical therapy and followed up with Dr. Domb and Dr. Kirincic throughout 2009. Records show she continued to report bilateral shoulder pain but Dr. Domb noted that claimant reported improvement in her right shoulder. In particular, claimant was making progress in range of motion and having less pain. On October 27, 2009, Dr. Kirincic noted an EMG of claimant's left upper extremity was negative for any obvious neuromuscular disease. On November 3, 2009, Dr. Domb assessed claimant as having "[l]eft shoulder impingement and partial thickness tear of the supraspinatus with continued pain." He stated it was possible she also had a labral tear. On December 17, 2009, Dr. Domb noted claimant's work status as no lifting more than two pounds with either arm and no overhead activity. Claimant testified, however, that she was unable to return to work.

¶ 46 On February 8, 2010, claimant saw Dr. Kenneth Schiffman. Dr. Schiffman's records indicate claimant was referred by Dr. Lorenz. Claimant reported numbness and tingling

in her small and ring fingers more on the right than the left. Dr. Schiffman's impression was bilateral hand numbness and tingling in more of a lower cervical distribution and more consistent with a cervical myelopathy or radiculopathy.

¶ 47 On February 22, 2010, claimant saw Dr. Domb and reported her right shoulder felt about 50% better than before her last surgery. He determined claimant had reached MMI with respect to her right shoulder. He also recommended surgery on claimant's left shoulder.

¶ 48 At arbitration, claimant submitted Dr. Domb's deposition, taken on November 9, 2009. Dr. Domb agreed the thickness tear he observed on claimant's MR arthrogram and the right shoulder surgery he performed on claimant "could or might" have been related to her 2005 work accident. He noted a previous MRI performed on claimant also showed a partial thickness tear of the rotator cuff and found "nothing to indicate that that tear was in any way new." On cross-examination, Dr. Domb testified he did not recall if the operative reports from claimant's first two surgeries noted a partial thickness undersurface tear of the supraspinatus.

¶ 49 Over the employer's objection, Dr. Domb also testified regarding causation and claimant's left shoulder condition. Specifically, during his deposition, the following colloquy occurred between claimant's counsel and Dr. Domb.

> "Q. Well Doctor, what we are concerned about is whether or not—There has never been a specific description by this lady of a left shoulder injury. The question is whether or not by restricting use of the right upper extremity both at work from May 12 of 2005 through the end of August 2005 and then later going forward, both whether it is in therapy or daily activity, could the fact she suffered

that injury on the right-hand side cause difficulty on the contra-lateral side?

MR. ANTONACCI [the employer's attorney]: Same objection.

BY THE WITNESS:

A. Yes, it could."

¶ 50 On cross-examination, Dr. Domb acknowledged that, with respect to claimant's previous medical records, he reviewed only her prior operative reports, the MRI reports (he did not specify which previous MRI reports), and a report from Dr. Nicholson. Dr. Domb testified claimant's left shoulder had not been the focus of his treatment and he had no in-depth discussions with claimant regarding her left shoulder. Finally, he agreed a high-grade partial thickness tear could be caused by the normal degenerative process.

¶ 51 At arbitration, claimant acknowledged receiving medical treatment in 2004 for symptoms in her left shoulder, left wrist, neck, and low back. Medical records show, on November 19, 2004, she underwent an MRI of the left shoulder and the impression was "[s]uspicion of a tear involving the superior and posterior glenoid labrum" and "suspicion of tendinopathy and a partial rotator cuff tear involving the bursal surface." The same date, a cervical spine MRI showed "[r]ight-sided uncovertebral joint degenerative changes at C4-5 with ventral ridging and right neural foraminal narrowing" but "no evidence of significant cervical spinal stenosis or spinal cord distortion."

