2013 IL App (3d) 130186WC-U
No. 3-13-0186WC
Order filed December 19, 2013

IN THE

APPELLATE COURT OF ILLINOIS

THIRD DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

COMCAST,	)	Appeal from the Circuit Court
	)	of McDonough County.
Appellant,	)	
	)	
v.	)	No. 12-MR-62
	)	
THE ILLINOIS WORKERS'	)	
COMPENSATION COMMISSION, et al.,	)	Honorable
	)	Patricia A. Walton,
(Beverly Abernathy, Appellee).	)	Judge, Presiding.

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

ORDER

¶ 1 *Held*: (1) The Commission's finding that claimant sustained an accidental injury arising out of and in the course of her employment with respondent is not against the manifest weight of the evidence; (2) the Commission's finding that claimant's current condition of ill-being is causally related to her employment with respondent is not against the manifest weight of the evidence; and (3) the Commission's award of past and future medical expenses is not against the manifest weight of the evidence.

¶ 2 Respondent, Comcast, appeals the judgment of the circuit court of McDonough County, which confirmed a decision of the Illinois Workers' Compensation Commission (Commission) awarding benefits to claimant, Beverly Abernathy. On appeal, respondent challenges the Commission's findings with respect to accident, causation, and medical expenses. For the reasons set forth below, we affirm the judgment of the trial court and remand this cause for further proceedings.

¶ 3 I. BACKGROUND

¶ 4 On October 21, 2009, claimant filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq*. (West 2008)). Claimant alleged a repetitive-trauma injury to both wrists and elbows on October 12, 2009, while working for respondent. The following evidence was presented at the arbitration hearing held on February 24, 2010, pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2008)).

¶ 5 Claimant, a 49-year old, right-hand dominant, customer-service representative, worked at a call center for Insight Communications (Insight), from 1985 until 2008. Thereafter, she worked for respondent at the same call center until November 2009, when she was laid off. Claimant testified that her job duties for respondent involved answering telephone calls from customers regarding service upgrades and downgrades, service problems, and billing problems. Claimant stated that the tasks for each call varied, but typically required data entry with a keyboard and the use of a computer or a mouse. Claimant usually worked the shift from 9 a.m. until 6 p.m.

¶ 6 Prior to 2009, claimant was treated for bilateral carpal- and cubital-tunnel syndromes. In 1992, she underwent a right carpal-tunnel surgery then returned to her regular-duty job. In 2005, claimant underwent a revision of her right carpal-tunnel

surgery. Dr. Mark Greatting, the surgeon who performed the 2005 procedures, released claimant to full duty in November 2005. In July 2006, claimant was diagnosed with bilateral cubital-tunnel syndrome. Claimant underwent right cubital-tunnel surgery in September 2006 and left cubital-tunnel surgery in November 2006. In December 2006, Dr. Greatting released her to work without restrictions. When claimant followed up in February 2007, Dr. Greatting noted that claimant's job "is requiring less data input." At that time, claimant reported some numbness in her hands and tingling in the ulnar nerve distribution bilaterally. Despite these symptoms, Dr. Greatting indicated that claimant's overall condition had improved and he concluded that she had reached maximum medical improvement. In relation to the foregoing injuries, claimant settled a workers' compensation claim against Insight for 15% loss of use of her left hand, 17.5% loss of use of her right arm, and 15% loss of use of her right hand. Claimant agreed that the settlement contract related to those claims "clos[ed] out [her] right to future medical care for those problems with [her] hands and wrists and elbows."

¶ 7 Claimant testified that the surgeries in 2005 and 2006 helped "take care of the problem" and that following the operations, she was "doing much better." Claimant continued to work for Insight until sometime in 2008, when respondent acquired Insight's operations. Claimant testified that when respondent took over, it instituted several changes. For instance, claimant reported that she rarely took a break while working for Insight. Respondent, however, required each employee to take one break in the morning, one break in the afternoon, and a one-hour lunch break. During each break the employee was required to log off his or her computer. Claimant also noted that respondent mandated the use of ergonomic workstations.

¶ 8 Claimant further testified that respondent expanded the geographical area that the call center serviced, resulting in an increase in the number of telephone calls received and the amount

of data entry required. Claimant explained that with Insight, the call center serviced just the Macomb, Illinois area. When respondent took over, it gradually expanded the service area to cover all of Illinois as well as parts of adjacent states. Claimant testified that although she never had to type for eight consecutive hours while working for respondent, call volume became so high at one point that respondent offered overtime to reduce the backlog. Claimant testified that around that time, she noticed a recurrence of numbness and tingling in her fingers and a decrease in her grip strength.

