2015 IL App (3d) 140515WC-U
No. 3-14-0515WC
Order filed September 24, 2015

IN THE

APPELLATE COURT OF ILLINOIS

THIRD DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

KEYSTONE STEEL & WIRE,	)	Appeal from the Circuit Court
	)	of Peoria County.
Plaintiff-Appellant,	)	
	)	
v.	)	No. 14-MR-52
	)	
THE ILLINOIS WORKERS'	)	
COMPENSATION COMMISSION and	)	
ALAN KLEINSCHMIDT,	)	Honorable
	)	Kevin R. Galley,
Defendants-Appellees.	)	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 of a causal connection between claimant's right-hip condition and his work accident of January 27, 2010, is not against the manifest weight of the evidence; and (2) the Commission's award of prospective medical treatment is not against the manifest weight of the evidence.

¶ 2 I. INTRODUCTION

¶ 3 Respondent, Keystone Steel & Wire, appeals from the judgment of the circuit court of Peoria County confirming a decision of the Illinois Workers' Compensation Commission (Commission) awarding benefits to claimant, Alan Kleinschmidt, pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq*. (West 2010)). On appeal, respondent challenges the Commission's finding of a causal connection between claimant's work accident and his right-hip condition of ill-being and its award of prospective medical care. For the reasons set forth below, we affirm the decision of the Commission and remand this cause for further proceedings.

¶ 4 II. BACKGROUND

¶ 5 On or about March 17, 2010, claimant filed an application for adjustment of claim, seeking benefits for injuries he allegedly sustained while employed by respondent. The matter proceeded to an arbitration hearing on January 24, 2012. The following evidence relevant to this appeal was presented at the arbitration hearing.

¶ 6 Claimant, then 54 years old, testified that he began working for respondent in August 1976. Since the early nineties, claimant has worked as a "poly paint repairman," a position which involves painting and repairing plastic tanks. On January 27, 2010, claimant was working on an eight-foot tall plastic tank which had been brought inside for repair. The tank had been partially filled with snow and was leaking water into claimant's work area. Claimant positioned a ladder against the tank so that he could inspect the interior of the tank. As claimant began to descend the ladder, his foot slipped off one of the rungs. Claimant was able to grab the top of the tank with his right hand, but his right hip struck the side of the tank. Claimant then let go of the tank and landed upright on his feet. Immediately after the accident, claimant felt pain in his right hip and right lower back. Claimant continued to work for about an hour before reporting the

accident to his supervisor, Michael Beard. A written accident report was completed approximately 1½ hours after the accident and contains a similar accident description. According to the report, no one witnessed the accident.

¶ 7 Claimant initially sought medical treatment at OSF Saint Francis Center for Occupational Health (OSF), where he saw Nurse Smith and Dr. Edward Moody. Claimant presented to Smith with a "right hip impact injury." Smith's notes reflect that claimant was on a ladder checking a tank when he "slipped off a rung 4-5 up" and "hit his hip on tank." Claimant reported increased stiffness in the right lower back and down the outside of the right leg. Smith visually inspected the area, noting a 3½ inch by 5½ inch red area with superficial scratches that were scabbing over. Claimant saw Dr. Moody later the same day. Claimant told Dr. Moody that he was climbing a ladder at work when he slipped, dropped down a few rungs, and impacted his right hip on a tank. Claimant stated that he was able to ambulate afterwards, but began to experience progressively increasing pain from the impact point on his right lower gluteal region down his leg and into his lateral calf and upwards into his right lower back. Claimant denied any previous problems with his right hip. An X ray of the right hip was negative for a fracture or dislocation. However, the film showed mild to moderate degenerative hip-joint changes, greater on the right, and bilateral cam-type femoroacetabular impingement. Dr. Moody diagnosed a right hip-thigh contusion. He instructed claimant to ice the area and took him off work.

¶ 8 On January 28, 2010, claimant followed up with Dr. Homer Pena at OSF. Claimant told Dr. Pena that he was on a ladder inspecting a tank at work when his right leg slipped off the last two rungs and his right hip and thigh struck the side of the tank. Claimant stated that he landed on his right leg which sustained most of the impact. According to Dr. Pena, claimant's gait was "barely antalgic" and he "appeared to want to create an abnormal gait but did not know how."

Upon physical examination, Dr. Pena noted a 12 centimeter by 6 centimeter superficial abrasion to the greater trochantic area of the right lateral hip. Palpation to the L5-S1 area of the spine caused pain to radiate down the right buttock and hip. Dr. Pena diagnosed a possible right L5 radiculopathy and a minor right lateral thigh abrasion. He ordered an MRI and X ray of the lumbosacral spine and kept claimant off work.