¶ 52 On October 15, 2010, the arbitrator issued his decision. As stated, he found that, although claimant sustained accidental injuries that arose out of and in the course of her employment on both May 12 and August 20, 2005, the current conditions of ill-being in her left

shoulder; right shoulder; neck; and left thumb, hand, and wrist were not causally related to either accident. In finding no causal connection between claimant's work accidents and her left shoulder condition, the arbitrator noted claimant had "extensive treatment" to her left shoulder in 2004, prior to the date of her first accident, and findings from a November 2004 MRI were "very similar" to findings on claimant's April 2009 MRI. The arbitrator also noted claimant underwent "virtually no treatment to the left shoulder until April 2009," and injured her left shoulder in a car accident in September 2005. The arbitrator determined Dr. Domb's opinions with respect to claimant's left shoulder were unpersuasive. However, he also excluded and struck Dr. Domb's left shoulder opinions from the evidence on the basis that they were not disclosed prior to his evidence deposition.

¶ 53 Relying on Dr. Nicholson's opinions, the arbitrator next determined claimant reached MMI with respect to her right shoulder injury on October 15, 2008, and required no further medical treatment at that time. He found the third right shoulder surgery performed on claimant by Dr. Domb in August 2009 was unrelated to claimant's work accident. The arbitrator noted that surgery involved a rotator cuff repair and Dr. Domb testified there had been no rotator cuff tear noted in either of the operative reports from claimant's previous surgeries. Thus, the arbitrator stated it "appear[ed] that the rotator cuff tear occurred after [claimant] reached MMI in October of 2008."

¶ 54 With respect to claimant's alleged neck injury, the arbitrator found no causal connection based on claimant's testimony that she performed no overhead reaching at work, medical records showing she was treated for neck pain in 2004 prior to her work accidents, and reports that claimant injured her neck during her September 2005 car accident. The arbitrator held "any findings in the cervical spine preexisted the alleged work injuries, and there was no

evidence to show that [claimant's] work activities aggravated or accelerated her preexisting degenerative condition in her cervical spine."

¶ 55 Finally, the arbitrator held no causal connection existed between claimant's work accidents and any current condition of ill-being in her left hand and wrist, stating that, instead, her current left hand and wrist complaints were causally connected to her January 2009 slip-and-fall injury, which broke the chain of causation. He noted Dr. Ruder found claimant suffered a left thumb soft-tissue injury as a result of her August 2005 accident, she made no left wrist complaints at that time, claimant's October 2006 EMG was noted as normal, and claimant reported improvement in her condition after her left trigger thumb release in May 2008. Additionally, the arbitrator pointed out that claimant "stopped treating for her left thumb in September 2008" and the record shows no further treatment to her left thumb or hand until after she slipped and fell in January 2009, and "came down directly on her left hand."

¶ 56 Based upon his causal connection findings, the arbitrator determined the employer had paid for all of claimant's reasonable and necessary medical expenses and no further treatment for any of her alleged injuries was required. In particular, he stated claimant was not entitled to prospective medical expenses for the left shoulder surgery recommended by Dr. Domb.

¶ 57 As stated, the arbitrator also awarded claimant 102-1/7 weeks' TTD benefits from October 31, 2006, through October 15, 2008. He determined claimant was not entitled to TTD benefits after that date and also not entitled to any TTD benefits from December 5, 2005, when she was laid off from the employer, through the date of her first right shoulder surgery on October 31, 2006. The arbitrator determined claimant was working at the Blue Shoe Store in 2006, as documented by the employer's January 2006 surveillance evidence. He noted claimant's

testimony that she did not work at the Blue Shoe Store but, based on the surveillance videos, determined claimant lacked credibility and her testimony was unpersuasive. Further, the arbitrator stated claimant's December 2008 FCE indicated she could return to work at the light physical-demand level, her work at the Blue Shoe Store fell within that level, and claimant was "fully capable of returning to her prior employment at the Blue Shoe Store."

¶ 58 On August 10, 2011, the Commission affirmed and adopted the arbitrator's decision without further comment. On August 16, 2012, the circuit court confirmed the Commission's decision. This appeal followed.

¶ 59 II. ANALYSIS

¶ 60 A. Causal Connection

¶ 61 On appeal, claimant argues the Commission erred in finding the current conditions of ill-being in her left shoulder, right shoulder, neck, and left hand and wrist were not causally connected to her May and August 2005 work accidents. She contends the Commission's factual determinations were against the manifest weight of the evidence.

