

No. 1-15-1174WC

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IN THE
APPELLATE COURT OF ILLINOIS
FIRST DISTRICT

UNITED QUICK TRANSPORTATION, INC.,)	Appeal from the
)	Circuit Court of
Appellant,)	Cook County
)	
v.)	No. 14 L 50523
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION, <i>et al.</i> ,)	Honorable
)	James M. McGing,
(FRANCISCO MORON, 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 Illinois Workers' Compensation Commission's finding that the claimant's current condition of left wrist and low back ill-being is causally related to his workplace accident, and its award of temporary total disability benefits, are not against the manifest weight of the evidence.
- ¶ 2 United Quick Transportation, Inc. (UQT) appeals from an order of the circuit court of Cook County which confirmed a decision of the Illinois Workers' Compensation Commission (Commission) awarding benefits to the claimant, Francisco Moron, pursuant to the provisions of

the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2010)). For the reasons which follow, we affirm the judgment of the circuit court.

¶ 3 The following factual recitation is taken from the evidence adduced at the arbitration hearing.

¶ 4 We begin with evidence regarding a prior history of injuries to the claimant's left wrist which is relevant to this case. UQT introduced several medical records documenting treatment undergone by the claimant for his wrist prior to his employment with UQT. The records established that, in 1995, the claimant suffered a left wrist scaphoid nonunion fracture. The subsequent record presented was from Dr. Robert Welch, of M&M Orthopedics, stating that, on August 27, 2004, the claimant returned for a follow-up visit "status post the left deQuervain's surgery." Based upon an x-ray taken during the August 27 visit, Dr. Welch diagnosed the claimant with a preexisting "scaphoid nonunion advanced collapse pattern arthritis" of the left wrist. He advised the claimant that his injury would ultimately require an excision of the scaphoid and a four-corner fusion, although he noted that the claimant was "not quite ready" for this procedure.

¶ 5 The next record, dated August 6, 2007, was for treatment with Dr. Brian Hartigan, who reported that the claimant had fallen off of a 5-foot ladder in June of 2007, landing on both of his wrists and knees. The accident occurred while the claimant was working for a prior employer. An examination of the claimant's left wrist disclosed mild dorsal swelling and tenderness along the dorsal/radial aspect of the wrist. An EMG from August 2007, showed evidence of left carpal tunnel syndrome. Dr. Hartigan recommended surgery for both the right and left wrists. However, he stated that the left wrist was of "lower priority" than the right. Dr. Hartigan

observed that the claimant had an old scaphoid fracture in his left wrist which predated his June 2007 fall. The doctor noted that the fall "may have disrupted a previous fibrous union as the claimant has developed new pain in the wrist."

¶ 6 On March 18, 2010, the claimant was examined by Dr. Charles Carroll, of Northwestern Orthopedic Specialists, for persistent complaints of pain in his left wrist. According to Dr. Carroll's notes, the claimant had been overusing his left hand in order to compensate for a ligament injury to his right wrist for which he recently had undergone surgery. With regard to the left wrist, Dr. Carroll diagnosed the claimant with a possible ligament injury, scaphoid nonunion and possible strain with tenosynovitis. The doctor noted that, although the claimant was experiencing pain and some tenderness in the area of the left radiocarpal and scapholunate joints, his left wrist motion was reasonable and his prognosis for recovery was good. Dr. Carroll recommended temporary restrictions of no lifting in excess of 10 to 20 pounds and no forceful gripping or grasping with the left hand. He noted an anticipated recovery period of 6 to 12 months.

¶ 7 On July 9, 2010, the claimant underwent an independent medical examination (IME) with Dr. Mark Cohen at the request of his prior employer, to evaluate claims involving both of his wrists. With regard to the left wrist, Dr. Cohen assessed the claimant's condition as advanced arthritis, with a prior fracture that had not healed.

