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IN THE
APPELLATE COURT OF ILLINOIS
SECOND DISTRICT
WORKERS' COMPENSATION COMMISSION DIVISION

DIAL CORPORATION,)	Appeal from the Circuit Court
)	of Kane County.
Plaintiff-Appellee,)	
)	
v.)	No. 11-MR-390
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION and DENNIS KOHLER,)	Honorable
)	Thomas E. Mueller,
Defendants-Appellants.)	Judge, Presiding

JUSTICE HUDSON delivered the opinion of the court.

Presiding Justice Holdridge and Justices Hoffman, Harris, and Stewart concurred in the judgment.

ORDER

- ¶ 1 *Held:* Trial court order was not final, and thus appellate court was without jurisdiction to consider claimant's appeal, where the trial court vacated the Commission's award of medical expenses and remanded the cause to the Commission to determine whether claimant paid any out-of-pocket medical expenses for which he was not reimbursed.
- ¶ 2 Claimant, Dennis Koehler, appeals from the judgment of the circuit court of Kane County vacating a decision of the Illinois Workers' Compensation Commission (Commission), which awarded him \$19,937.79 in medical expenses pursuant to the Workers' Compensation Act (Act)

(820 ILCS 305/8(a) (West 2004)). In place of the Commission's award, the circuit court concluded that claimant was entitled to \$120.89 in unpaid medical expenses. Further, the circuit court remanded the cause to the Commission "to determine whether [claimant] paid any medical bills 'out-of-pocket' that he was not reimbursed for later." Claimant argues that the circuit court erred in reducing the Commission's award of medical expenses. For the reasons which follow, we dismiss claimant's appeal for lack of jurisdiction.

¶ 3 The facts relevant to this appeal are undisputed. Claimant was hired by respondent, Dial Corporation, in 1990. In the early 2000s, claimant began working as a pipefitter/welder at respondent's plant in Montgomery, Illinois. On June 20, 2005, claimant felt pain in his left shoulder as he was attempting to break a union of two pipes. Claimant immediately reported the accident to his supervisor. In the days subsequent to the accident, claimant's pain increased, so he presented to the plant nurse. Thereafter, claimant sought treatment from a variety of medical providers, including Atlas Physical Therapy, Castle Orthopaedics, Castle Surgicenter, and Midwest Orthopaedics. Claimant eventually underwent two surgeries and later returned to his position as a pipefitter/welder.

¶ 4 On August 9, 2006, claimant filed an application for adjustment of claim alleging an injury arising out of and in the course of his employment with respondent. An arbitration hearing was held on February 3, 2010. Following that hearing, the arbitrator determined that claimant sustained a compensable accident on June 20, 2005, and that his left shoulder condition is causally connected to said accident. The arbitrator awarded claimant 23-3/7 weeks of temporary total disability (TTD) benefits (see 820 ILCS 305/8(b) (West 2004)) and granted respondent a credit in the amount of \$15,626.11 for group non-occupational short-term disability benefits (see 820 ILCS 305/8(j) (West 2004)). In addition, the arbitrator awarded claimant 70-1/2 weeks of permanent partial disability

(PPD) benefits, representing 30% loss of use of the left arm (see 820 ILCS 305/8(e)(10) (West 2004)).¹ With respect to medical expenses, the arbitrator ruled as follows:

“[Claimant] is entitled to medical expenses of \$52.67 pursuant to sec. 8(a) and 8.2 of the Act for the unpaid balance of the Atlas Physical Therapy bill. There are no CPT codes associated with the unpaid balances shown on the Castle Orthopaedics and Castle Surgicenter bills, as required by sec. 8.2 of the Act, so these amounts are not awarded. There is no balance due for [the Midwest Orthopaedics] bill. Respondent is entitled to [a] sec. 8(j) credit for medical benefits paid by [insurer] Aetna, based on [claimant’s exhibit no. 6]. Respondent is not entitled to any credit for bills paid by Cigna or Blue Cross/Blue Shield because it did not prove it contributed to the premiums for those insurers. Respondent shall hold [claimant] harmless for any claim for reimbursement from any insurer or provider for medical expenses incurred in treatment of this left arm injury.”²

¹Since the arbitrator issued her decision, this court decided *Will County Forest Preserve District v. Illinois Workers’ Compensation Comm’n*, 2012 IL App (3d) 110077WC. In that case, we held that an injury to the shoulder does not qualify as a scheduled loss to the arm under section 8(e)(10) of the Act (820 ILCS 305/8(e) (West 2004)). *Will County Forest Preserve District*, 2012 IL App (3d) 110077WC, ¶¶ 18-19. Neither party addresses the applicability of *Will County Forest Preserve District* to the facts of the instant case, and we decline to do so *sua sponte*.

²“CPT” stands for “Current Procedural Terminology.” CPT codes are used to uniformly report medical procedures and services under public and private health insurance programs. <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt.page> (last visited December 19, 2012).