¶ 62 "Every natural consequence that flows from an injury that arose out of and in the course of the claimant's employment is compensable unless caused by an independent intervening accident that breaks the chain of causation between a work-related injury and an ensuing disability or injury." *Vogel v. Industrial Comm'n*, 354 Ill. App. 3d 780, 786, 821 N.E.2d 807, 812 (2005). "Whether a causal connection exists between the employee's condition of ill-being and a particular work-related accident is a question of fact." *National Freight Industries v. Illinois Workers' Compensation Comm'n*, 2013 IL App (5th) 120043WC, ¶ 26, 993 N.E.2d 473. "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." *Shafer v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶ 38, 976 N.E.2d 1.

¶ 63 On review, the Commission's decision will not be disturbed unless it is against the manifest weight of the evidence. *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 538, 865 N.E.2d 342, 353 (2007). "For the Commission's decision to be against the manifest weight of the evidence, the opposite conclusion must be clearly apparent." *Westin Hotel*, 372 Ill. App. 3d at 539, 865 N.E.2d at 353. "The relevant inquiry is whether the evidence is sufficient to support the Commission's finding, not whether this court or any other might reach an opposite conclusion. *Westin Hotel*, 372 Ill. App. 3d at 538-39, 865 N.E.2d at 353.

¶ 64 **1. Right Shoulder Injury**

¶ 65 Claimant first argues the Commission erred in finding her right shoulder condition of ill-being was not causally connected to her May 2005 work accident. She contends the Commission's finding that she reached MMI on October 15, 2008, was against the manifest weight of the evidence because her medical records show she had long-standing, continuous right shoulder symptoms until after her third shoulder surgery with Dr. Domb in 2009. She also argues the Commission erred in finding the rotator cuff tear repaired by Dr. Domb occurred after October 2008, asserting such an injury was identified on a January 2006 MRI and documented in the operative report from her October 2006 surgery. After reviewing the record, we find the Commission made factual determinations that were not supported by the record and agree with claimant.

¶ 66 Regarding claimant's right shoulder condition of ill-being, the Commission relied on Dr. Nicholson's opinion and found claimant reached MMI on October 15, 2008, and required no further medical treatment at that time. It stated Dr. Montella's records showed claimant

reported improvement following her second shoulder surgery in March 2008. The Commission also determined the third right shoulder surgery performed by Dr. Domb in August 2009 was unrelated to claimant's work accident because it involved a rotator cuff repair and "Dr. Domb testified that there was no rotator cuff tear noted in either of the prior operative reports from [claimant's] prior two right shoulder surgeries." Thus, the Commission concluded the rotator cuff tear repaired by Dr. Domb in August 2009 occurred after claimant had reached MMI in October 2008.

¶ 67 First, the record contradicts the Commission's finding that the rotator cuff tear noted and treated by Dr. Domb in 2009 occurred after October 2008. The record shows, in April 2009, claimant underwent an MRI of the right shoulder and the MRI report documented a "small partial thickness undersurface tear of the supraspinatus with accompanying tendinopathy." Dr. Domb reviewed claimant's actual MRI and stated it "appear[ed] to show a large amount of partial thickness tearing in the supraspinatus." Later, claimant's MR arthrogram demonstrated a "high-grade partial thickness tear of the supraspinatus." As noted by both Dr. Domb and claimant on appeal, the record shows claimant's January 2006 MRI also showed a probable "small distal partial thickness tear" of the rotator cuff. Dr. Nicholson, who reviewed that MRI agreed that it showed "a possibility of a partial undersurface tear of the rotator cuff" and opined claimant's condition was work related. Thus, claimant's records indicate the partial thickness tear was identified in 2006 and predated Dr. Nicholson's October 2008 evaluation.

¶ 68 Second, the record contradicts the Commission's finding and "Dr. Domb testified that there was no rotator cuff tear noted in either of the prior operative reports from [claimant's] prior two right shoulder surgeries." Initially, the record reflects that Dr. Domb actually testified at his deposition that he *did not recall* whether claimant's prior operative reports noted the

absence of a rotator cuff tear, not that such a finding was affirmatively absent from the reports. Also, an actual reading of claimant's October 2006 operative report shows a "partial thickness rotator cuff tear" was noted during surgery and "debrided." As noted in Dr. Domb's medical records, neither of the operative reports from claimant's first two surgeries reflects that a rotator cuff repair was performed.

