2016 IL App (1st) 151565WC-U
No. 1-15-1565WC
Order filed: June 24, 2016

IN THE

APPELLATE COURT OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

ROLLEX CORPORATION,	)	Appeal from the Circuit Court
	)	of Cook County.
Petitioner-Appellant,	)	
	)	
v.	)	No. 14-L-50609
	)	
THE ILLINOIS WORKERS'	)	
COMPENSATION COMMISSION and	)	
REYMUNDO URIOSTEGUI,	)	Honorable
	)	Carl Anthony Walker,
Respondents-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*: Commission's finding that claimant sustained his burden of establishing a causal connection between his left knee condition and his work-related accident is not against the manifest weight of the evidence.

¶ 2 Claimant, Reymundo Uriostegui, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq*. (West 2010)) alleging that he sustained injuries to his left knee and ankle while working for respondent, Rollex Corporation.

Respondent did not dispute that claimant injured his left ankle as a result of the work accident, but contested claimant's assertion that he injured his left knee. Following a hearing, the arbitrator ruled in claimant's favor and awarded temporary total disability (TTD) benefits, temporary partial disability (TPD) benefits, reasonable and necessary medical expenses, and prospective medical treatment. The Illinois Workers' Compensation Commission (Commission) affirmed and adopted the decision of the arbitrator and remanded the matter for further proceedings. On judicial review, the circuit court of Cook County confirmed. Respondent now appeals, challenging the Commission's finding that claimant's left knee condition is causally related to his work accident. We affirm and remand.

¶ 3 I. BACKGROUND

¶ 4 The following factual recitation is taken from the evidence presented at the arbitration hearing held on August 6, 2013. Claimant testified that he had been employed by respondent for 19 years. On December 1, 2010, claimant worked for respondent as a paint-line operator. On that date, the machine claimant was using began to spill oil. Claimant slipped on the oil and fell, causing his body weight to shift to his left leg. Claimant testified that he was in a general state of good physical health at the start of the workday and that he had never had any prior problems with his left knee or ankle. Following the accident, however, claimant began to feel pain, so he reported the incident to respondent.

¶ 5 Respondent directed claimant to Advocate Occupational Health, where he was seen by Dr. Ramon Castillo. Claimant told Dr. Castillo that he was "walking and slipped on oil spilling from a machine and twisted [his] left leg." Claimant complained of left ankle and left lower leg pain and swelling. Dr. Castillo ordered X rays of the left ankle and left knee. He diagnosed a left ankle sprain and prescribed an ACE wrap and boot. Dr. Castillo determined that claimant's

injury was work related and advised him not to return to work at that time. Dr. Castillo discharged claimant from his care, but referred him to an orthopedist, Dr. George Firlit, for treatment of the left knee and ankle.

¶ 6 On December 2, 2010, claimant presented to a podiatrist, Dr. Samuel Ramirez, of the Ramirez Foot and Ankle Clinic.[1] Upon examination, Dr. Ramirez noted pain on palpation of the lateral aspect of the left ankle, which claimant rated at level 10 on a 10-point scale. Dr. Ramirez also noted bruising, edema, erythema, and tenderness of the left ankle. Dr. Ramirez ordered X rays and performed a diagnostic ultrasound of the left ankle. The X ray revealed "a suspicious possible fracture of the posterior aspect of the tibia." The ultrasound revealed an area of effusion in the lateral ankle joint. Dr. Ramirez kept claimant off work and applied a soft cast. Dr. Ramirez also advised claimant to decrease weight bearing and to use a "fracture walker" with crutches. An MRI of the left ankle was taken in January 2011.

¶ 7 Claimant continued to treat with Dr. Ramirez into February 2011. During this time, claimant refrained from bearing weight by using the fracture walker and crutches to ambulate. He also remained off work, received a series of injections to the ankle joint, and began physical therapy to strengthen his left ankle. Claimant testified that although Dr. Ramirez only treated his left ankle, he continued to experience constant pain in his left knee. At a follow-up visit with Dr. Ramirez on February 15, 2011, claimant reported that his left ankle felt "about 50% better" after physical therapy. However, claimant complained of pain in his left knee "for the past 2 weeks."

[1] We are unable to find any medical records from Dr. Firlit in the record. However, Dr. Ramirez's treatment notes state that claimant saw a "specialist" on December 1, 2010, who determined that claimant did not fracture his ankle.

Dr. Ramirez instructed claimant to continue physical therapy and to use a brace. In addition, Dr. Ramirez referred claimant to Dr. Ronald Silver for his left knee pain.

¶ 8 Dr. Silver testified by evidence deposition, and his treatment records were admitted into evidence. Dr. Silver noted that claimant's initial treatment focused on his ankle because that was the more troublesome condition. However, as time progressed the knee became worse. When claimant first consulted Dr. Silver on February 24, 2011, he related that he was at work on December 1, 2010, when he "slipped and twisted his left ankle and knee on a patch of oil on the floor and he crashed down upon his left knee as well as his ankle." Claimant told Dr. Silver that since the work accident he has had pain, swelling, and clicking of the left knee. Upon examination, Dr. Silver noted medial and lateral joint line tenderness, a mild effusion, patellofemoral clicking, and limited range of motion due to pain. X rays were within normal limits. Dr. Silver diagnosed cartilage damage to the left knee. He prescribed physical therapy and three medications: Meloxicam for swelling, Vicodin for pain, and Omeprazole for gastrointestinal protection. Dr. Silver found that claimant was temporarily totally disabled pending re-evaluation in four weeks.