¶ 9 In July 2009, during a routine physical with her family physician, Dr. Michelle Reeves, claimant reported that work was "very stressful." She related that beginning in June 2009 she had been typing more at work and spending more time on the telephone. She complained of increased symptoms of pain in the right elbow and right wrist. Pain medication did not prove effective, so Dr. Reeves referred claimant to Dr. Edward Trudeau for an EMG/NCV study. On October 12, 2009, Dr. Trudeau authored a report in connection with claimant's referral. After reviewing the EMG/NCV study, Dr. Trudeau's impression was (1) bilateral median neuropathies at the wrists, moderately severe on the right side and mild to moderately severe on the left side and (2) median neuropathy in the right ventral proximal forearm which was mild and "likely part of double crush presentation." Based on the history claimant provided, Dr. Trudeau suggested that claimant's symptoms were "occupationally related."

¶ 10 On December 16, 2009, claimant returned to Dr. Greatting, the physician who performed her prior surgeries. At that time, claimant presented with recurrent complaints of pain, numbness, and tingling in both of her arms. An examination revealed a positive Tinel's sign over the transposed ulnar nerves bilaterally with radiation toward the ring and small fingers. Dr. Greatting also noted a positive Tinel's sign and compression test over her median nerve in the

right proximal forearm and a positive Tinel's sign and Phalen's test over both carpal tunnels. Dr. Greatting reviewed the October 12, 2009, EMG/NCV by Dr. Trudeau, and concluded that the results of that study were consistent with his findings on physical examination. Dr. Greatting diagnosed recurrent bilateral carpal-tunnel syndrome and right pronator syndrome. He advised claimant that while surgery would likely improve the numbness and tingling in her hands, it might not help the pain further up her arms.

¶ 11 At the arbitration hearing, claimant testified that she continues to experience tingling in the fingers and a loss of grip strength affecting both hands. She stated that these symptoms wake her up at night and are worse than the type of problems she previously experienced. Claimant reported no other accidents or injuries to her upper extremities since October 2009. She also denied engaging in any "hand intensive" hobbies. Claimant noted that the surgery recommended by Dr. Greatting is on hold pending authorization from respondent's workers' compensation carrier.

¶ 12 Respondent offered into evidence a written job description and a DVD purportedly depicting claimant's job duties. The job description indicated that the essential functions of claimant's job included: coordinating field activity of technicians via telephone, radio, and computer; assisting customers in diagnosing and resolving problems; keeping department managers current on technician progress; closing orders when necessary; and compiling, preparing, and maintaining reports, logs, and files. The job description also indicated that the employee had to be competent in a variety of computer programs and able to "multi-task in a high pressure, fluid work environment." The DVD depicted a woman in an office cubicle talking on the telephone using a headset. As she spoke on the telephone, the woman made

intermittent use of a computer mouse and keyboard. The woman occasionally wrote something by hand.

¶ 13 When asked about the job description, claimant denied that her position had anything to do with the technicians. Regarding the DVD, claimant testified that it accurately depicted her workstation and the equipment she used at work. The telephone call depicted in the DVD appeared to claimant to be a sales call. Claimant indicated that the amount of data entry depicted on the DVD was typical for that type of call. She noted, however, that she also handled calls regarding trouble or problems with service, and those calls required more data entry than was depicted on the DVD. Claimant explained that when a customer calls with a problem, she has to bring up the account on her computer screen and then switch to different screens in an attempt to diagnose the problem. In addition, she has to pull up and read the histories from previous calls and take notes. If a technician has to be sent to the customer's home, claimant must switch to another screen and type in the information needed to schedule an appointment. Occasionally, claimant will need to send an e-mail to another office to expedite service. When the call is complete, claimant has to enter her notes into the customer's call history. She then immediately moves on to the next call. She stated that other than the "down time" when she would be taking notes about a caller, she was always on the telephone with a customer.