¶ 69 Third, the record contradicts the Commission's finding that Dr. Montella's records show claimant reported improvement following her second shoulder surgery in March 2008. Instead, the record actually shows Dr. Montella consistently documented ongoing difficulties with claimant's right shoulder. On April 2, 2008, Dr. Montella stated that claimant was recovering from surgery and her "post operative convalescence [was] coming along well." Additionally, in July 2008, he noted claimant was improving with therapy. However, during every other follow-up visit, Dr. Montella documented "difficulties" claimant was having with respect to her shoulder rather than improvement. On April 30 and June 5, 2008, he noted claimant was having "difficulties" with "activity related pain referable to the shoulder." On August 6, 2008, Dr. Montella stated claimant's presentation was consistent with shoulder impingement. On September 17, 2008, claimant reported recurrent bouts of shoulder pain. Finally, on October 15, 2008, Dr. Montella generally noted "ongoing difficulties" with claimant's shoulder.

¶ 70 Here, the record establishes claimant made ongoing right shoulder complaints following her May 2005 accident to the time of her treatment with Dr. Domb in 2009. Contrary to the Commission's findings, Dr. Montella's records do not establish any significant improvement in claimant's condition following her second surgery in March 2008. Additionally, the record refutes the Commission's finding that the partial thickness tear noted and treated by

Dr. Domb occurred after October 2008, as the same injury was noted in claimant's January 2006 MRI and documented in her October 2006 operative report. The Commission's factual findings are not supported by the record and its decision with respect to claimant's right shoulder injury is against the manifest weight of the evidence.

¶ 71 **2. Left Shoulder Injury**

¶ 72 Claimant next argues the Commission's finding that her left shoulder condition of ill-being was not causally connected to her work accidents was against the manifest weight of the evidence. Specifically, she contends "that the years-long treatment [she] endured for her right shoulder injury necessitated that her left shoulder perform all upper extremity activities, and this extended overuse led to her left shoulder difficulties."

¶ 73 In finding no causal connection between claimant's work accidents and her left shoulder condition of ill-being, the Commission relied on the "extensive treatment" to claimant's left shoulder that occurred in 2004, prior to the date of both work accidents, and findings from a November 2004 MRI that were "very similar" to findings on claimant's April 2009 MRI. The Commission also determined claimant underwent "virtually no treatment to the left shoulder until April 2009," and injured her left shoulder in a car accident in September 2005. The Commission not only struck Dr. Domb's left shoulder opinions on the basis that they were not disclosed prior to his evidence deposition, but it also found his opinions unpersuasive.

¶ 74 Initially, we note the Commission's factual findings were supported by the record. In particular, the record shows claimant complained of left shoulder pain prior to the work accidents at issue in this case and sought medical care. In November 2004, she underwent a left shoulder MRI that raised the suspicion of "supraspinatus tendinopathy and a partial [rotator cuff] tear." As noted by the Commission, claimant's April 2009 MRI revealed similar findings,

including "tendinopathy of the supraspinatus with small partial thickness intrasubstance tear." Claimant also reported left shoulder pain as the result of a motor vehicle accident in September 2005. Additionally, the Commission accurately stated claimant sought virtually no medical care for her left shoulder until April 2009, almost four years after the date of her first accident.

¶ 75 Claimant argues causation for her left shoulder injury was supported by Dr. Domb's opinions, which should not have been struck. However, even if the Commission erred in striking Dr. Domb's testimony, any error was harmless. As stated, the Commission also found Dr. Domb's testimony was unpersuasive and that finding is fully supported by the record. In particular, Dr. Domb's deposition testimony linking claimant's left shoulder condition to her work accident consisted of an affirmative response to a single question with no explanation as to the basis for his opinion. Further, Dr. Domb only agreed that the injury to claimant's right side *could* have caused the difficulty she experienced in her left shoulder. Finally, as noted by the Commission, Dr. Domb acknowledged that he did not review the vast majority of claimant's medical records, including the records from 2004 that showed a similar, preexisting injury to claimant's left shoulder.