¶ 8 In March of 2011, the claimant began his employment with UQT, as a "mechanic helper." His duties included picking up and taking out trash, driving the bus routes of drivers who were absent, assisting with oil and brake changes, and ensuring each bus obtained a safety permit. The claimant testified that, on Friday, December 9, 2011, he was stacking bus tires weighing

approximately 120 pounds each, when he felt a "cracking" or pulling sensation in his back and a strain in his left wrist. According to the claimant, he had never had to lift and stack tires in the past and had not been told the proper way to do the job. He testified that, when he first began to feel pain in his back and wrist, he informed his co-worker, Jose Luna, and then reported the injuries to his supervisor, Tony. The claimant testified that Tony told him he "was young" and would probably be all right, and to wait until the following Monday to see if he was still experiencing pain. Beginning on the night of December 9 and over the weekend, the claimant experienced increased pain and swelling in his wrist and pain in his back. On Monday morning, he called work and reported that his left wrist and back were not well. He was told to come to work, and was subsequently sent to MercyWorks, the company clinic. According to the claimant, before December 9, he had never sought treatment for or experienced any problems with his back. With regard to his left wrist, the claimant testified that he had experienced no pain prior to work that day.

¶ 9 At his December 12, 2011, examination at MercyWorks, the claimant was evaluated by Dr. Steven Anderson. According to the medical records of that visit, the claimant reported that he had been stacking bus tires when he experienced an immediate onset of pain in his left wrist and lower back which became worse the following morning. With regard to the left wrist, Dr. Anderson noted mild soft tissue swelling and tenderness to palpitation, but adequate range of motion. He also observed tenderness to the claimant's lower back and limited bending ability. An x-ray disclosed an old scaphoid fracture with surrounding osteophytes and degenerative changes. Dr. Anderson diagnosed the claimant with left wrist strain accompanied by underlying degenerative joint disease and lumbar strain. He recommended that the claimant wear a splint on

his wrist, ice the wrist three times per day, and apply heat to his back three times per day. Dr. Anderson prescribed medication for pain and placed the claimant on limited duty subject to the following restrictions: no lifting of more than 10 pounds; ground work only; no repetitive bending; limited use of the left hand; and no overhead lifting. However, despite the claimant's requests for limited duty work, UQT was unable to accommodate his restrictions.

¶ 10 On December 19, 2011, the claimant returned to Dr. Anderson as instructed, and the doctor continued to recommend the same work restrictions and medications. He also ordered the claimant to begin a home exercise program. As UQT was unable to accommodate the claimant's duty restrictions, he remained off of work.

¶ 11 On December 23, 2011, the claimant was examined by Dr. Carroll, who diagnosed him with an acute wrist sprain and an old scaphoid fracture and radiocarpal arthritis. According to Dr. Carroll's note, the claimant reported injuring his left wrist and back while lifting bus tires in a "stack [of] up to 6 feet." He noted that the claimant had a prior history of surgery on the left wrist in 2005 (*sic*) and the right wrist in 2009, and stated that the claimant's wrist function has decreased and that his "injury may have aggravated an underlying condition." Upon examination, the doctor observed a decreased range of motion in the left wrist and was able to trigger a pain response over the radiocarpal and scaphoid joints. Dr. Carroll noted that the claimant's SL joint and LT joints were intact, his left Finkelstein test was negative, there was no evidence of left TFCC pathology, and his flexor and extensor carpi tendons were intact. Dr. Carroll ordered the claimant to wear a brace, continue with pain medications, and commence occupational therapy once his inflammation subsided. He placed the claimant on restricted duty with no lifting of over one to two pounds with the left wrist.

¶ 12 For his lower back pain, the claimant was seen on January 10, 2012, by Dr. Srdjan Mirkovic at Northshore Orthopedic Institute. The claimant reported he was injured while stacking rows of nine-track tires overhead which involved repetitive pulling, tugging and lifting. The doctor noted that, for the first three days following his work accident, the claimant reported experiencing numbness in the right hip radiating to the foot lasting for intervals of five minutes in duration. The claimant's symptoms included pain in his lower back radiating to his left buttock, which the claimant characterized as constant and persistent. Dr. Mirkovic noted that the claimant "has been very restricted by his low back symptoms." The physical examination disclosed a positive straight leg raise on the left. Dr. Mirkovic recommended that the claimant undergo an MRI of the lumbar spine to rule out a lumbar disc herniation, and instructed him to remain off work until the results of the MRI were obtained. That MRI, performed January 24, 2012, disclosed a bulging disc at L3-4, and disc protrusions at L4-5 and L5-S1. The MRI report also noted multilevel degenerative changes in the lumbar spine that were most prominent at L4-5, which correlated with symptoms of a left L4 radiculopathy.

