

No. 1-12-2666WC

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IN THE
APPELLATE COURT OF ILLINOIS
FIRST DISTRICT

GRAPHIC PACKAGING CORPORATION,)	Appeal from the Circuit Court
)	of Cook County.
)	
Appellant,)	
)	
v.)	No. 11 L 51506
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION, <i>et al.</i> ,)	Honorable
)	Margaret Brennan,
(Consuelo Castaneda, Appellee).)	Judge, Presiding.

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

ORDER

¶ 1 *Held:* The judgment of the circuit court was affirmed where the Commission's decision finding that the claimant's ulnar nerve injury was causally connected to her employment and its award of temporary total disability benefits and medical expenses were not against the manifest weight of the evidence.

¶ 2 Graphic Packaging Corporation (Graphic) appeals from the decision of the Illinois Workers' Compensation Commission (Commission) which awarded benefits under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2005) to the claimant, Consuelo Castaneda, for an ulnar nerve injury she sustained while working for Graphic. For the reasons

that follow, we affirm the judgment of the circuit court which confirmed the decision of the Commission.

¶ 3 At the outset, we note that, the claimant filed three applications for adjustment of claims alleging that she sustained injuries on three different dates while working for Graphic. The claimant's application relating to an accident occurring on July 22, 2005, which alleged that she sustained injuries to her left hand and arm was the subject of Commission case no. 05 WC 4445. The subsequent accidents on June 15, 2007, and April 28, 2007, are the subjects of Commission case nos. 07 WC 33742 and 08 WC 03121, respectively. Sometime after the 2005 accident, Graphic changed workers' compensation insurance carriers and was defended by different counsel in the subsequent cases. On December 29, 2009, the arbitrator heard all three cases and issued a consolidated decision on May 10, 2010. The Commission issued separate decisions for each case. This appeal involves only the claim related to the July 22, 2005, accident.

¶ 4 The claimant testified that, in 2001, she began working as a "catcher/feeder" for Graphic, a box manufacturer which supplies empty packages for its customers' products. As a "feeder," the claimant lifted empty boxes off of skids and inserted or "fed" each piece into a machine that mechanically folded each box. As a "catcher," she would retrieve the folded boxes from a conveyor belt and pack the empty boxes into shipping boxes. The boxes would then be sent to Graphic's customers so that they could fill the boxes with their products. The claimant's duties required her to lift large boxes, grab boxes with both hands, and push and pull product when the conveyor belt jammed. She also had to reach above her head to grab material off of skids. Her duties entailed the flexion and extension of her wrist. The claimant testified that she preferred to use her left hand because she was "trained to work on that side." According to the claimant, she

caught more than 100 boxes in a two to three hour period and she fed between 20 and 30 skids full of empty boxes into the mechanical box-folding machine per shift. The job description contained in the record states that the claimant's position required lifting ranges from one to 15 pounds.

¶ 5 On July 22, 2005, the claimant was working as a catcher when her left hand struck a conveyor belt roller, injuring the fourth and fifth fingers on her left hand. She reported the accident to her supervisor, Luis Hernandez, and another manager she knew only as "Jim," but she finished the workday. By the end of her workday, her left hand was swollen, painful, and inflamed. She experienced pain throughout her left upper extremity. The accident occurred on a Friday, and she stated that she had these symptoms throughout the weekend.

¶ 6 On July 27, 2005, the claimant sought treatment at Advocate Occupational Health (Advocate). She testified that she told the doctor that, after the accident, she felt immediate pain in her little finger with sharp shooting pain radiating into her forearm. X-rays of the claimant's left wrist and hand were taken on that day and neither x-ray revealed any fracture or dislocation. The doctor's report states that, upon examination, the claimant had pain when flexing her little finger; "exquisite tenderness" over the "ulnar collateral ligaments at the level of her proximal interphalangeal joint and at the distal interphalangeal joint"; and tenderness over the "volar plates at the metacarpophalangeal joint as well as at the proximal interphalangeal joint." However, the claimant had full range of motion in all fingers and her elbow and the evaluation of her forearm and wrist was "unremarkable" and "nontender."