¶ 9 Claimant followed up with Dr. Pena on February 8, 2010, reporting no improvement. Dr. Pena examined claimant and reviewed the radiographic studies of claimant's lumbar spine. Dr. Pena concluded that there were no objective findings—radiographically or clinically—to support that claimant "has a problem." As a result, Dr. Pena released claimant from his care. Opining that there was no evidence of a workers' compensation injury, Dr. Pena authorized claimant to return to work and instructed him to follow up with his primary-care physician. Claimant returned to his regular job duties on February 9, 2010.

¶ 10 On February 15, 2010, claimant sought treatment with Dr. Clark Rians. Claimant told Dr. Rians that he injured his right hip on January 27, 2010, when he slipped on a ladder at work and struck his right lateral hip against a tank. Claimant complained of some low-back pain with right-buttock and lateral-hip pain radiating into the L5 distribution. Upon examination, Dr. Rians observed that claimant had a 1-1/4 inch difference in malleolar position, right longer than left. He also noted positive straight-leg raise on the right at 30 degrees. Flexion caused severe pain of the right hip. X rays of the hip showed no definite fracture and possibly mild degenerative joint disease. Dr. Rians diagnosed right sciatica and right-hip pain. He ordered an MRI of the right hip and prescribed therapy. The MRI was performed on February 23, 2010, and showed: (1) moderate right and mild left hip-joint osteoarthritis with spurring, subchondral osteonecrosis, and joint-space narrowing; (2) moderate right hip-joint effusion; (3) mild

intramedullary edema distal superior pubis symphysis; and (4) bilateral cam-type femoracetabular impingement. The radiologist opined that the edema seen on the MRI was likely a resolving contusion. On April 1, 2010, Dr. Rians referred claimant to Dr. Brian Maurer, a board-certified orthopaedic surgeon, for a consultation with respect to the right hip.

¶ 11 Meanwhile, on April 5, 2010, claimant presented to orthopaedic surgeon Julie Wehner for an independent medical examination. Claimant told Dr. Wehner that he sustained an injury at work on January 27, 2010, when he slipped while climbing a ladder, hit his hip against the ladder, and then "came down to the ground." Claimant reported pain in the right lateral thigh that radiates down to the front of his knee area. Claimant also reported occasional radiation of pain up to the back and down to the outside of his calf to his ankle. After examining claimant and reviewing various diagnostic films and medical records, Dr. Wehner diagnosed a right-hip contusion with preexisting impingement and arthritis. Dr. Wehner opined that these conditions will progress naturally over time and that they had not been altered by the hip-contusion injury.

¶ 12 Claimant's initial consultation with Dr. Maurer took place on April 29, 2010. Dr. Maurer's records reflect that claimant's injury occurred when he fell and struck his right hip and thigh against "some metal." Claimant stated that since the accident he has had pain in the right-hip area. He denied a history of hip pain prior to the accident. Upon examination, Dr. Maurer noted tenderness over the greater trochanter and down the iliotibial band. Claimant also demonstrated some weakness in side-lying abduction of his right hip, but range of motion was otherwise reasonable. Twisting of the right hip caused pain. An X ray of the right hip showed significant joint-space loss with a slight increase in valgus of the femoral neck and periarticular sclerosis. The X ray also revealed a cam shape of the femoral head, possibly with a herniation pit. Dr. Maurer reviewed the February 23, 2010, MRI, noting that it showed arthritis, effusion,

edema, and femoral acetabular impingement. Dr. Maurer's diagnosis was twofold: (1) femoral acetabular impingement with arthritis and (2) irritation of the iliotibial band. Dr. Maurer recommended stretching exercises. He also instructed claimant to return in six weeks, at which time he would consider whether to administer an epidural steroid injection.

¶ 13 Claimant returned to Dr. Maurer's office on June 1, 2010, complaining of increased pain down the distal aspect of the iliotibial band. Dr. Maurer administered an injection to the tender area over the greater trochanter. Dr. Maurer administered a second injection on July 19, 2010. Claimant reported only one day of relief from the injections. At a visit on August 31, 2010, claimant asked Dr. Maurer if his work accident caused the hip pain. Dr. Maurer responded that although the arthritis was probably preexisting, the work accident likely aggravated the condition since claimant did not previously hurt the hip. Claimant continued to see Dr. Maurer for the rest of 2010. Dr. Maurer noted that claimant was getting worse and he was reducing his activities. At that time, Dr. Maurer began to consider hip-replacement surgery.