¶ 14 Connie Vance testified that she has worked for Insight, and subsequently respondent, for a combined total of 25 years. Vance stated that her current title is payment center manager and that she was claimant's supervisor. According to Vance, the "major change" instituted when respondent took over Insight was the implementation of mandatory, scheduled breaks. With respect to the customer-service position held by claimant, Vance testified that the "typing intensity" varied from call to call, but primarily involved inputting data into a program, not

typing letters or documents. Vance did not believe that respondent's position involved writing many e-mails and she opined that communicating with other offices would require only a line or two about the situation.

¶ 15 On cross-examination, Vance agreed that in 2008 and 2009, the geographical area serviced by the call center increased significantly, causing an increase in call volume. She also agreed with claimant's testimony that there was no "down time" between telephone calls. Vance acknowledged that there was data entry involved in every call and that even while talking to a customer, employees input data or take notes. Vance agreed that even with mandatory breaks, claimant was assisting customers by telephone 7½ hours per day.

¶ 16 On re-direct examination, Vance indicated that she performed claimant's job before becoming a manager. She denied that the data entry required for claimant's position involved any significant force. Vance testified that a lot of the information needed to assist customers required only a few keystrokes. She also explained that if a customer called from his or her home telephone number, the computer would recognize the caller and "automatically populate" certain information into the system.

¶ 17 At respondent's request, claimant saw Dr. Scott Sagerman on June 30, 2010. See 820 ILCS 305/12 (West 2008). A report of that visit was admitted into evidence. Claimant told Dr. Sagerman that in October 2009, she began to experience the gradual onset of pain, numbness, and tingling in both hands. She related a prior history of similar symptoms for which she underwent carpal- and cubital-tunnel surgeries. She stated that her symptoms "went away" after these operations. Claimant told Dr. Sagerman that she ceased working for respondent in November 2009, but prior to that, her job for respondent involved "data entry, taking phone calls and use of a computer and mouse."

¶ 18 Dr. Sagerman performed a physical examination and reviewed EMG/NCV studies from 2004, 2006, and 2009, as well as operative reports from the 2005 carpal-tunnel surgeries and the September 2006 right cubital-tunnel surgery. Dr. Sagerman obtained X rays of claimant's wrists and elbows, including views of the carpal and cubital tunnels, all of which were "negative." Dr. Sagerman believed claimant could have "persistent or recurrent median neuropathy" and found that all of her treatment to date was reasonable and necessary. Based on his understanding of claimant's work activities, Dr. Sagerman did not think claimant's current condition was causally related to her job. He explained that "[p]erformance of sedentary manual activities and office work, such as [claimant] describes, would not cause or aggravate carpal tunnel syndrome or cubital tunnel syndrome." He suggested that claimant had a mild degree of permanent impairment due to scarring caused by her previous surgeries and the presence of median neuropathies. He stated that "[t]his condition was documented based on her previous medical history and electrodiagnostic testing before October, 2009. However, based on the most recent electrodiagnostic testing, the severity of neuropathy may have worsened." Dr. Sagerman believed work restrictions were unnecessary.

¶ 19 Dr. Greatting testified by evidence deposition on January 4, 2011. Dr. Greatting noted that he treated claimant in 2005 for bilateral carpal-tunnel syndrome and in 2006 for bilateral cubital-tunnel syndrome. Following those surgeries, Dr. Greatting released claimant from his care on February 8, 2007. At that time, claimant reported numbness in her hands and tingling in the ulnar-nerve distribution bilaterally. Dr. Greatting indicated, however, that these symptoms were related to the cubital-tunnel syndrome, not the carpal-tunnel problems. Thereafter, Dr. Greatting did not see claimant again until December 16, 2009. At that time, he diagnosed recurrent bilateral carpal-tunnel syndrome and right pronator syndrome.

¶ 20 Dr. Greatting testified that when claimant presented in December 2009, he was familiar with her job duties. He stated, "[Claimant] worked as a customer service rep for [respondent]. She had done that for many years. She worked basically with a headset on and would talk on the phone and then type or keyboard the information. She said she spent the majority of her time at work basically doing the typing or keyboarding." Dr. Greatting denied that the examination findings of December 16, 2009, were present when he saw claimant in February 2007. He agreed that if claimant had a positive Tinel's sign and Phalen's test in February 2007, he would have noted so in his treating records. Dr. Greatting opined that, based upon a reasonable degree of medical certainty, claimant's condition on December 16, 2009, was causally related to her job duties after February 2007, because claimant was not symptomatic in those areas when he last saw her in 2007. Dr. Greatting also agreed with Dr. Sagerman's opinion that claimant has a "mild degree of permanent impairment" affecting both arms as a result of scarring from her previous surgeries and the presence of median neuropathies. He believed, however, that the symptoms claimant presented with on December 16, 2009, were related to the median neuropathies.