¶ 7 The doctor restricted the claimant from using her left hand, placed her left hand in a splint, and scheduled her for physical therapy. According to the claimant, the physical therapist provided heat, ice, and electrical treatments to her hand. She returned to Advocate two days

later, on July 29, 2005, reporting persistent pain in her hand and over her wrist area. On August 1, 3, and 8, 2005, the claimant returned to Advocate and reported persistent pain that radiated into her left arm, a "tingling and a sleeping feeling" in her left forearm, and pain and numbness traveling from her little finger into her forearm. The claimant testified consistently with the medical reports from those exam dates. The claimant stated that she worked on a light-duty basis while she treated at Advocate.

¶ 8 The claimant was released by Advocate to full-duty work on August 15, 2005. The physician's report of that date states that the claimant's left little finger had full range of motion and strength was "+5/5." The doctor noted that the claimant had "some tenderness in the proximal portion of the left [little] finger" but that there was no redness or discharge. The doctor recorded that the sprain was "resolving," and that he released the claimant from physical therapy, returned her to full-duty work, advised her to ice the hand, as needed, and asked her to return on August 22, 2005. However, the claimant did not return to Advocate and sought treatment elsewhere.

¶ 9 On August 18, 2005, the claimant saw Dr. Rivera at Centros Medicos Hispanos (also known as the "Neck and Back Clinic"), who referred her to Dr. John O'Keefe, an orthopedic surgeon. The claimant testified that she sought treatment from the Neck and Back Clinic because she did not feel that she was ready to return to work even though Advocate had released her.

¶ 10 On August 22, 2005, the claimant first saw Dr. O'Keefe, who recommended an outpatient procedure exploring the "flexor mechanism and a release of the A1 pulley" and ordered that she stop working and begin physical therapy at the Neck and Back Clinic. The physical therapist's initial report, dated August 22, states that the claimant had pain in the left fifth digit and lateral

border of the left hand which radiated into her left upper extremity. The therapist noted that the claimant had tenderness in the left fifth digit, "PIP", and "MC," and in the "soft tissues along the ulnar border of the left forearm."

¶ 11 On September 20, 2005, the claimant returned to Dr. O'Keefe, who continued to recommend the outpatient release procedure.

¶ 12 On September 23, 2005, the claimant was examined by Dr. William Heller at the request of Graphic. Dr. Heller stated that he believed that the claimant's condition was caused by her workplace accident on July 22, 2005. He described the claimant's condition as a "left small finger proximal interphalangeal joint central slip injury with resultant subluxation of lateral bands" rather than the triggering of the left small finger at the metacarpophalangeal joint. He recommended that the claimant try steroid injections, and if steroid treatment failed, surgical intervention would be appropriate in the form of a proximal interphalangeal joint exploration with repair of lateral band subluxation and possible central slip repair. Dr. Heller noted that the surgery that he was recommending was different from the surgery that Dr. O'Keefe was recommending because he believed that the primary source of pathology was the proximal interphalangeal joint rather than the metacarpophalangeal joint. Dr. Heller stated that the claimant could work with restrictions on repetitive gripping or grasping with the left hand.

¶ 13 On October 21, 2005, the claimant saw Dr. O'Keefe, who noted that the claimant worked the day before, using her left hand, and felt much worse. He offered to administer a cortisone injection, but the claimant declined, fearing that the injection might damage her nerve. Dr. O'Keefe acknowledged that the injection could cause nerve damage, and told the claimant that he preferred to proceed with the release surgery to correct her "trigger finger." The claimant agreed,

and Dr. O'Keefe requested authorization to perform the surgery. Dr. O'Keefe wrote that the claimant's need for surgery "[was] a direct result of her work activities" for three to four years.

¶ 14 In a November 21, 2005, office visit note, Dr. O'Keefe wrote that the claimant had a problem with the "medial collateral ligament of the PIPJ" and the "A1 pulley." He continued in his recommendation that the claimant undergo an exploration of the A1 pulley area and possible repair of the radial collateral ligament. Dr. O'Keefe noted that, although Dr. Heller believed that the claimant could work, he disagreed because her attempt to work on October 20, 2005, went "horribly." He administered a cortisone injection and recommended that the claimant return for a follow-up visit in two to three weeks.