¶ 76 Here, each of the Commission's factual findings was supported by the record. It is not the function of this court to reweigh the evidence presented. The Commission's finding that claimant failed to establish that her left shoulder condition of ill-being was causally connected to her employment was not against the manifest weight of the evidence.

¶ 77 **3. Left Hand and Wrist Injuries**

¶ 78 Claimant additionally argues the Commission erred in finding her left hand and wrist conditions of ill-being were not causally connected to her August 2005 work accident. The Commission determined any current condition of ill-being in claimant's left hand or wrist was,

instead, causally connected to her January 2009 slip-and-fall injury, which it found broke the chain of causation. It noted Dr. Ruder found claimant suffered a left thumb soft-tissue injury as a result of her August 2005 accident, claimant made no left wrist complaints at that time, claimant's October 2006 EMG was noted as normal, and claimant reported improvement in her condition after her left trigger thumb release in May 2008. Additionally, the Commission pointed out that claimant "stopped treating for her left thumb in September 2008" and the record shows no further treatment to her left thumb or hand until after she slipped and fell in January 2009, and "came down directly on her left hand."

¶ 79 Again, the Commission's findings were sufficiently supported by the record. In particular, the record shows claimant was injured at work in August 2005, when a box "ran over [her left] thumb" on a conveyor belt. She sought medical care and reported left thumb and wrist pain. In September 2005, Dr. Patari diagnosed her with left de Quervain's tenosynovitis and left wrist volar ganglion, the latter of which he stated predated claimant's accident and was unrelated to her employment. In November 2004, Dr. Ruder diagnosed claimant with a soft-tissue injury of the left thumb and noted claimant reported no wrist pain at that time. On December 20, 2005, Dr. Patari performed surgery on claimant's left hand in the form of a left volar ganglion excision and de Quervain's release. In March 2006, claimant reported a "clicking" in her left thumb to Dr. Patari who determined she had persistent left trigger thumb.

¶ 80 In October 2006, Dr. Montella noted "a component of triggering" to claimant's left thumb and "carpal tunnel symptomatology." In September 2007, claimant returned to Dr. Ruder who noted claimant's results from an October 2006 EMG had been normal. He opined claimant did not need left carpal tunnel surgery but recommended a left thumb release if claimant failed conservative treatment. In May 2008, Dr. Morrell performed a left trigger thumb

release on claimant. In October 2008, Dr. Morrell stated claimant's left hand and wrist conditions had improved and released her to return to full-duty work with respect to her left hand. Dr. Morrell anticipated MMI within six months. As noted by the Commission, the record shows no further treatment for claimant's left thumb, hand, or wrist until after she fell in January 2009 and fractured her left wrist.

¶ 81 The Commission determined claimant's January 2009 fall broke the chain of causation. Claimant argues there is no medical opinion that suggests claimant's fall impacted her left thumb or hand condition; however, she also fails to point to any medical opinion that links a condition of ill-being in her left thumb, hand, or wrist after January 2009 to her August 2005 work accident. In fact, on appeal, she fails to point to any specific treatment or complaints to those parts of her body that occurred after January 2009 and which she would relate to her August 2005 accident. The record contains sufficient support for the Commission's finding and its decision is not against the manifest weight of the evidence.

¶ 82 **4. Neck/Cervical Spine Injury**

¶ 83 Finally, claimant challenges the Commission's finding that the condition of ill-being in her neck was not causally connected to her May 2005 work accident. She argues the record shows she began to consistently report neck pain and radicular complaints soon after her work accidents and, in 2009, Dr. Domb identified cervical pathology for which she began receiving treatment.

¶ 84 With respect to claimant's alleged neck injury, the Commission found no causal connection based on claimant's testimony that she performed no overhead reaching at work, medical records that showed she was treated for neck pain in 2004, and reports that claimant injured her neck during her September 2005 car accident. The Commission held "any findings

in the cervical spine preexisted the alleged work injuries, and there was no evidence to show that [claimant's] work activities aggravated or accelerated her preexisting degenerative condition in her cervical spine."