¶ 21 On cross-examination, Dr. Greatting denied that postsurgical scarring alone could have caused claimant's symptoms or the median neuropathies. He believed that claimant's work activities were a contributing factor. He based his opinion on the fact that claimant's carpal-tunnel surgeries were performed in mid-2005, and, according to the history and information available to him, claimant was asymptomatic in those areas until about October 2009.

¶ 22 Dr. Greatting further testified on cross-examination that his understanding of claimant's job activities was based only on information provided to him by claimant. Dr. Greatting testified that he relied upon claimant's keyboarding activities to establish a relationship between her

employment and the recurrent bilateral carpal-tunnel and pronator syndromes he diagnosed in December 2009. He testified that his notes indicate that claimant used a keyboard a majority of her time at work. He interpreted this to mean that she uses a keyboard "more than half of the time she's at work." Dr. Greatting indicated that whether the keyboarding is done constantly is not necessarily relevant. Rather, he stated, the "most relevant thing is that [claimant] describes her symptoms bothering her more while she's doing those activities." He stated that if he learned that claimant's description was inaccurate as to the extent and duration of activities, he might change his causation opinion.

¶ 23 Dr. Greatting testified that after the 2005 carpal-tunnel surgeries, he released claimant to work without restrictions on November 2, 2005. Claimant returned for a follow-up visit in January 2006, noting that the numbness she had been experiencing bilaterally in her fingers was better but had not completely gone away. At that time, Dr. Greatting did not note which fingers were numb, but agreed that the median nerve distribution would include the thumb, index finger, long finger, and half of the ring finger. Dr. Greatting next saw claimant on July 26, 2006, when she complained of weakness of both hands and numbness and tingling bilaterally involving her long, ring, and small fingers. At that time, an examination revealed positive Tinel's and a positive elbow flexion test at both of her cubital tunnels. Claimant also had a mildly positive Tinel's over both carpal tunnels. An EMG/NCV study showed bilateral cubital-tunnel syndrome and some ongoing bilateral carpal-tunnel syndrome. Dr. Greatting diagnosed bilateral cubital-tunnel syndrome. Dr. Greatting agreed that if the postsurgical scarring of claimant's median nerves was sufficiently severe, it could be a factor, "in and of itself," in the numbness claimant is feeling along the path of that nerve.

¶ 24 Based on the foregoing evidence, the arbitrator denied benefits. The arbitrator concluded that claimant failed to sustain her burden of showing that she sustained an accident arising out of and in the course of her employment with respondent or that her current condition of ill-being is causally related to her employment with respondent. In so finding, the arbitrator found the opinion of Dr. Sagerman more persuasive than that of Dr. Greatting in that the former opinion "relies upon the [claimant's] description to the doctor and not a presumption that the [claimant] typed constantly throughout an 8 hour work day."

¶ 25 In a corrected decision and opinion on review, a majority of the Commission reversed the arbitrator. In support of its conclusion, the Commission cited the opinion of Dr. Greatting, claimant's medical records, and claimant's testimony at the arbitration hearing. The Commission noted that although claimant had preexisting bilateral carpal-tunnel syndrome, she sought treatment for the condition and was asymptomatic between January 2006 and the summer of 2009. At that time, an EMG/NCV study indicated bilateral median neuropathy, a condition confirmed by Dr. Greatting's examination in December 2009. The Commission further noted that Dr. Greatting opined that claimant's recurrent bilateral carpal-tunnel syndrome was causally related to her work activities. The Commission also emphasized that when respondent took over Insight, claimant's work load significantly increased. As such, the Commission found it reasonable to infer that despite the system of regular breaks instituted by respondent, the "hand intensive repetitive work duties" claimant performed for her previous employer likely increased under respondent. The Commission awarded claimant medical expenses in the amount of $1,542 (see 820 ILCS 305/8(a), 8.2 (West 2008)) and ordered respondent to pay the cost of the prospective treatment recommended by Dr. Greatting (see 820 ILCS 305/8(a) (West 2008)). In addition, the Commission remanded the matter for further proceedings pursuant to *Thomas v.*

Industrial Comm'n, 78 Ill. 2d 327 (1980). Commissioner White dissented. According to Commissioner White, claimant was not entirely asymptomatic when Dr. Greatting saw her in February 2007 and Dr. Greatting was not presented with the facts concerning the changes respondent made to the workplace. Thus, she concluded that there was no causal connection opinion in the record that considered all of the relevant facts. The circuit court of McDonough County confirmed the decision of the Commission. This appeal ensued.