¶ 13 On January 20, 2012, the claimant returned to Dr. Carroll, reporting that his left wrist was worse than it was on the previous visit and that his pain had increased. According to the doctor's notes, the claimant's "function has decreased," and his left wrist displayed less than full motion in all planes. Radiographs of the left hand and wrist revealed no new fractures or dislocation, but did show a scaphoid collapse and arthritis. Dr. Carroll recommended occupational therapy for four to six weeks with no use of the left wrist. His notes suggested that the claimant consider a full fusion of the left wrist and 6 to 12 months of follow-up care. The doctor stated that he could undergo an arthroscopy first, but that it "may not change [the] outcome."

¶ 14 On January 31, 2012, the claimant again saw Dr. Mirkovic for his back. He reported continued lower back pain, left buttock pain, and pain "radiating from the left side to the midline." Dr. Mirkovic reviewed the lumbar MRI from January 24, 2012, and concluded that the results supported a diagnosis of L4-5 disc herniation and foraminal stenosis compressing the exiting L4 nerve root. He opined that the MRI was "consistent with the patient's current clinical presentation." Dr. Mirkovic recommended four weeks of physical therapy and an epidural steroid injection to be administered by Dr. Jeffrey Katz. He ordered that the claimant remain off work pending the outcome of physical therapy and the injection.

¶ 15 On March 5, 2012, the claimant was evaluated by Dr. Katz prior to undergoing his first epidural steroid injection. According to Dr. Katz's records, the claimant reported a history of lower back pain and impaired functioning which started "about 3 months ago" and has been growing progressively worse. The doctor's report states that the pain began when the claimant was "unloading a truck tire [and that] pulling and lifting these tires caused a small pull." The claimant described the pain as "stabbing, radiating to the left buttock." Dr. Katz administered an injection of Kenalog and Lidocaine at the L4-5 level.

¶ 16 On March 19, 2012, the claimant returned to Dr. Katz, reporting that his pain had been temporarily relieved by the first injection but had begun to gradually increase over the following two or three days. According to the doctor's notes, when the claimant went to physical therapy for the first time after the injection, the pain "returned to baseline." Dr. Katz administered a left L5-S1 injection of Depomedrol and Lidocaine.

¶ 17 On April 10, 2012, the claimant was examined by Dr. Mirkovic, who reiterated that his MRI was consistent with a left L4-5 disc herniation with foraminal stenosis compressing the

exiting L4 nerve root. Dr. Mirkovic noted that the claimant had responded well to the epidural steroid injections "transiently, confirming the pain source as being the disc herniation with nerve root compression." The doctor also identified radicular symptoms in the claimant's left buttock and ankle (EHL). He noted that the claimant's clinical presentation and MRI were consistent with his physical examination, notably, a "positive straight-leg raise on the left and weakness in the left EHL which was confirmed on today's examination." Dr. Mirkovic opined that the claimant's current symptoms were work-related. He recommended that the claimant undergo surgery in the form of a left L4-5 microdiscectomy and laminotomy.

¶ 18 On April 18, 2012, at the request of UQT, the claimant underwent an examination of his left wrist pursuant to section 12 of the Act (820 ILCS 305/12 (West 2010)) with Dr. Cohen. In his report, Dr. Cohen noted that he had previously performed an IME of the claimant in July of 2010, regarding his earlier wrist injury. He reviewed the medical records from December 12, 2011, which stated that the claimant had suffered a new injury. On examination of the claimant's left wrist, Dr. Cohen found clear evidence of dorsal soft tissue swelling over the radioscaphoid joint, which he believed to be "quite characteristic of radioscaphoid arthritis." Dr. Cohen took radiographic images of the claimant's left wrist, and compared them to the radiographs of the left wrist taken in July of 2010. He found "no significant changes when today's films are compared to those prior images." Dr. Cohen stated that, in his opinion, the claimant's current condition is end-stage radioscaphoid arthritis deriving from his original scaphoid fracture. He believed that the condition is chronic, and is "in no way causally related" to the work accident of December 9, 2011. He also stated that he did not believe surgical intervention was reasonable at the present time.