¶ 14 On April 14, 2011, claimant attended an independent medical examination with Dr. Troy Karlsson, a board-certified orthopaedic surgeon. Claimant told Dr. Karlsson that in January 2010, he was working on a tank when he slipped and struck the side of the tank with his right hip. Claimant denied any prior history of problems with his right hip. Claimant reported pain principally on the lateral side of the right hip with radiation down to about the knee. Dr. Karlsson observed that claimant stands with the right hemipelvis higher than the left by approximately ¾ of an inch. Upon examination, Dr. Karlsson noted that, in a seated position, internal and external rotation of the right hip is minimal, with both movements reproducing lateral hip pain. In conjunction with his examination, Dr. Karlsson reviewed X rays and MRIs of claimant's hips and lumbar spine. Dr. Karlsson interpreted the February 23, 2010, MRI of the

hips as showing bilateral dysplasia, subchondral edema, osteophytes bilaterally, and significant narrowing of the joint space bilaterally. Dr. Karlsson diagnosed congenital dysplasia of the bilateral hips with the right hip more lateralized than the left. According to Dr. Karlsson, this condition has predisposed claimant to early arthritis. Dr. Karlsson did not believe that claimant's condition was "caused or significantly aggravated" by a single trauma, but is congenital by nature. He agreed that claimant will need a hip replacement at some point in his life, likely bilaterally. He also found it reasonable to proceed with a replacement of the right hip sooner as claimant demonstrated significant limitation in his range of motion on that side. Dr. Karlsson did not believe that a hip replacement on either side was related to the event at work on January 27, 2010. Instead, he opined that the need for hip replacement is the result of claimant's preexisting, congenital hip dysplasia and the resultant degeneration due to that condition.

¶ 15 Claimant returned to Dr. Maurer's office on June 28, 2011. At that time, claimant reported that he was able to walk at a good pace for only a block or less. Claimant also reported that his right hip hurts at night and that he leans on objects for support. An X ray of the right hip showed "complete obliteration of the joint space, periarticular sclerosis, and osteophyte formation, with degenerative change throughout the remainder." Dr. Maurer compared the X ray to one taken in April 2010 and found that claimant's condition had worsened with regards to joint-space loss and periarticular sclerosis. Dr. Maurer's impression was severe arthritis of the hip. He recommended a hip replacement.

¶ 16 Claimant testified that he would like to proceed with surgery to replace his right hip. Claimant offered his primary-care physician records in support of his testimony that his right hip was asymptomatic prior to the work accident. He also denied any subsequent injury to his right hip after January 27, 2010. Claimant testified that he continues to work full duty with slight job

modifications as of the date of arbitration. He stated, however, that he works at a slower pace since the accident. Claimant also testified that his right-hip symptoms have steadily progressed since January 2010. He stated that his hip "hurts all the time." He has trouble bending and sleeping at night. Claimant was given Mobic for the pain, but stopped taking it due to stomach problems. He now takes Aleve when the pain becomes severe. Claimant stated that his left hip is asymptomatic. Claimant acknowledged at the hearing that he has filed other workers' compensation claims in the past. He stated, however, that none of his previous claims involved his right hip.

¶ 17 Beard testified that, as claimant's supervisor, he would see claimant four or five times a day. According to Beard, prior to January 27, 2010, claimant had a "hitch" or "swagger" on his right side when he walked. Beard testified that, in response to the accident, he completed an incident report. Claimant told Beard that he misjudged the steps on the ladder and fell approximately two rungs. After claimant reported the accident, Beard inspected the area. Beard did not notice any snow or ice on the ladder. Beard testified that claimant returned to work on February 9, 2010. At that time, Beard did not notice anything different about claimant. He still had the "hitch." Further, claimant was able to perform all aspects of his job duties, and he did not indicate that he was having any difficulties doing his work.

¶ 18 Dr. Maurer gave an evidence deposition on August 12, 2011. Dr. Maurer testified that the MRI of claimant's hips taken on February 23, 2010, showed (1) moderate arthritis of the right hip and mild arthritis of the left hip with spurring, subchondral osteonecrosis, and joint-space narrowing; (2) fluid in the hip joint (effusion); (3) edema in the superior pubis; and (4) a cam-type deformity on his femoral heads, bilaterally. Dr. Maurer testified that the arthritis would have predated the January 27, 2010, accident, and that the cam-type deformity was likely

congenital. However, he believed the edema was caused by trauma, most likely the contusion claimant sustained in the work accident. Dr. Maurer was unable to determine whether the effusion was a traumatic or chronic finding. Ultimately, Dr. Maurer diagnosed arthritis of the right hip. Noting that claimant's right hip was not symptomatic prior to January 27, 2010, Dr. Maurer opined that the accident made his preexisting arthritis worse and accelerated the need for hip-replacement surgery. Dr. Maurer pointed out that although the diagnostic films also show that claimant has an arthritic left hip, claimant did not complain of any symptoms with regard to the left hip when he saw him in April 2010 and, as far as he knows, the left hip remains asymptomatic.