¶ 15 On December 5, 2005, Dr. O'Keefe noted that the cortisone injection which he had administered did not help the claimant's pain, and he again recommended that she have the release surgery. However, he recommended that the claimant, who was now pregnant, postpone the surgery until after she delivered her baby. The claimant treated with Dr. O'Keefe and went for physical therapy treatment throughout the duration of her pregnancy between December 2005 and July 2006.

¶ 16 On April 3, 2006, the claimant was examined a second time by Dr. Heller at the request of Graphic. The only change in his report pertained to the claimant's recent cortisone injection, which he noted did not relieve her symptoms. Dr. Heller, therefore, opined that surgical intervention was necessary.

¶ 17 On July 20, 2006, Dr. O'Keefe performed the trigger release surgery at the Peterson Surgical Center. On August 4, 2006, Dr. O'Keefe reported that the claimant's incision was healing well and that she should begin physical therapy. However, he stated that the claimant was not ready to return to work as her "job requires up to 150-pound lift[s] as she transfers

objects to a pushcart" and that it would "take her several months before she is able to do unrestricted 150-pound lifts."

¶ 18 On September 8, 2006, Dr. Heller examined the claimant a third time at the request of Graphic. Upon physical examination, Dr. Heller noted the claimant's hand function was normal, although she complained of pain at the level of the proximal interphalangeal joint. He determined that she had recovered from her surgery and that the surgery fully relieved the symptoms caused by the July 22, 2005, accident. Dr. Heller did not believe that the claimant required any further medical care and released her to return to full-duty work.

¶ 19 The claimant completed physical therapy at the Neck and Back Clinic on September 13, 2006.

¶ 20 On September 15, 2006, the claimant returned to Dr. O'Keefe, continuing to report pain in her hand and forearm. She continued to treat with Dr. O'Keefe until October 31, 2006, at which time she saw his associate Dr. Bowman because Dr. O'Keefe had left Diversey Medical Center. Although Dr. O'Keefe had kept the claimant off work, on October 31, 2006, Dr. Bowman released her to work with restrictions, including no lifting, pushing or pulling more than 10 pounds for four weeks. Dr. Bowman noted that, after four weeks with the restrictions, the claimant could return to full-duty work. The claimant returned to work on November 6, 2006.

¶ 21 The claimant located Dr. O'Keefe's new practice at Marian Orthopedics and returned to see him on December 8, 2006. The claimant stated that, at the time, her hand continued to hurt depending on the type of work she was performing. Dr. O'Keefe ordered that the claimant work with restrictions on any lifting and carrying, pushing and pulling more than 10 pounds. According to Dr. O'Keefe's notes of that visit, he found that the claimant's return to her normal

job duties was premature as those duties require lifting 30 to 40 pounds. The claimant testified that Graphic did not always comply with her work restrictions.

¶ 22 When the claimant saw Dr. O'Keefe on January 29, 2007, she reported that lifting 8 to 10 pounds caused numbness in her fourth and fifth fingers. Upon physical examination, Dr. O'Keefe noted that the trigger digit was "well healed" and that the "ulnar nerve reveal[ed] a positive Tinel's at the elbow with tingling and dyesthesia in the fourth and fifth digits." Dr. O'Keefe recommended continued physical therapy and an ulnar nerve electrical exam. At a March 9, 2007, follow-up appointment, Dr. O'Keefe noted that the claimant reported no change in her symptoms and that she had not yet received insurance approval for the electrical nerve study. Dr. O'Keefe's report, dated April 9, 2007, stated the same.

¶ 23 The claimant had the electrical nerve study on April 28, 2007, which revealed "no evidence of ulnar nerve entrapment at the cubital tunnel or tunnel of Guyon" and "evidence of a mild lesion of the median nerve at or about the wrist (carpal tunnel) affecting the sensory fibers only, resulting in a decreased conduction velocity through this region."

¶ 24 Dr. O'Keefe ordered the claimant to undergo additional physical therapy, which she did at Athletico between March 10, 2007, and June 11, 2007. On May 11, 2007, the claimant returned to Dr. O'Keefe, who kept her work restrictions in place. The claimant testified that the physical therapy helped her symptoms for a while by allowing her to tolerate her work "a little more."