¶ 85 Again, we find the record contains support for the Commission's decision and it committed no error. The evidence clearly showed claimant received treatment for neck pain in 2004, including a cervical spine MRI that showed "[r]ight-sided uncovertebral joint degenerative changes at C4-5 with ventral ridging and right neural foraminal narrowing." In May 2005 she fell and was injured at work. However, immediately following her accident, she reported only right shoulder pain. In September 2005, claimant reported injuring her neck in a motor vehicle accident. In January 2006, she began making neck-related complaints to Dr. Montella. At that time, claimant attributed the difficulties in her neck to her May 2005 accident but reported "worsening neck pain" after her September 2005 motor vehicle accident. In January 2006, an MRI of claimant's cervical spine revealed "[m]ild disc bulging and slight right neural foraminal encroachment at C5-6" and those findings were noted as "similar to the previous study from 11-19-04."

¶ 86 Here, it was the Commission's function to weigh the evidence and draw appropriate inferences therefrom. Its factual findings are supported by the record and an opposite conclusion from that of the Commission is not clearly apparent. Although claimant argues the employer failed to present medical evidence refuting a possible aggravation of her cervical spine condition as a result of her work accident, she fails to point to any medical opinion in the record that would support such a finding. The Commission committed no error and its causation finding was not against the manifest weight of the evidence.

¶ 87 **B. Temporary Total Disability**

¶ 88 On appeal, claimant next challenges the Commission's decision with respect to TTD. Specifically, she contends the Commission erred in denying TTD benefits (1) from December 5, 2005, to October 31, 2006, and (2) after October 15, 2008.

¶ 89 "A claimant is temporarily and totally disabled from the time an injury incapacitates him from work until such time as he is as far recovered or restored as the permanent character of her injury will permit." *Shafer*, 2011 IL App (4th) 100505WC, ¶ 45, 976 N.E.2d 1. A claimant has the burden of proving "not only that he did not work, but also that he was unable to work." *Shafer*, 2011 IL App (4th) 100505WC, ¶ 45, 976 N.E.2d 1. "[T]he period during which a claimant is temporarily totally disabled is a question of fact to be resolved by the Commission, whose determination will not be disturbed unless it is against the manifest weight of the evidence." *Interstate Scaffolding, Inc. v. Illinois Workers' Compensation Comm'n*, 236 Ill. 2d 132, 142, 923 N.E.2d 266, 272 (2010).

¶ 90 Here, the Commission found claimant was entitled to 102-1/7 weeks' TTD benefits, from October 31, 2006, through October 15, 2008. It determined she was not entitled to TTD benefits from December 5, 2005, when claimant was laid off from the employer, to October 31, 2006, the date of her first right shoulder surgery. The Commission found claimant was working at the Blue Shoe Store in 2006, as documented by the employer's January 2006 surveillance of claimant. It stated claimant did not testify credibly when she disputed that evidence. On appeal, claimant argues the evidence was insufficient to show she worked at the Blue Shoe Store in 2006, and, even assuming she did work at the store, the earning of occasional wages would not foreclose her entitlement to TTD benefits.

¶ 91 As stated, the employer's surveillance recordings are absent from the record on appeal. However, the arbitrator described them as showing that claimant spent up to 9 to 10

hours at the Blue Shoe Store on three consecutive days in January 2006. The arbitrator stated claimant unlocked and opened the store, waited on customers, packaged shoes in boxes, spoke with customers, and operated the cash register. The Commission's determination that claimant was working at the shoe store, and denial of benefits based on that work, is not against the manifest weight of the evidence.

¶ 92 Additionally, claimant's contentions on appeal are unpersuasive. There is no evidence in the record to support a finding that claimant was earning only occasional wages. Although an employee's ability to earn occasional wages or perform certain useful services does not preclude a finding of total disability, "it is the claimant's responsibility to show that income earned while he was disabled was only occasional wages, and not from employment in the labor market." *Dolce v. Industrial Comm'n*, 286 Ill. App. 3d 117, 121, 675 N.E.2d 175, 178 (1996). In this instance, claimant denied that she was employed in any capacity, which the Commission found not credible. An opposite conclusion is not clearly apparent.