¶ 19 On cross-examination, Dr. Maurer testified that, other than the February 23, 2010, MRI, and Dr. Rians' notes, he did not review any medical records related to the January 27, 2010, accident. Dr. Maurer testified that his basis for saying that claimant's right-hip condition was not symptomatic before the accident was claimant's statement to him. Dr. Maurer was presented with the X ray of claimant's hips taken on January 27, 2010. The X ray showed bilateral joint-space narrowing and spurring, greater on the right, but no acute fracture or dislocation of the right hip. Asked whether the joint-space narrowing would subject claimant to pain and stiffness from the arthritic condition, Dr. Maurer responded that he would not "draw a very tight correlation" between joint-space narrowing and pain. He added that although it is "more likely" that claimant would experience pain in the presence of significant joint-space narrowing, "you wouldn't guarantee that he would have it."

¶ 20 Dr. Maurer did not believe that claimant's hip was dysplastic. He agreed, however, that the January 27, 2010, X ray showed that claimant had an ovoid-shaped femoral head consistent with cam-type femoroacetabular impingement and mild to moderate degenerative hip changes,

greater on the right. Dr. Maurer agreed that the arthritis itself could cause an individual to experience pain. Dr. Maurer testified that he could not state with any degree of medical and surgical certainty that anything present on the X ray of the right hip dated January 27, 2010, was changed in any way by what occurred on January 27, 2010. Moreover, he acknowledged that arthritis to the degree present on the January 27, 2010, X ray could progress naturally in the absence of any type of traumatic event and cause one to be symptomatic.

¶ 21 Dr. Maurer further testified on cross-examination that while it is possible that the difference in the length of claimant's legs could explain his symptoms on the right, it is not "very likely." Dr. Maurer further testified that the subchondral osteonecrosis seen on the MRI of February 23, 2010, could cause an individual to experience symptoms such as pain, stiffness, and difficulty walking. Dr. Maurer testified that there is not a single finding on the MRI to support that the structure of claimant's right hip joint was changed in any way by what occurred on January 27, 2010. Dr. Maurer added that, given the degree of arthritis, the hip joint could have progressed naturally and led claimant to become more symptomatic as he aged.

¶ 22 Dr. Maurer testified that the basis for his finding that the accident of January 27, 2010, could be an aggravation of claimant's preexisting arthritic condition of his right hip is based on claimant's history that he was asymptomatic prior to January 27, 2010, the presence of symptoms after that date, and the presence of the edema in the pubis. Dr. Maurer acknowledged that the edema shown on the February 23, 2010, MRI may not have resulted in any change to the structure of the arthritic area of the right hip. He also acknowledged that the edema was "away" from the hip joint. He stated, however, that the distance "isn't really material." Rather, the edema is significant because its presence demonstrates that there was trauma to claimant's pelvis.

¶ 23 Dr. Karlsson also testified by evidence deposition. Dr. Karlsson reviewed the X ray film of claimant's right hip taken on January 27, 2010, in which the left hip can be visualized. The radiologist interpreted the X ray as showing (1) bilateral hip joint space narrowing and spurring, greater on the right and (2) bilateral cam-type femoroacetabular impingement. Dr. Karlsson testified that the former finding was evidence of arthritic changes. He added that both joint narrowing and bone spurring can cause pain and stiffness even in the absence of a traumatic event. He testified that the presence of the bilateral cam-type femoroacetabular impingement indicated that the ball portion of the joint formed an egg-like shape, thereby interfering with the motion of the joint. According to Dr. Karlsson, the January 27, 2010, X ray also showed that claimant had dysplastic hips, *i.e.*, the hips did not form a deep socket. He stated that this condition was worse on the right side than the left. Dr. Karlsson testified that this condition causes increased stress in the hip joint and more rapid wear than a normal hip. As a result, individuals with dysplastic hips require hip replacements at an earlier age than the general population. Dr. Karlsson opined that the findings on the X ray of January 27, 2010, predated claimant's work accident of the same date.

¶ 24 Dr. Karlsson also commented on Dr. Rians' finding that claimant had a 1-1/4 inch difference in malleolar position, right longer than left. He explained that this was a finding of limb-length inequality. According to Dr. Karlsson this condition puts increased stress on the hip joints as well as the back. He opined that this condition could be a factor in why claimant's arthritic findings are greater on the right than on the left.