¶ 25 On July 30, 2007, Dr. O'Keefe noted that the electrical nerve study showed carpal tunnel disease and that the claimant was having neck and peripheral neuritic symptoms. He recommended physical therapy for her hand and referred her to a chiropractor for treatment of her neck symptoms.

¶ 26 On November 12, 2007, the claimant saw a physician assistant (PA) at Dr. O'Keefe's office, who noted that Graphic had increased the claimant's lifting to 15 pounds, which exceeded the 8 to 10 pound restriction imposed by the doctor. The claimant reported that she was not tolerating the weight increase very well and had been experiencing pain, tenderness, tingling, burning, and numbness in her arm. The PA prescribed medication for the numbness and tingling and refilled the claimant's pain medication prescription. The PA further noted that the claimant's work restrictions were to remain in effect and that, if Graphic refused to comply with the restrictions, the claimant would be ordered off of work.

¶ 27 On December 12, 2007, the claimant treated with Dr. O'Keefe, who noted that she was "more symptomatic with the ulnar nerve and neuritis, but that" those symptoms were "electrically quiet in April." He ordered a new electrical nerve study which was completed on December 21. That exam revealed no evidence of ulnar mononeuropathy or acute cervical radiculopathy. However, there was evidence of a mild neurapraxic lesion of the median nerve at or about the wrist (carpal tunnel) involving sensory fibers only, which was unchanged from the April study.

¶ 28 In January 2008, Dr. O'Keefe requested authorization to perform a carpal tunnel release procedure on the claimant. In a note, dated February 19, 2008, Dr. O'Keefe wrote that he hoped that with the "median nerve release and improved ADL function, the ulnar neuritis will settle."

¶ 29 The claimant testified that she continued working at Graphic until May 15, 2008, when she was terminated. According to the claimant, Graphic rarely accommodated her work restrictions between April 28, 2007, and May 15, 2008.

¶ 30 On May 22, 2008, the claimant treated with Dr. O'Keefe, who ordered another electrical nerve study and an MRI exam of her cervical spine. On June 26, 2008, the claimant had the

nerve exam, which revealed no changes from her previous studies. Dr. O'Keefe noted, however, that the nerve study did show "slowing" at the elbow in the left ulnar nerve compared to the right. A month later, on July 26, 2008, the claimant had an MRI of her cervical spine, which revealed no abnormalities.

¶ 31 On July 18, 2008, the claimant was examined by Dr. Prasat Alturi at the request of Graphic. Dr. Alturi referred the claimant for an electromyogram, which was performed on July 23, 2008. That exam revealed "mild nearly symmetrical bilateral median neuropathies at wrist without active denervation within distal median innervated muscles." No other abnormalities were noted. On July 29, 2008, Dr. Alturi issued a written report stating that he had reviewed the claimant's medical records. He opined that the claimant's current symptoms are not related to the left hand injury that she sustained on July 22, 2005. According to Dr. Alturi's report, the claimant's written job description which was provided to him included duties entailing repetitive use of her upper extremities, but "no significant forceful gripping, heavy lifting or pushing and pulling on a frequent basis." Therefore, he opined that the claimant's "left upper extremity complaints would not be considered related to her work activities."

¶ 32 The claimant's physical exam with Dr. Alturi revealed "some irritation of the ulnar nerve at the elbow," which the doctor recommended that the claimant treat with the use of a nocturnal splint. If a splint did not help, Dr. Alturi recommended an "in-situ release of the ulnar nerve." He also noted that the claimant's exams showed carpal tunnel syndrome. Dr. Alturi recommended that a carpal tunnel release be performed at the same time as the ulnar nerve release. Regarding work, Dr. Alturi believed that the claimant could work without restrictions. If she responded favorably to the nocturnal splinting, he opined that the claimant would reach

maximum medical improvement (MMI) in two months. If surgical intervention was required, she would reach MMI three to four months after surgery.