¶ 19 In his deposition, Dr. Cohen testified that, when he examined the claimant on April 18, 2012, he discovered swelling along the dorsum or "back" of the left wrist, which he believed was characteristic of individuals having his particular type of wrist arthritis. On cross-examination, Dr. Cohen acknowledged that the claimant's left-wrist surgery of 2005 successfully improved or "cleared" his tendonitis symptoms. He also admitted that the claimant had no medical procedures with regard to his left wrist throughout 2009 and 2010, and that, between his July 2010, IME and the work accident of December 9, 2011, there was no record of the claimant being treated for any pain in his left wrist. Accordingly, Dr. Cohen testified he had no way to determine whether the claimant's left wrist was symptomatic during that time frame. Dr. Cohen stated he "presumed" that, after the accident, the claimant's left wrist symptoms were worse than prior to the accident. He also testified that he presumed that the increase in wrist symptoms that the claimant experienced after stacking tires was related to his work activities that day. Dr. Cohen admitted he did not review the June 11, 2012, note from Dr. Carroll or Dr. Carroll's deposition testimony.

¶ 20 On May 17, 2012, at the request of UQT, the claimant underwent an examination of his lower back under section 12 of the Act (820 ILCS 305/12 (West 2010)) with Dr. Jesse Butler. Dr. Butler agreed with Dr. Mirkovic's diagnosis of a foraminal disc herniation of the L4-5 level, and also agreed there was a causal connection between the onset of the claimant's symptoms and the described work activities of stacking tires. Dr. Butler concluded the claimant had yet to achieve maximum medical improvement (MMI), and noted that he "may have suffered some permanent disability as a result of the injury." Dr. Butler stated that he could not quantify the degree of disability the claimant may have suffered at that time.

¶ 21 On July 1, 2012, Dr. Butler issued an addendum to his report based upon his review of the claimant's MRI. Dr. Butler's opinions regarding the claimant's diagnosis and the causal connection to his employment remained unchanged, but he did revise his conclusions regarding MMI and permanent disability. Specifically, in his revised report, Dr. Butler stated that the claimant "may have reached MMI for the injury." He noted that the claimant had denied persistent radicular symptoms at that time, and stated the L4-5 foraminal disc herniation is likely to reabsorb "with additional time." However, Dr. Butler also stated that, if L4 radiculopathy recurs and persists, the recommended microdiscectomy would be reasonable and "related."

¶ 22 On June 11, 2012, at the claimant's request, Dr. Carroll provided a report regarding his treatment of the claimant following his work accident of December 9, 2011. He opined that, to a reasonable degree of medical certainty, the wrist strain suffered by the claimant was acute in nature and was directly related to his work accident of December 9, 2011. Dr. Carroll also believed that the work injury could be considered an aggravating factor that accelerated the underlying preexisting arthritic condition in the claimant's left wrist. He opined that the injury of December 9, 2011, restricts the claimant from working at his normal job, and that the claimant should not return to work using his left wrist without further evaluation. Dr. Carroll characterized the condition of the claimant's left wrist as multifactorial in nature, "with an acute on [*sic*] chronic presentation." Dr. Carroll nonetheless opined that "the injury of 12/09/2011 is a factor in [the claimant's] need for care and an aggravating factor in the diagnosis of strain to the wrist, scaphoid fracture, and radiocarpal arthritis."

¶ 23 In his deposition, Dr. Carroll testified that he is a board-certified orthopedic surgeon with an additional qualification in hand surgery and that he has been performing such surgery for 25

years. Dr. Carroll stated that the mechanism of the claimant's injury, namely, the stacking of bus tires to a height of about six feet, was consistent with his January 2012 diagnosis of acute wrist strain. Dr. Carroll reiterated that the claimant's condition is multifactorial in nature, meaning that the work injury likely accelerated the underlying arthritis and scaphoid nonunion fracture to produce the current condition of ill-being in the claimant's left wrist and the need for surgery.