¶ 25 Dr. Karlsson reviewed the diagnostic report and the actual films of the MRI taken on February 23, 2010. Dr. Karlsson stated that the left hip could also be visualized on the MRI. Dr. Karlsson opined that the osteoarthritis seen on the MRI predated the work accident of January

27, 2010. He noted, however, that the edema seen in the superior pubis symphysis was likely the result of a contusion and could have stemmed from the work accident. Dr. Karlsson added that the superior pubis, while only several inches away from the hip joint, is part of a "completely different area" and is not considered part of the hip joint. Moreover, Dr. Karlsson did not believe that an edema in the superior pubis could have caused or aggravated the structure of the hip joint.

¶ 26 Dr. Karlsson diagnosed dysplasia and significant osteoarthritis of the right hip. Dr. Karlsson agreed that hip-replacement surgery is an option for claimant. Dr. Karlsson did not believe that claimant's condition of ill-being relative to the right hip was related to the work accident of January 27, 2010. Moreover, Dr. Karlsson did not believe that the work accident changed the structure of the right hip in any way or aggravated it to the point of surgery. Instead, Dr. Klasson attributed claimant's condition to the natural progression of his dysplasia.

¶ 27 On cross-examination, Dr. Klasson admitted that it was possible that the condition of claimant's right hip, as seen on the February 23, 2010, MRI, could be completely asymptomatic. Moreover, he acknowledged that he was not aware of any treatment records suggesting that claimant had any symptoms in his right hip prior to January 2010. Dr. Karlsson was asked whether it was a "sheer coincidence" that claimant's right-hip symptoms began shortly after the work accident. Dr. Karlsson responded that while he would not rule out that the trauma reported by claimant as the cause of his symptoms and ongoing problems, he opined that the most likely possibility is that the relationship between the work accident and the onset of claimant's symptoms was coincidental.

¶ 28 Based on the foregoing evidence, the arbitrator concluded that claimant sustained his burden of establishing that his right hip-condition was causally related to the work accident of January 27, 2010. The arbitrator determined that claimant's history of injury, which involved

slipping off "about the 5th step" of a ladder and hitting his right hip against a tank, was consistent throughout the medical records. Moreover, this history was supported by the records of OSF and Dr. Pena, which documented a right-hip contusion and abrasions. The arbitrator acknowledged that claimant had preexisting problems with his right hip. She determined, however, that claimant's current condition of ill-being as it relates to his right-hip was not simply the natural progression of his preexisting conditions because: (1) claimant was asymptomatic prior to January 27, 2010; (2) claimant's condition became symptomatic thereafter; (3) claimant's condition progressively worsened after the accident; (4) there was never any recommendation for hip-replacement surgery prior to the accident; (5) there was no medical evidence to support a progressively worsening condition of claimant's left hip since the injury of January 27, 2010; and (6) Dr. Karlsson admitted that the trauma claimant reported could have been the cause of his symptoms and ongoing problems even though Dr. Karlsson felt that the onset of claimant's symptoms on the day of the accident was more likely a coincidence. In reaching her decision, the arbitrator attributed more weight to the opinion of Dr. Maurer than that of Dr. Karlsson. Finding that claimant's right-hip condition of ill-being was causally related to the work accident of January 27, 2010, the arbitrator also ordered respondent to pay all reasonable and necessary medical expenses for claimant's right-hip condition and to authorize the right-hip replacement surgery recommended by Dr. Maurer.

¶ 29 On March 20, 2013, the Commission issued a decision and opinion on review. On September 9, 2013, after respondent filed a motion to correct clerical error under section 19(f) of the Act (820 ILCS 305/19(f) (West 2012)), the Commission issued a corrected decision. In the corrected decision, the Commission affirmed and adopted the decision of the arbitrator and remanded the cause for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d

327 (1980). On judicial review, the circuit court of Cook County confirmed the decision of the Commission. This appeal by respondent ensued.

¶ 30 III. ANALYSIS

¶ 31 A. Causation

¶ 32 On appeal, respondent argues that claimant failed to carry his burden of proving by a preponderance of the evidence that there is a causal connection between the condition of ill-being in his right hip and the work accident. An employee seeking benefits under the Act has the burden of proving all elements of his or her claim. *Beattie v. Industrial Comm'n*, 276 Ill. App. 3d 446, 449 (1995). Among other things, the employee must establish a causal connection between the employment and the injury for which he or she seeks benefits. *Boyd Electric v. Dee*, 356 Ill. App. 3d 851, 860 (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 (1993). Accordingly, a compensable injury may be found upon showing that an employee suffered from a preexisting condition that was aggravated or accelerated by the employment. *Sisbro, Inc.*, 207 Ill. 2d at 204-05.