¶ 26 II. ANALYSIS

¶ 27 On appeal, respondent argues that the Commission erred in awarding claimant benefits pursuant to the Act. According to respondent, claimant failed to sustain her burden of establishing an accident, causation, or entitlement to medical expenses. Claimant responds that the Commission's decision is not against the manifest weight of the evidence.

¶ 28 A. Accident

¶ 29 An employee who alleges a repetitive-trauma injury must still meet the same standard of proof as other employees alleging an accidental injury. *Edward Hines Precision Components v. Industrial Comm'n*, 356 Ill. App. 3d 186, 194 (2005). An accidental injury is compensable under the Act only if it both "arises out of" and "in the course of" one's employment. 820 ILCS 305/2 (West 2008); *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). "In the course of" refers to the time, place, and circumstances under which the accident occurred. *Caterpillar Tractor Co. v. Industrial Comm'n*, 129 Ill. 2d 52, 57 (1989). An injury "arises out of" one's employment if there is a causal connection between the employment and the accidental injury, *i.e.*, the injury has its origin in some risk connected with, or incidental to, the employment or the injury is caused by some risk to which the employee is exposed to a greater degree than the general public by virtue of his or her employment. *Caterpillar Tractor*

Co., 129 Ill. 2d at 58; *Becker v. Industrial Comm'n*, 308 Ill. App. 3d 278, 281 (1999). The claimant has the burden of proving that the injury arose out of and in the course of his or her employment. *Hosteny*, 397 Ill. App. 3d at 674.

¶ 30 The parties dispute the standard of review that governs our analysis of this issue. When divergent inferences may reasonably be drawn from the facts in a workers' compensation proceeding, a question of fact is presented. *Insulated Panel Co. v. Industrial Comm'n*, 318 Ill. App. 3d 100, 103 (2001). In resolving questions of fact, it is the province of the Commission to assess the credibility of the witnesses, resolve conflicts in the evidence, assign the weight to be afforded the evidence, and draw reasonable inferences from the evidence. *Beattie v. Industrial Comm'n*, 276 Ill. App. 3d 446, 449 (1995). The reviewing court is limited to determining whether the Commission's factual findings are against the manifest weight of the evidence, and the reviewing court may not reject reasonable inferences of the Commission merely because it might have drawn a contrary inference on the facts in evidence. *Parro v. Industrial Comm'n*, 260 Ill. App. 3d 551, 554 (1993). A reviewing court also employs the manifest-weight-of-the-evidence standard where the facts are undisputed, but more than one reasonable inference may be drawn therefrom. *Federal Marine Terminals, Inc. v. Illinois Workers' Compensation Comm'n*, 371 Ill. App. 3d 1117, 1127 (2007). In contrast, we review *de novo* the Commission's decisions on questions of law. *Otto Baum Co. v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4^{th}) 100959WC, ¶ 13. We also apply the *de novo* standard of review when the facts essential to our analysis are undisputed and susceptible to but a single inference and our review therefore involves only an application of the law to those undisputed facts. *Johnson v. Illinois Workers' Compensation Comm'n*, 2011 IL App (2d) 100418WC, ¶ 17.

¶ 31 Respondent maintains that we should review the Commission's decision *de novo* because the facts are undisputed and susceptible to but a single inference. Respondent reasons that the Commission's decision is premised upon a finding that claimant sustained an accident as a result of performing "hand intensive repetitive work duties" which increased in 2009 when respondent expanded the geographical area serviced by the call center where claimant worked. According to respondent, however, "no testimony, medical evidence, job description or job analysis were offered to establish that [claimant's] work duties for [respondent] were forceful or repetitive in nature." Claimant responds that the manifest-weight standard applies as there are factual matters in dispute. Among other things, claimant asserts that her testimony and that of her supervisor are conflicting regarding the nature of claimant's job duties, the time spent doing each task, and the level of difficulty associated with each task. We agree with claimant and apply the manifest-weight standard. See *Metropolitan Water Reclamation District of Greater Chicago v. Illinois Workers' Compensation Comm'n*, 407 Ill. App. 3d 1010, 1013 (2011) (applying the manifest-weight standard in assessing the Commission's decision whether the claimant's injury arose out of and in the course of employment). A finding is against the manifest weight of the evidence only where an opposite conclusion is clearly apparent. *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill. App. 3d 288, 291 (1992).