¶ 24 On cross examination, Dr. Carroll acknowledged that the claimant's preexisting left wrist condition, in and of itself, could produce ongoing painful symptoms. When asked whether he had compared radiographs of the claimant's wrist taken "prior to" and after the December 9, 2011, work accident, Dr. Carroll testified that he had made no forensic review of those results and, as such, was unable to determine whether there was objective evidence of a permanent change in the claimant's underlying condition resulting from the work accident. Instead, the doctor acknowledged that the only basis for a finding of a permanent change in the left wrist was the claimant's subjective complaints of pain. Dr. Carroll admitted that the claimant's x-rays from prior to and after the work accident both disclosed some dorsal soft-tissue swelling in the left wrist.

¶ 25 In his testimony, the claimant stated that, after his left-wrist surgery in 2007, his problems were resolved. He denied having any issue with the wrist in the six-month period preceding his work accident of December 9, 2011. The claimant testified that UQT discontinued his total temporary disability (TTD) benefits as of August 24, 2012, even though he had been instructed by both Dr. Carroll and Dr. Mirkovic to remain off of work. The claimant acknowledged that he has not undergone the surgeries recommended by Dr. Carroll or Dr. Mirkovic, but stated that UQT had denied his benefits and he does not have personal insurance.

He testified that he still suffers from pain in his left wrist and hand and numbness in his left fingers, which has not changed since he last saw Dr. Carroll. He has difficulty grasping things, such as cups, papers and eating utensils. He loses sleep every night because of the numbness in his wrist and hand. Similarly, his lower back pain remains unchanged since he last saw Dr. Mirkovic. He continues to have daily pain in his lower back and numbness in his left buttock, although it no longer radiates down to his foot. He testified that he has difficulty putting on shoes and showering and that, although he has attempted to walk his children to school, he had to sit down and rest after short distances. The claimant takes over the counter medications in an attempt to relieve his pain.

¶ 26 Following a hearing held pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2010)), the arbitrator issued a decision finding that, on December 9, 2011, the claimant suffered an accident that arose out of and in the course of his employment with UQT, resulting in injuries to his left wrist and lower back. The arbitrator awarded the claimant TTD benefits from December 12, 2011, through the commencement of the hearing on April 17, 2013, as well as prospective medical treatment in the form of surgery to his left wrist and lower back. In making his determination, the arbitrator relied upon the claimant's unrebutted testimony that he was injured while lifting, stacking and pulling 120-pound bus tires and that he immediately reported the injuries to his supervisor, Tony. The arbitrator further noted that the claimant gave consistent accounts of the accident to his treating physicians, and that the medical records showed that his wrist and back injuries had worsened in the period immediately following the accident. With regard to the left wrist injury, the arbitrator found that, although the medical records proved the existence of underlying, longstanding radiocarpal arthritis and a preexisting scaphoid fracture,

the accident of December 9, 2011, contributed to, or accelerated, the claimant's present state of ill-being. The arbitrator specifically found the medical opinions of Dr. Carroll to be more persuasive than those of Dr. Cohen.

¶ 27 UQT sought a review of the arbitrator's decision before the Commission. On, June 13, 2014, the Commission issued a unanimous decision affirming and adopting the arbitrator's decision, and remanding the matter pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980).

¶ 28 UQT sought judicial review of the Commission's decision in the circuit court of Cook County. On March 24, 2015, the circuit court entered an order confirming the Commission's decision. The instant appeal followed.

¶ 29 UQT first argues that the arbitrator's finding that the present condition of ill-being in the claimant's left wrist is causally related to the December 9, 2011, work accident is against the manifest weight of the evidence. UQT does not appear to dispute that the claimant experienced a work-related accident while stacking bus tires on December 9, 2011. Rather, it contends that his medical records evidence an "extensive" history of preexisting left-wrist injuries dating back to his nonunion scaphoid fracture in 1995 and advanced arthritis as diagnosed by Dr. Welch in 2004. UQT maintains that the claimant's present condition merely represents the normal degenerative process of his preexisting nonunion fracture and arthritis.

¶ 30 In a workers' compensation case, the claimant has the burden of proving, by a preponderance of the evidence, all of the elements of his claim. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). Whether a causal relationship exists between a claimant's employment and his 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. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 207 (2003); *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).