¶ 33 Additionally, medical testimony is not essential to support the conclusion that an accident caused an employee's condition of ill-being. *University of Illinois v. Industrial Comm'n*, 365 Ill. App. 3d 906, 912 (2006). A claimant's testimony standing alone may be sufficient to support an award of benefits under the Act. *University of Illinois*, 365 Ill. App. 3d at 912. Moreover, a causal connection can be established by circumstantial evidence. *International Harvester v. Industrial Comm'n*, 93 Ill. 2d 59, 63-64 (1982). Thus, for instance, a chain of events that demonstrates a previous condition of good health, an accident, and a subsequent injury resulting

in disability, may prove a causal nexus between a work accident and an employee's condition of ill-being. *International Harvester*, 93 Ill. 2d at 63-64.

¶ 34 Causation presents an issue of fact. *Bernardoni v. Industrial Comm'n*, 362 Ill. App. 3d 582, 597 (2005); *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill. App. 3d 288, 293 (1992). In resolving factual matters, it is within the province of the Commission to assess the credibility of the witnesses, resolve conflicts in the evidence, assign weight to be accorded the evidence, and draw reasonable inferences from the evidence. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). 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 review the Commission's factual determinations under the manifest-weight-of-the-evidence standard. *Orsini v. Industrial Comm'n*, 117 Ill. 2d 38, 44 (1987). Thus, we will overturn the Commission's causation finding only if an opposite conclusion is clearly apparent. *Compass Group v. Illinois Workers' Compensation Comm'n*, 2014 IL App (2d) 121283WC, ¶ 18.

¶ 35 In the present case there is ample evidence to support the Commission's finding that claimant's right-hip condition is causally related to the work accident of January 27, 2010. The record shows that, although claimant suffered from bilateral arthritis of the hips prior to the work accident, he was asymptomatic. In this regard, claimant testified that he did not experience any symptoms in his right hip prior to the work accident, and the medical records admitted into evidence do not reference any complaints involving the right hip prior to the work accident. However, on January 27, 2010, while inspecting a tank at work, claimant slipped off a rung of a ladder and struck his right hip against a tank. Thereafter, claimant began to experience pain in his right hip and lower back. Despite seeking medical treatment for his complaints, claimant's

condition progressively worsened. Claimant continued to experience right-hip pain at the time of the arbitration hearing. However, his left hip, which was also arthritic but had not been contused, remained asymptomatic. The foregoing evidence establishes that although the arthritis in claimant's right hip was preexisting, claimant was asymptomatic until the work accident of January 27, 2010. Thereafter, he began to experience symptoms involving the right hip that have progressively worsened and have continued to persist to the date of the arbitration hearing. Based on this evidence, the Commission could reasonably conclude that claimant's right-hip condition of ill-being is causally related to his work accident of January 27, 2010.

¶ 36 We further find that the medical evidence, while conflicting, also supports a finding of causation. Dr. Maurer diagnosed severe arthritis of the right hip and recommended hip-replacement surgery. Dr. Maurer acknowledged that it was likely that claimant's arthritis was preexisting and that there was no evidence that the structure of claimant's right-hip joint changed as a result of the January 27, 2010, accident. Nevertheless, based on claimant's history that his right hip was asymptomatic prior to January 27, 2010, the commencement of symptoms after that date, and the presence of the edema in the pubis, Dr. Maurer opined that claimant's right-hip condition is related to the January 27, 2010, work accident. In contrast to the opinion of Dr. Maurer were the opinions of Dr. Wehner and Dr. Karlsson. Dr. Wehner diagnosed a right-hip contusion with preexisting impingement and arthritis. Dr. Wehner expected these conditions to progress naturally over time, and she opined that they had not been altered by the hip-contusion injury. Dr. Karlsson diagnosed congenital hip dysplasia. Although Dr. Karlsson agreed that claimant will need hip replacement at some point in his life, he did not agree that claimant's right-hip condition was causally related to the work accident of January 27, 2010. Instead, Dr. Karlsson attributed claimant's symptoms to the natural progression of claimant's preexisting

arthritis. He explained that the location of the edema was too far from claimant's hip joint to affect the structure of that area, and he believed that it was merely a coincidence that claimant's right-hip symptoms began after the accident.