¶ 33 On August 28, 2008, the claimant saw Dr. O'Keefe, who kept her work restrictions in place and ordered a third electrical nerve study. His letter to claimant's counsel documented his disagreement with Dr. Alturi's causation opinion, stating that the "constellation of symptoms are related to [the claimant's] work activities and of that genesis." Dr. O'Keefe testified consistently with his letter, opining that the claimant's condition, specifically the "trigger-finger," was caused by her workplace accident in July 2005. Regarding the claimant's ulnar nerve condition, Dr. O'Keefe testified that he believed that the July 22, 2005, accident "caused, aggravated, or accelerated" the claimant's ulnar nerve condition. He remarked that the claimant had no complaints relating to her left hand, wrist or arm before July 22, 2005, which he found significant in rendering his opinion.

¶ 34 Dr. O'Keefe testified that he believed that the claimant injured her finger and the ulnar nerve when she tried to extricate her arm from the machine that she was using at work. He explained that her work involved repetitive activities and that he treated the hierarchy of her symptoms based upon the severity. According to Dr. O'Keefe, the trigger-finger symptoms caused the claimant the most discomfort at first, and then the ulnar nerve and carpal tunnel issues began to prevail after the trigger release surgery. Dr. O'Keefe recommended release surgeries to treat the carpal tunnel syndrome and the ulnar nerve disorder, and he predicted that the claimant would improve "almost certainly" if she had the procedures. Dr. O'Keefe stated that the claimant could not return to a full-duty work until she had the surgery.

¶ 35 On November 12, 2008, a third electrical nerve study was performed, revealing no abnormalities.

¶ 36 The claimant's final visit with Dr. O'Keefe took place on December 30, 2008, when she learned that Graphic's insurance carrier had stopped paying her benefits. The claimant testified that she received TTD benefits for the weeks between July 22, 2005, and November 6, 2006. She also received \$2,178.88 in TTD benefits sometime in 2007.

¶ 37 At the arbitration hearing, the claimant testified that she had pain in her left hand, wrist, elbow, forearm and shoulder and that her hand was numb. She stated that the pain keeps her awake at night and that she takes Tylenol or Advil for the pain as she ran out of the medication that Dr. O'Keefe had prescribed. The claimant testified that, due to her pain, she cannot perform household chores that she was previously able to perform. Regarding employment, the claimant stated that she had applied for positions at two other packaging companies but that those employers would not hire her with her current work restrictions. She further stated that she wanted to have the surgery recommended by Dr. O'Keefe.

¶ 38 Following a hearing held pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2005)), the arbitrator awarded the claimant temporary total disability (TTD) benefits for the weeks between August 22, 2005, and September 15, 2006, finding that the claimant proved that her fifth trigger-finger injury was causally connected to the July 22, 2005, workplace accident. The arbitrator, however, found that the claimant failed to prove that her carpal tunnel syndrome and her ulnar nerve injury were causally connected to that accident. Accordingly, he denied the claimant benefits, including TTD, medical expenses, and prospective medical expenses, related to the treatment of those conditions.

¶ 39 The claimant filed for a review of the arbitrator's decision before the Commission. With one commissioner dissenting without opinion, the Commission modified the arbitrator's decision in part and affirmed and adopted it in part. In the portion of the decision modified, the

Commission determined that the claimant had proven a causal connection between her ulnar nerve injury and her workplace accident. The Commission awarded the claimant TTD benefits for the weeks between August 22, 2005, and November 5, 2006, and the weeks between May 16, 2008, and December 29, 2009. It further ordered Graphic to pay the claimant's medical bills related to her ulnar nerve injury and prospective medical expenses in the form of a visit to Dr. O'Keefe to assess her ulnar nerve condition and need for further treatment. The Commission affirmed and adopted the remainder of the arbitrator's decision and remanded the matter pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980).

¶ 40 Graphic sought a judicial review of the Commission's decision in the Circuit Court of Cook County. The circuit court modified the Commission's decision to reflect that Graphic was not responsible for medical expenses billed by the Neck and Back Clinic in the amount of \$6,370.56. The circuit court confirmed all other aspects of the Commission's decision. Graphic now appeals.

¶ 41 Graphic first argues that the Commission's finding that the claimant proved a causal connection between her ulnar nerve condition and the July 22, 2005, accident is against the manifest weight of the evidence.