¶ 31 Where there is evidence that a claimant has a preexisting condition, the burden rests with the claimant to show that a work-related accident or injury aggravated that condition, such that the claimant's current state of ill-being can be said to have resulted from the work-related injury and is not simply the result of the normal degenerative process of the preexisting condition. *Sisbro*, 207 Ill. 2d at 204-05. However, an employer takes its employees as it finds them; therefore, even if a preexisting condition is present, an employee may still recover if he shows that his employment is *a* causative factor, though not necessarily the *sole* causative factor, of his current state of ill-being. *Id.*

¶ 32 In this case, there can be no dispute that the claimant had an ongoing left wrist condition that predated his work injury. However, it was also undisputed that, for the nine months of his

employment with UQT prior to his work accident, he was able to perform his duties as a mechanic's assistant without any wrist pain or impairment. Immediately following his work accident, the claimant suffered a sudden onset of pain in his left wrist, which grew more debilitating in the ensuing days. Both Dr. Anderson and Dr. Carroll reported tissue swelling in the wrist, and Dr. Carroll diagnosed the claimant with acute wrist strain, which he believed "may have aggravated" the underlying condition. By January 20, 2012, the claimant's pain had increased while the functionality of his left wrist had decreased, and his radiographs revealed a scaphoid collapse. In Dr. Carroll's report of June 11, 2012, he opined that the acute wrist strain suffered by the claimant on December 9, 2011, was an aggravating factor that accelerated the claimant's existing arthritic condition. It is apparent from this evidence that, while the work accident was not the sole factor leading to the current condition of ill-being in the claimant's left wrist, it was clearly a factor. Accordingly, the Commission could reasonably have found that causation was sufficiently proven under the Act. *Sisbro*, 207 Ill. 2d at 204-05.

¶ 33 UQT points out, however, that Dr. Carroll's opinion relied heavily upon the claimant's subjective complaints of pain, which should be disregarded because the claimant's account of events was "untrustworthy" and "not credible." UQT further contends that the objective medical evidence proves that there was no change in the claimant's wrist condition in the period before and after the work injury. In particular, Dr. Hartigan's 2007 examination revealed left dorsal swelling, which UQT maintains was the same swelling noted by Drs. Cohen and Carroll after the work accident of December 9, 2011.

¶ 34 First, we cannot agree, based upon the evidence presented, that there was no change in the condition of the claimant's left wrist as a result of the work accident. It is true that x-rays

from 2007 showed left-wrist swelling as a result of the claimant's fall from a ladder in June of that year, but this fact bears little relevance to his injury of December 9, 2011. As observed by the arbitrator, there were no medical records documenting any treatment for the claimant's wrist between August 26, 2007, and January 13, 2010, a period of over two years. Further, there is no indication that the claimant reported any problems with his left wrist in the nearly 21-month period from March 18, 2010, until his work accident. We recognize that, according to Dr. Cohen, dorsal swelling is a symptom that could generally accompany arthritis. However, Dr. Cohen admitted to having no knowledge as to the condition of the claimant's wrist from the time of his July 9, 2010, IME, until the work accident at issue in this case. The medical and testimonial evidence at the hearing demonstrated deterioration in the condition of the claimant's wrist immediately following the work accident.

¶ 35 Nor is there any basis to dismiss the claimant's entire account of his work-related injuries as untruthful. UQT directs us to testimony by the claimant on cross-examination, denying any problems with his left wrist in August 27, 2007, or at any other time prior to his work-related accident of December 9, 2011. On direct and re-direct examination, by contrast, he acknowledged that he did have a left wrist injury in 2007 and surgery in 2009. The arbitrator made note of this inconsistency; nonetheless, he found that the claimant credibly testified that his prior injuries had healed well before the work injury at issue. The arbitrator also noted that the claimant had provided consistent accounts of his left wrist injury to his treating physicians as revealed in their medical reports. The Commission adopted the arbitrator's findings. The resolution of conflicts in testimony is a task reserved for the Commission, and we are unable to

conclude, based solely upon the inconsistency alleged by UQT, that its findings in this regard are contrary to the manifest weight of the evidence.

¶ 36 UQT next argues that the Commission's decision to award the claimant prospective medical care for his left wrist, in the form of the arthroscopy recommended by Dr. Carroll, is contrary to the manifest weight of the evidence. Again, we disagree.