¶ 37 As in any case, it was for the Commission to weigh this conflicting medical evidence and resolve those factual issues. *Hosteny*, 397 Ill. App. 3d at 674. Ultimately, the Commission gave more weight to the opinion of Dr. Maurer than that of Dr. Karlsson. The Commission reasoned that Dr. Maurer's opinions "are based on a greater totality of the credible evidence" than Dr. Karlsson's opinions. Based on our review of the record, we cannot say that a finding opposite that of the Commission is clearly apparent. Dr. Karlsson examined claimant on only one occasion. Dr. Maurer is claimant's treating physician and has treated him over the course of more than a year. Moreover, Dr. Karlsson did not rule out the possibility that trauma reported by claimant on January 27, 2010, was the cause of his symptoms and ongoing problems. Therefore, we conclude that the medical evidence also supports the Commission's finding that claimant's right-hip condition of ill-being is causally related to his work accident of January 27, 2010.

¶ 38 Respondent argues that, in affirming and adopting the decision of the arbitrator, the Commission "contorted or misread the medical evidence." Specifically, respondent asserts that "[t]he contorted view of the evidence would be the arbitrator's finding [in her decision] *** that '[claimant] was on about the 5th step of an extension ladder that was positioned beside a poly tank that was about 8 feet high *** [and] slipped off the rung of the ladder.' " According to respondent, the evidence shows that claimant was up only a couple of rungs on the ladder. However, according to Nurse Smith's notes, claimant was on a ladder checking a tank when he "slipped off a rung 4-5 up." Thus, there was evidence to support a finding that claimant was on the 5th rung of the ladder. In any event, respondent does not explain the import of this

distinction. Indeed, claimant consistently reported to respondent and his medical providers that he slipped from a rung of the ladder, ultimately resulting in his hip striking the tank. Because we fail to see the significance of whether claimant slipped from the second rung or the fifth rung, we find that this argument is without merit.

¶ 39 Respondent also attacks the Commission's finding of causation on the basis that its decision is premised on "the nonexistence of an MRI that took place and reliance on a fictional X ray of April 4, 2011, that purportedly showed a worsening of [claimant's] condition." This argument is based on a passage from the arbitrator's decision and the Commission's comments on the same. On page 17 of her decision, the arbitrator wrote the following:

> "Dr. Karlsson was of the opinion that [claimant] had preexisting dysplastic [*sic*] of the right hip and significant osteoarthritis of the right hip and that these conditions are not causally related to the injury on 1/27/10. The arbitrator finds it significant that the MRI of the right hip taken just weeks after the accident only revealed mild to moderate osteoarthritis of the right hip joint. Therefore, the arbitrator finds the presence of 'significant osteoarthritis' noted on 4/4/11 was indicative of a worsening condition from when [claimant] was initially injured on 1/27/10."

In its corrected decision, the Commission commented on the foregoing passage as follows:

> "The Commissioner [*sic*] corrects a clerical error. On page 17, in the third full paragraph, the Arbitrator states that 'The Arbitrator finds it significant that the MRI of the right hip, taken just weeks after the accident only revealed . . .' The Commission finds that no MRI was taken."

Despite the Commission's remarks, the record is clear that claimant underwent an MRI of the right hip on February 23, 2010. It is equally clear that substantial medical testimony was

presented regarding the significance of the MRI findings and that the arbitrator considered the MRI findings and the medical testimony regarding the same. The Commission affirmed and adopted the decision of the arbitrator. Thus, despite the Commission's remark, it did consider the MRI of February 23, 2010. In any event, we affirm the result to which the Commission came, not its reasoning. *Ameritech Services, Inc. v. Illinois Workers' Compensation Comm'n*, 389 Ill. App. 3d 191, 208 (2009). Based on our review of the record, including the MRI of February 23, 2010, and the testimony regarding the same, we decline to overturn the decision of the Commission based on this misstatement.

¶ 40 Likewise, we are not persuaded by respondent's request that we reverse the Commission's decision because it is premised on "a fictional X ray of April 4, 2011, that purportedly showed a worsening of [claimant's] condition." It is true that the record does not contain an X ray of claimant's right hip taken on April 4, 2011. However, neither the arbitrator nor the Commission ever mentions an X ray taken on April 4, 2011. As noted above, the arbitrator stated that "the presence of 'significant osteoarthritis' noted on 4/4/11 was indicative of a worsening condition from when [claimant] was initially injured on 1/27/10." Our review of the record reveals that this passage is a reference to Dr. Karlsson's findings from his independent medical examination. Significantly, the arbitrator was comparing the X ray of claimant's right hip taken on January 27, 2010, with Dr. Karlsson's diagnosis on April 14, 2011 (erroneously referred to in the arbitrator's decision as occurring on April 4, 2011). The January 27, 2010, X ray showed mild to moderate degenerative hip-joint changes, greater on the right. At his deposition, Dr. Karlsson testified that claimant had "dysplastic right hip and *significant osteoarthritis*." (Emphasis added.) Based on the X ray findings immediately after the work

accident and Dr. Karlsson's diagnosis more than a year later, the arbitrator concluded that claimant's condition had worsened.