¶ 42 The claimant in a workers' compensation case has the burden of proving, by a preponderance of the evidence, all of the elements of her claim. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). To prevail, the claimant must establish that her current condition of ill-being is causally connected to a work-related injury. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203 (2003). Whether a causal relationship exists between a claimant's employment and her condition of ill-being is a question of fact to be resolved by the Commission, and its determination of the issue will not be disturbed on appeal unless it is against the manifest weight

of the evidence. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984). In resolving such issues, it is the function of the Commission to decide questions of fact, judge the credibility of witnesses, and resolve conflicting medical evidence. *O'Dette*, 79 Ill. 2d at 253. For a finding of fact to be against the manifest weight of the evidence, a conclusion opposite to the one reached by the Commission must be clearly apparent. *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill. App. 3d 288, 291 (1992). Whether a reviewing court might have reached the same conclusion is not the test of whether the Commission's determination on a question of fact is supported by the manifest weight of the evidence. Rather, the appropriate test is whether there is sufficient evidence in the record to support the Commission's determination. *Benson v. Industrial Comm'n*, 91 Ill. 2d 445, 450 (1982)

¶ 43 Here, the Commission determined that the claimant's medical records demonstrated that she had complained of ulnar nerve symptoms shortly after her work accident on July 22, 2005. And, although her initial treatment focused on the trigger-finger problem, the Commission noted that the claimant's ulnar nerve symptoms never resolved and that her physicians did not focus on treating those symptoms until after she returned to work in the fall of 2006 following the trigger-release surgery. We also note that Dr. O'Keefe opined that the claimant's July 22, 2005, workplace accident "caused, aggravated or accelerated" her ulnar nerve condition, remarking that the claimant had never had any pain complaints or other symptoms in her left hand before the date of the accident. See *Sisbro*, 207 Ill. 2d at 205 ("Accidental injury need not be the sole causative factor, nor even the primary causative factor, as long as it was *a* causative factor in the resulting condition of ill-being"). While Dr. Alturi offered a contrary opinion, it is the duty of the Commission to resolve conflicting medical opinions, and in this case, the Commission adopted a conclusion consistent with Dr. O'Keefe's opinion as it related to the claimant's ulnar

nerve condition. Based on this record, we cannot find that a conclusion opposite to the Commission's finding that the claimant's ulnar nerve condition is causally connected to the July 22, 2005, workplace accident, is clearly apparent.

¶ 44 Next, Graphic contends that the Commission's award of TTD benefits beyond November 5, 2006, is against the manifest weight of the evidence.

¶ 45 A claimant is temporarily totally disabled from the time an injury incapacitates her from work until such time as she is as far recovered or restored as the permanent character of her injury will permit. *Matuszczak v. Illinois Workers' Compensation Comm'n*, 2014 IL App (2d) 130532WC, ¶ 14, as modified on denial of *reh'g* (Dec. 22, 2014). When a claimant seeks TTD benefits, the dispositive inquiry is whether the claimant's condition has stabilized, *i.e.*, whether the claimant has reached MMI. *Id.* Further, to be entitled to TTD, a claimant must show not only that she did not work but that she could not work. *Archer Daniels Midland Co. v. Indus. Comm'n*, 138 Ill. 2d 107, 119 (1990).

¶ 46 Graphic's position that the claimant is not entitled to TTD benefits beyond November 6, 2006, rests entirely upon its conclusion that the claimant's ulnar nerve condition is not causally connected to the July 22, 2005, workplace accident and that she reached MMI for her trigger-finger injury when she returned to work on November 5, 2006. The Commission, however, determined the claimant's ulnar nerve condition is causally connected to the July 22, 2005, incident, and we found no reason to disturb that decision. The record also supports the Commission's TTD award as neither Dr. O'Keefe nor Dr. Alturi found the claimant to have reached MMI by the time of the hearing. Dr. O'Keefe specifically stated that the claimant could not return to full-duty work until she had the surgery, and Dr. Alturi opined that the claimant

should reach MMI in two months if a nocturnal splint was effective in treating her ulnar nerve injury, or within three to four months after surgery.

¶ 47 Graphic further argues that the claimant failed to prove that she was unable to work after her termination on May 15, 2008, but the claimant testified that she had applied to at least two other employers who were unwilling to hire her with her work restrictions. Graphic did not submit any evidence to the contrary. Given the record, we cannot find that the Commission's award of TTD benefits for the weeks following the claimant's termination on May 16, 2008, until the date of the arbitration hearing on December 29, 2009, is against the manifest weight of the evidence.