Thereafter, claimant sought review before the Commission.

¶ 5 Initially, the Commission determined that neither the Act, its rules, nor any case law requires medical bills to include a CPT code as a condition of liability. The Commission then modified the arbitrator's decision with respect to the award of medical expenses, as explained below:

“After reviewing the actual medical bills [claimant] submitted into evidence, we find that [claimant] is entitled to \$19,937.79 in unpaid medical expenses, subject to the fee schedule, as follows:

- \$661.00 for treatment at Atlas Physical Therapy, including \$61.00 outstanding for treatment rendered and \$600.00 in co-pays paid out of pocket by [claimant].
- \$233.39 for treatment at Castle Orthopaedics, which includes \$59.89 outstanding for treatment rendered and \$233.39 [sic] for [claimant's] out of pocket payments.
- \$18,813.50 for treatment at Castle Surgicenter.
- \$229.90 for treatment at Midwest Orthopedics, which includes [sic] \$229.90 for [claimant's] out of pocket expenses.

We further find that Respondent is entitled to a credit of \$15,626.11 under Section 8(j).”

In all other respects, the Commission affirmed and adopted the decision of the arbitrator.

¶ 6 In an order entered on March 9, 2012, the circuit court of Kane County vacated the Commission's award of medical expenses, concluding that there was no evidence to support such an award. Instead, the court awarded claimant \$120.89 in unpaid medical. In addition, the court remanded the matter to the Commission “to determine whether [claimant] paid any medical bills ‘out-of-pocket’ that he was not reimbursed for later.” This appeal followed.

¶ 7 Although the parties have not raised the issue of jurisdiction, this court has an independent duty to address the matter. *Williams v. Industrial Comm'n*, 336 Ill. App. 3d 513, 515 (2003); *Kendall County Public Defender's Office v. Industrial Comm'n*, 304 Ill. App. 3d 271, 273 (1999). Absent a statutory or supreme court rule exception, the jurisdiction of a reviewing court is limited to deciding appeals from final judgments. Illinois Supreme Court Rule 301 (eff. Feb. 1, 1994) ("Every *final* judgment of a circuit court in a civil case is appealable as of right." (Emphasis added.)); *Trunek v. Industrial Comm'n*, 345 Ill. App. 3d 126, 127 (2003). In the context of a workers' compensation claim, it is well settled that when the trial court reverses a decision of the Commission and remands the matter for further proceedings involving disputed questions of law or fact, the trial court order is not final for purposes of appeal. *Stockton v. Industrial Comm'n*, 69 Ill. 2d 120, 124-25 (1977); *St. Elizabeth's Hospital v. Illinois Workers' Compensation Comm'n*, 371 Ill. App. 3d 882, 883-84 (2007); *Roadway Express, Inc. v. Industrial Comm'n*, 347 Ill. App. 3d 1015, 1020-21 (2004); *Williams*, 336 Ill. App. 3d at 516. Conversely, if the trial court's instructions on remand require only that the Commission "act in accordance with the directions of the court and conduct proceedings on uncontroverted incidental matters or *** make a mathematical calculation," then the court's order is final for purposes of appeal. *Williams*, 336 Ill. App. 3d at 516 (citing *A.O. Smith Corp. v. Industrial Comm'n*, 109 Ill. 2d 52, 54-55 (1985) and *Wilkey v. Illinois Racing Board*, 96 Ill. 2d 245, 249-50 (1983)); see also *St. Elizabeth's Hospital*, 371 Ill. App. 3d at 884; *Roadway Express*, 347 Ill. App. 3d at 1020. Where a party attempts to appeal an interlocutory or nonfinal order to this court, we are without jurisdiction to consider the appeal. *Kendall County Public Defender's Office*, 304 Ill. App. 3d at 273.

¶ 8 In this case, we hold that the trial court’s March 9, 2012, order was not final and we therefore lack jurisdiction over this appeal. As noted above, the trial court vacated the Commission’s award of medical expenses, concluding that there was no evidence to support such an award. The court then substituted an award of \$120.89 in unpaid medical. In addition, the court remanded the matter to the Commission “to determine whether [claimant] paid any medical bills ‘out-of-pocket’ that he was not reimbursed for later.” As the court’s instructions make clear, upon remand the Commission is required to do more than simply act in accordance with the directions of the court, conduct proceedings on uncontroverted incidental matters, or make a mathematical calculation. Rather, the Commission must resolve a disputed issue of fact, *i.e.*, whether claimant paid any out-of-pocket medical bills for which he was not reimbursed. As such, claimant’s appeal is premature. We note that our decision does not deprive the parties of the right to judicial review since once the Commission resolves the question set forth above, its decision will be reviewable. *Kendall County Public Defender’s Office*, 304 Ill. App. 3d at 273.

¶ 9 For the reasons set forth above, claimant’s appeal is dismissed and the matter is remanded to the Commission for further proceedings in accordance with this decision.

¶ 10 Appeal dismissed and cause remanded with directions.