¶ 41 Respondent argues that the arbitrator was wrong to compare the radiologist's interpretation of the January 27, 2010, X ray of claimant's hips with Dr. Karlsson's finding of significant osteoarthritis because Dr. Karlsson's opinion was based on his own interpretation of the same January 27, 2010, diagnostic film. Even so, there was other evidence to support a finding that claimant's condition gradually worsened following the work accident. As noted above, claimant's right hip was asymptomatic prior to January 27, 2010. On that date, he struck his right hip against a tank at work. Thereafter, he began to experience symptoms in his right hip. Despite conservative treatment, claimant reported worsening symptoms and increased pain. By June 2011, claimant reported that he was able to walk at a good pace for only a block or less. He also reported that he experiences right-hip pain at night and that he leans on objects for support. Dr. Maurer compared an X ray taken at that time with one in April 2010 and determined that claimant's condition had worsened with regard to joint-space loss and periarticular sclerosis. Moreover, at the arbitration hearing, claimant testified that his right-hip symptoms have steadily progressed since the accident. He reported constant pain and trouble bending and sleeping at night. Thus, even if the arbitrator's interpretation of Dr. Karlsson's testimony was incorrect, there was evidence to support a finding that claimant's condition worsened over time.

¶ 42 In short, there is no serious dispute that the arthritis in claimant's hips predated the work accident of January 27, 2010. Claimant testified that his right hip was asymptomatic prior to the work accident, and the medical records prior to the accident do not reference any complaints involving the right hip. However, on January 27, 2010, while inspecting a tank at work, claimant

slipped off a rung of a ladder and struck his right hip against a tank. Thereafter, claimant began to experience symptoms in his right hip which gradually worsened over time. Although Dr. Karlsson described the relationship between claimant's accident and the onset of his symptoms as a coincidence and Dr. Wehner did not find a causal relationship, Dr. Maurer believed that the work accident aggravated claimant's preexisting osteoarthritis of the right hip. The Commission, as was within its province, adopted the opinion of Dr. Maurer and concluded that there was a causal relationship between claimant's condition of ill-being and his work accident. Based on our review of the record, we cannot say that a conclusion opposite to that of the Commission is clearly apparent.

¶ 43 B. Prospective Medical Care

¶ 44 Next, respondent challenges the Commission's award of prospective medical expenses. Section 8(a) of the Act (820 ILCS 305/8(a) (West 2010)) governs medical care. That provision states in relevant part:

> "The employer shall provide and pay * * * all the necessary first aid, medical and surgical services, and all necessary medical, surgical and hospital services thereafter incurred, limited, however, to that which is reasonably required to cure or relieve from the effects of the accidental injury." 820 ILCS 305/8(a) (West 2010).

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. *Bennett Auto Rebuilders v. Industrial Comm'n*, 306 Ill. App. 3d 650, 655-56 (1999). The claimant bears the burden of proving, by a preponderance of the evidence, his or her entitlement to an award of medical care under section 8(a). *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 546 (2007). Questions regarding entitlement to prospective medical care under section

8(a) are factual inquiries for the Commission to resolve. *Max Shepard, Inc. v. Industrial Comm'n*, 348 Ill. App. 3d 893, 903 (2004). The Commission's decisions on factual matters will not be disturbed on appeal unless they are against the manifest weight of the evidence. *Dye v. Illinois Workers' Compensation Comm'n*, 2012 IL App (3d) 110907WC, ¶ 10; *F&B Manufacturing Co. v. Industrial Comm'n*, 325 Ill. App. 3d 527, 534 (2001). A decision is against the manifest weight of the evidence only if the opposite conclusion is clearly apparent. *Will County Forest Preserve District v. Illinois Workers' Compensation Comm'n*, 2012 IL App (2d) 110077WC, ¶ 15.

¶ 45 Here, although Dr. Maurer and Dr. Karlsson disagreed as to the cause of claimant's right-hip condition, they both agreed that claimant would eventually require hip-replacement surgery. Ultimately, the Commission ordered respondent to authorize and pay for a right hip replacement. Given our affirmance of the Commission's finding on causation, we cannot say that the Commission's award of prospective medical care is against the manifest weight of the evidence.

¶ 46 IV. CONCLUSION

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

¶ 48 Affirmed and remanded.