¶ 93 The Commission also denied claimant TTD benefits after October 15, 2008. It found claimant (1) received no treatment to her left thumb, hand, or wrist after September 2008 (the record actually reflects she last saw Dr. Morrell for those conditions on October 15, 2008); (2) was placed at MMI by Dr. Nicholson with respect to her right shoulder on October 15, 2008; (3) underwent an FCE in December 2008 that indicated she could return to work at the light physical-demand level; and (4) was capable of returning to work at the Blue Shoe Store within the light physical-demand level.

¶ 94 As discussed, the Commission's finding that claimant's right shoulder condition of ill-being after October 2008 was not causally connected to her work accident was against the manifest weight of the evidence. The record reflects claimant reported continued right shoulder

symptoms at that time and thereafter. Dr. Montella described claimant's condition as severe and debilitating and continued her off-work restrictions. In 2009, claimant began seeing Dr. Domb who continued her off work and recommended a third right shoulder surgery to repair claimant's partial rotator cuff tear. That injury was identified on claimant's January 2006 MRI and during her first right shoulder surgery in October 2006. However, it was not repaired until Dr. Domb performed surgery on claimant in August 2009. The record shows claimant reported improvement in her right shoulder after that surgery. On February 22, 2010, Dr. Domb determined claimant had reached MMI with respect to the right shoulder. Based on this evidence, we find claimant established her entitlement to TTD benefits from October 15, 2008, to February 22, 2010.

¶ 95 C. Medical Expenses

¶ 96 Finally, on appeal, claimant argues the Commission erred in refusing to award her past medical expenses and prospective medical expenses for the left shoulder surgery recommended by Dr. Domb. The sole basis for claimant's medical expenses argument is that the Commission's causal connection decisions were against the manifest weight of the evidence.

¶ 97 The Act entitles a claimant "to recover reasonable medical expenses, the incurrence of which are causally related to an accident arising out of and in the scope of her employment and which are necessary to diagnose, relieve, or cure the effects of the claimant's injury." *Absolute Cleaning/SVMBL v. Illinois Workers' Compensation Comm'n*, 409 Ill. App. 3d 463, 470, 949 N.E.2d 1158, 1165 (citing 820 ILCS 305/8(a) (West 2006)). "Prescribed services not yet performed or paid for are considered to have been 'incurred' within the meaning of the statute." *City of Springfield v. Illinois Workers' Compensation Comm'n*, 388 Ill. App. 3d 297, 317, 901 N.E.2d 1066, 1082 (2009). "Whether medical expenses are reasonable and necessary is

a question of fact for the Commission, and the Commission's determination will not be overturned unless it is against the manifest weight of the evidence." *Shafer*, 2011 IL App (4th) 100505WC, ¶ 51, 976 N.E.2d 1.

¶ 98 As stated, the Commission committed no error in finding the current conditions of ill-being in claimant's left shoulder, neck, and left hand and wrist were unrelated to her employment. Thus, the Commission committed no error in denying past or prospective medical expenses associated with those conditions. However, we agree with claimant that the Commission erred in finding her right shoulder condition of ill-being after October 2008 was not causally related to her work accident. As a result, she is entitled to medical expenses associated with the treatment of that condition. Claimant argues she entered medical expenses into evidence totaling $181,634.12, but does not set forth what portion of that amount is solely related to the treatment of her right shoulder. The breakdown of expenses for that particular injury is also not easily discernible from the record. For those reasons, we remand to the Commission for an award of medical expenses consistent with this decision.

¶ 99 III. CONCLUSION

¶ 100 For the reasons stated, we reverse the Commission's finding that claimant's right shoulder condition of ill-being was not causally connected to her employment and its denial of TTD benefits and medical expenses associated with that condition. We affirm the remainder of the Commission's decision. Accordingly, the circuit court's judgment is affirmed in part and reversed in part. The cause is remanded to the Commission for (1) entry of an award of TTD benefits from October 15, 2008, to February 22, 2010; (2) a determination of the appropriate amount of medical expenses associated with claimant's right shoulder condition; and (3) further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E.2d 1322 (1980).

¶ 101 Affirmed in part and reversed in part; cause remanded.