¶ 48 Next, Graphic contends that the Commission's award of medical expenses related to the claimant's ulnar nerve condition is against the manifest weight of the evidence. Graphic contends that it should only be liable for 50% of the \$3,425 balance for the claimant's visits to Dr. O'Keefe between December 12, 2007, and December 30, 2008, because those medical records establish that she was treated for both her ulnar nerve condition and carpal tunnel syndrome. Since the Commission determined that the claimant's carpal tunnel syndrome was not causally connected to the workplace accident, Graphic contends that it should only be required to pay 50% of the cost of those visits. Graphic points out that the Commission's award, which refers to the claimant's Exhibit 8, included a bill for Dr. Alturi's examination. Graphic contends that Dr. Alturi was hired by the attorneys defending it against the claimant's subsequent claims and should be paid by that law firm. The claimant counters that Exhibit 8 was admitted without objection and that the Commission's decision should not be disturbed.

¶ 49 Under section 8(a) of the Act, the claimant is entitled to recover reasonable medical expenses that are causally related to an accident while working and that are determined to be

required to diagnose, relieve, or cure the effects of claimant's injury. *F & B Mfg. Co. v. Industrial Comm'n*, 325 Ill. App. 3d 527, 534 (2001). The claimant has the burden of proving that the medical services were necessary and the expenses were reasonable. *Id.* The question of whether medical treatment is causally related to a compensable injury is one of fact to be determined by the Commission, and its finding on the issue will not be reversed on review unless contrary to the manifest weight of the evidence. *Elmhurst Memorial Hospital v. Industrial Comm'n*, 323 Ill. App. 3d 758, 764-65 (2001).

¶ 50 Here, the Commission's award of medical expenses stated clearly that it awarded "the medical bills in Petitioner's Exhibit 8 that are related to Petitioner's trigger finger condition or ulnar nerve condition." The record, including the medical records and the testimony of Dr. O'Keefe, establishes that the claimant reported symptoms related to both her ulnar nerve condition and her carpal tunnel syndrome during the course of treatment between December 12, 2007, and December 30, 2008. However, there is no evidence that any of those expenses would not have been incurred or would have been less had she not complained of symptoms related to her carpal tunnel syndrome. Further, as the claimant pointed out, Exhibit 8 was admitted without objection. Based on these facts, we cannot conclude that a conclusion opposite of the Commission's conclusion that these medical expenses were causally related to the compensable ulnar nerve injury is clearly apparent.

¶ 51 Regarding Graphic's claim related to the expense for Dr. Alturi's IME of the claimant on July 18, 2008, we note that Dr. Alturi offered opinions related to causation of the ulnar nerve condition. Moreover, while a different insurer or insurance defense firm may have retained Dr. Alturi as Graphic's IME, Graphic was still the employer responsible for that expense.

¶ 52 In a related argument, Graphic maintains that the Commission's award of prospective medical care in the form of an additional visit with Dr. O'Keefe to assess the claimant's need for further treatment for her ulnar nerve condition is against the manifest weight of the evidence. However, specific procedures or treatments that have been prescribed by a medical service provider are "incurred" within the meaning of section 8(a) even if they have not been performed or paid for. *Dye v. Illinois Workers' Comp. Comm'n*, 2012 IL App (3d) 110907WC, ¶ 10. Questions regarding entitlement to prospective medical care under section 8(a) are factual inquiries for the Commission to resolve. *Id.*

¶ 53 In this case, the claimant testified that she continues to have pain in her left hand, wrist, elbow, forearm and shoulder. Dr. O'Keefe testified that he believed that, if her symptoms continued, the claimant would benefit from a release surgery. Even Dr. Alturi, Graphic's IME, stated that the claimant should try using a nocturnal splint, and if that did not help, surgery should be considered to treat her ulnar nerve condition. Under these facts, we do not find that the Commission's determination that the claimant is entitled to the additional visit with Dr. O'Keefe to assess her ulnar nerve condition is against the manifest weight of the evidence.

¶ 54 Therefore, we affirm the judgment of the circuit court which confirmed the Commission's decision.

¶ 55 Affirmed.