¶ 32 As noted previously, the Commission found that claimant sustained her burden of establishing that her current bilateral carpal-tunnel condition arose out of and in the course of her work activities for respondent. The evidence of record supports the Commission's finding. The record establishes that between 1992 and 2006, claimant underwent a series of operations related to bilateral carpal-tunnel syndrome and bilateral cubital-tunnel syndrome. In December 2006, Dr. Greatting released claimant to work without restrictions. Claimant followed up with Dr.

Greatting in February 2007. At that time, claimant noted that she had been assigned a new position at work which required less data input. Dr. Greatting noted some residual numbness in claimant's hands and tingling in the ulnar nerve distribution bilaterally, but found that claimant's overall condition had improved and that she had reached maximum medical improvement.

¶ 33 Claimant testified that the surgeries helped "take care of the problem." She continued to work for Insight and subsequently respondent. When respondent took over Insight's operations, it instituted a number of changes, including the implementation of mandatory breaks and the use of ergonomic equipment. In addition, respondent expanded the geographical area serviced by the call center where claimant worked. According to claimant, the expansion resulted in an increase in call volume and the amount of data entry required. Claimant had no documented complaints involving her upper extremities between February 2007 and July 2009, when she underwent a routine physical with Dr. Reeves. At that time, claimant told Dr. Reeves that since June 2009, she had been typing more at work and noticed increased symptoms of pain in the right elbow and right wrist. Conservative treatment proved ineffective, and Dr. Reeves referred claimant to Dr. Trudeau for an EMG/NCV. Dr. Trudeau noted that claimant "does describe repetitive-motion work duties in the course of her employment as a customer account executive for [respondent]." He diagnosed bilateral median neuropathies and "suspect[ed] * * * that [claimant] may have a combination of both musculoskeletal and peripheral nerve factors in the overall symptom presentation related to the repetitive-motion work injuries involving the upper extremities."

¶ 34 In December 2009, claimant returned to Dr. Greatting, who concluded that the results of Dr. Trudeau's study were consistent with his findings on physical examination. Dr. Greatting diagnosed recurrent bilateral carpal-tunnel syndrome and right pronator syndrome. He opined

that claimant would benefit from surgery. At his deposition, Dr. Greatting was asked whether he believed that claimant's condition of ill-being was related to her work activities after February 2007. He responded in the affirmative, noting that claimant was not symptomatic in the affected areas when he last saw her in 2007. He also noted that the residual numbness claimant was experiencing in February 2007 was in the ulnar nerve distribution, not the median nerve.

¶ 35 Thus, the evidence establishes that claimant was doing well following her surgeries in 2005 and 2006. When she saw Dr. Greatting in February 2007, she had been assigned to a new position which required less data input. She had no documented complaints involving her median nerves bilaterally. When respondent took over Insight's operations, it increased the geographical area serviced by the call center where claimant worked. This resulted in an increase in call volume, and according to claimant, the amount of keyboarding required. Soon thereafter, claimant began experiencing an increase in symptoms. Claimant was diagnosed with recurrent bilateral carpal-tunnel syndrome. Both Dr. Greatting and Dr. Trudeau linked the diagnosis to claimant's activities at work for respondent. Given the foregoing, we cannot say that a conclusion opposite to that of the Commission is clearly apparent. As such, the Commission's finding that claimant's accident arose out of and in the course of her employment is not against the manifest weight of the evidence.

¶ 36 Nevertheless, respondent urges that the Commission's reliance on Dr. Greatting's opinion is misplaced. According to respondent, Dr. Greatting had "an incomplete and inaccurate understanding of [claimant's] work activities with respect to the extent of and duration of her keyboarding activities." In particular, respondent claims that Dr. Greatting was unaware of the changes instituted to claimant's position by respondent in 2008. We disagree. At his deposition, Dr. Greatting testified that he was familiar with claimant's work activities when he saw her on