¶ 37 Under the Act, an employer must pay for any medical or surgical care on behalf of an injured employee that is reasonably necessary to "cure or relieve the effects" of an accidental injury arising out of his employment. 820 ILCS 305/8(a) (2010). Questions regarding the entitlement to prospective medical care under section 8(a) of the Act involve factual matters for the Commission to resolve. *Max Shepard, Inc. v. Industrial Comm'n*, 348 Ill. App. 3d 893, 903 (2004). We will not disturb the Commission's findings as to these issues unless they are contrary to the manifest weight of the evidence. *Certi-Serve*, 101 Ill. 2d at 244.

¶ 38 As its sole support for its argument, UQT urges that we disregard the medical opinion of Dr. Carroll as to causation and adopt that of UQT's section 12 physician, Dr. Cohen. That is not the function of this court. The Commission concluded that Dr. Carroll, as the claimant's treating physician both prior and subsequent to his work accident of December 9, 2011, was in the best position to evaluate whether his preexisting left wrist condition had been aggravated by his work accident. The Commission also generally found Dr. Carroll's medical opinions to be more persuasive than those of Dr. Cohen. As an opposite conclusion is not clearly apparent from the record, we will not disturb the Commission's decision to award the claimant benefits to cover the recommended arthroscopy.

¶ 39 In a related argument, UQT contends that the Commission's findings that the claimant's lower back condition is causally related to his work accident, and that he is therefore entitled to an L4-5 microdiscectomy, are contrary to the manifest weight of the evidence.

¶ 40 We initially point out that UQT fails to support its remaining contentions on appeal with any citation to legal authority or the record. As such, these contentions are deemed forfeited under Supreme Court Rule 341(h) (7) (eff. July 1, 2008). Forfeiture aside, the arguments lack merit. UQT again rests its arguments primarily upon the position that the requisite causation was not established because the claimant was not a credible witness.

¶ 41 Both Dr. Mirkovic and Dr. Butler, the section 12 examiner, opined that the work-related accident caused the claimant's foraminal herniation of the L4-5 disc. Dr. Butler further concluded that, if the claimant's radicular symptoms persisted, the recommended microdiscectomy was "related" and would be reasonable as a result of his injury. The Commission found that the evidence established that the claimant's lower back and radicular symptoms began as a result of the work accident. The claimant testified that his lower-back problems had not receded since he last saw Dr. Mirkovic, and were persistent and ongoing at the time of the hearing. As there is nothing in the record to contradict these facts, we therefore reject the contention that the Commission's finding that the claimant is entitled to an L4-5 microdiscectomy is contrary to the manifest weight of the evidence.

¶ 42 UQT last argues that the Commission's award of TTD benefits through April 17, 2013, is contrary to the manifest weight of the evidence. As its sole support for this contention, UQT asserts that Dr. Butler "determined that Employee reached maximum medical improvement for

his back" by July 2012. UQT also maintains that the claimant has remained off of work but has not sought any treatment for his back since April 2012.

¶ 43 It is well settled that, when a claimant seeks TTD benefits, the dispositive inquiry is whether his condition has stabilized, meaning whether the claimant has reached MMI. *Interstate Scaffolding, Inc. v. Illinois Workers' Compensation Comm'n*, 236 Ill. 2d 132, 142 (2010). An employer's obligation to pay TTD benefits to an injured employee ends when the claimant's condition has stabilized. *Id.* at 149. The period of TTD constitutes a question of fact to be resolved by the Commission, whose determination will not be disturbed unless it is against the manifest weight of the evidence. *Id.* at 142.

¶ 44 UQT mischaracterizes Dr. Butler's report. The doctor stated that the claimant "may" have reached MMI, as his radicular symptoms appeared at that time to have subsided. He qualified this statement, however, by advising that, if the L4 radiculopathy recurred and persisted, the recommended microdiscectomy would be reasonable. According to the claimant, his lower back symptoms continued to affect him on a daily basis as of the time of the arbitration hearing. He also explained that he did not obtain the necessary treatment or surgery because he lacked personal insurance. Accordingly, UQT's argument on this issue is without merit.

¶ 45 Based upon the foregoing analysis, we affirm the judgment of the circuit court which confirmed the Commission's decision and remand the matter to the Commission for further proceedings.

¶ 46 Affirmed and remanded.