December 16, 2009. Respondent also claims that claimant did not establish that she performed a single activity, constantly and consistently throughout her workday. Again, we disagree. There is no legal requirement that a certain percentage of the workday be spent on a task in order to support a finding of repetitive trauma. *Edward Hines Precision Components*, 356 Ill. App. 3d at 193-94. In any case, there was evidence from which the Commission could reasonably have concluded that claimant typed throughout the day. Claimant testified that while the tasks of each call varied, they typically required data entry with a keyboard and the use of a computer mouse. Vance, claimant's supervisor, acknowledged that data entry was involved in every call and that even while talking to customers, employees input data or take notes. In addition, Dr. Greatting stated that whether the keyboarding is done constantly is not necessarily relevant. Rather, it is claimant's description of symptoms while typing that is significant. Here, claimant testified that she experienced an increase in pain while typing. Accordingly, we affirm the Commission's finding that claimant sustained an industrial accident.

¶ 37 B. Causation

¶ 38 Respondent next contends that the Commission's finding of a causal connection between claimant's work duties and her condition of ill-being is contrary to law and against the manifest weight of the evidence.

¶ 39 To obtain compensation under the Act, an employee must prove that some act or phase of employment was a causative factor in the ensuing injuries. *Land & Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d 582, 592 (2005). A work-related 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. v. Industrial Comm'n*, 207 Ill. 2d 193, 205 (2003). Thus, even if an employee has a preexisting condition which makes him or her more vulnerable to injury,

recovery for an industrial injury will not be denied as long as the employee can establish the employment was also a causative factor. *Sisbro, Inc.*, 207 Ill. 2d at 205. As noted earlier, in resolving disputed issues of fact, including issues of causation, it is the Commission's province to assess the credibility of witnesses, draw reasonable inferences from the evidence, determine the weight to assign testimony, and to resolve conflicts in the evidence. *Beattie*, 276 Ill. App. 3d at 449. A reviewing court may not substitute its judgment for that of the Commission on such issues merely because other inferences from the evidence may be drawn. *Berry v. Industrial Comm'n*, 99 Ill. 2d 401, 407 (1984). We will overturn the Commission's causation finding only when it is against the manifest weight of the evidence. *Swartz v. Industrial Comm'n*, 359 Ill. App. 3d 1083, 1086 (2005). As noted above, a decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent. *Caterpillar, Inc.*, 228 Ill. App. 3d at 291.

¶ 40 The Commission relied on Dr. Greatting's opinion in finding causation. Dr. Greatting opined that claimant's condition on December 16, 2009, was causally related to her job duties after February 2007, because claimant was not symptomatic in the median nerve when he saw her in 2007. Respondent claims, however, that claimant was not completely asymptomatic. Respondent cites Dr. Greatting's February 2007 office note, which provides that claimant still had complaints of numbness in her hands and tingling in the ulnar distribution bilaterally. However, Dr. Greatting testified that these symptoms were related to claimant's bilateral *cubital*-tunnel syndrome, not her *carpal*-tunnel syndrome. Thus, this argument is unfounded.

¶ 41 Respondent also notes that Dr. Greatting suggested that it was a two-fold process that resulted in claimant's recurrent bilateral carpal-tunnel syndrome—the combination of scarring from the previous surgeries and claimant's work activities. Respondent reiterates, however, that

Dr. Greatting had an inaccurate and incomplete understanding of claimant's work activities. As such, respondent reasons that the two-fold process of causation would leave the scarring from the previous surgeries as the only reasonable explanation for claimant's bilateral carpal-tunnel syndrome. As noted with respect to respondent's argument on accident, however, Dr. Greatting testified that he was familiar with claimant's work activities when he saw her in 2009. Accordingly, this position is also unfounded. Since there was evidence from which the Commission could reasonably link claimant's recurrent carpal-tunnel condition to her employment with respondent, we find that the Commission's causation finding is not against the manifest weight of the evidence.

¶ 42 C. Medical Expenses

¶ 43 Respondent's final contention is that the Commission's award of medical expenses was contrary to law and against the manifest weight of the evidence. Respondent premises this argument solely on its previous contentions that claimant failed to prove accident or causation. Having previously rejected those arguments, we likewise reject respondent's challenge to the Commission's award of past and future medical expenses.

¶ 44 III. CONCLUSION

¶ 45 For the reasons stated, we affirm the judgment of the circuit court of McDonough County, which confirmed the decision of the Commission. This cause is remanded for further proceedings pursuant to *Thomas*, 78 Ill. 2d 327.

¶ 46 Affirmed and remanded for further proceedings.