¶ 9 On March 24, 2011, claimant returned to Dr. Silver's office. At that time, Dr. Silver noted that claimant's left knee had continued to deteriorate, but claimant had only been approved for two or three physical therapy sessions by the workers' compensation carrier. Dr. Silver again expressed concern that claimant's left knee had damaged cartilage. Dr. Silver continued claimant on Vicodin, Meloxicam, and Omeprazole, gave claimant a knee brace, prescribed an MRI, and recommended additional physical therapy.

¶ 10 Meanwhile, claimant continued to treat with Dr. Ramirez primarily for his left ankle injury. At a follow-up visit with Dr. Ramirez on April 5, 2011, claimant reported that his left

ankle was 70% better. However, he informed Dr. Ramirez that he had increased pain in the left knee and was waiting to hear from the workers' compensation carrier regarding approval for physical therapy and follow-up treatments with Dr. Silver. At that time, Dr. Ramirez's assessment was "[s]tatus post work injury to left ankle and left knee and post traumatic arthritis."

¶ 11 On April 28, 2011, claimant presented to Dr. Simon Lee for an independent medical examination (IME). Claimant told Dr. Lee that on December 1, 2010, while at work, one of the machines spilled oil onto the floor. Claimant stated that he slipped on the oil, twisting his left lower extremity and injuring his left knee and left ankle. Dr. Lee reviewed claimant's medical history and diagnostic films. He also conducted a physical examination focusing on claimant's left ankle. Dr. Lee found that the majority of claimant's complaints were subjective in nature. The only objective evidence of any disability was the January 2011 MRI of the left ankle, which showed a possible posterolateral lesion. Based on the physical examination, Dr. Lee felt that claimant "does have a significant degree of symptom magnification if not outright malingering in reference to this particular injury in regards to his left ankle." Ultimately, Dr. Lee diagnosed a left ankle sprain which he found to be "in causality to his industrial accident." Dr. Lee believed that claimant's "prolonged period of immobilization as well as physical therapy and rehab[ilitation]" were sufficient and that no further treatment was necessary. Dr. Lee recommended a functional capacity evaluation (FCE) to assess claimant's capabilities and thought that claimant would be at maximum medical improvement (MMI) following the FCE.

¶ 12 Following Dr. Lee's IME, claimant returned to work light duty wearing an ankle brace and gym shoes. On May 9, 2011, respondent told claimant he had to wear dress shoes. This did not allow claimant to wear the brace, and he began to have pain and swelling. On May 10, 2011, Dr. Ramirez took claimant off work for a week and advised him to obtain treatment for his left

knee. On May 11, 2011, claimant was placed on hold for physical therapy involving his left ankle. Although claimant progressed well and the therapist believed he would benefit from additional therapy, the workers' compensation carrier would not approve further treatment.

¶ 13 On May 12, 2011, claimant underwent the MRI of the left knee ordered by Dr. Silver. The MRI showed a trace amount of free fluid in the knee joint and a tiny popliteal cyst, but did not show any evidence of a meniscus tear or ligamentous injury. The MRI report further provided that the "articular cartilage in all three compartments is relatively preserved, and no large focal cartilage defect is seen." According to Dr. Silver, the MRI was "essentially normal," although it was performed using a "rather weak magnet." On May 18, 2011, Dr. Silver wrote to the workers' compensation carrier, requesting that claimant undergo a 3-T MRI scan "in order to demonstrate the damage to the articular cartilage in [claimant's] knee." Dr. Silver explained that the MRI previously obtained was "relatively insensitive to articular cartilage."

¶ 14 On June 15, 2011, claimant underwent an FCE to assess the feasibility of him returning to work as a paint-line operator for respondent. Claimant was found to demonstrate consistent reliability with maximum performance throughout the evaluation. Claimant demonstrated the physical capabilities and tolerances to function at a medium-heavy category of work. However, the therapist noted that based on information provided by claimant and a written job description provided by respondent, claimant's position requires functioning at the very heavy category of work. The therapist recommended a work-conditioning program, but otherwise found that claimant did not demonstrate the physical capabilities and tolerances to perform all of the essential functions of his position as a paint-line operator for respondent.

¶ 15 On June 20, 2011, Dr. Mark Levin conducted an IME. Dr. Levin recorded that claimant developed left ankle pain at work on December 1, 2010, after he slipped on oil that had spilled

from the machine he was using. Later in December, claimant started to develop left knee pain. At that time of the examination, claimant's complaints regarding the left knee included pain underneath the patellofemoral joint both medially and laterally. Claimant rated the pain at level 6 on a 10-point scale. Claimant related that the pain sometimes travels to the left buttock area and low back. Claimant also described clicking in the left patella.

¶ 16 Dr. Levin reviewed claimant's medical records and conducted a physical examination. With respect to the latter, Dr. Levin noted that claimant walked with a shifting side-to-side gait. Claimant's quadriceps circumferentially four fingerbreadths superior to the patella measured 50.5 centimeters on the right and 46 centimeters on the left. Claimant's left knee was tender over the lateral facet of the patella with no medial facet tenderness. Claimant demonstrated lateral patellar tracking with crepitus on range of motion of the knee. There was minimal tenderness over the medial and lateral joint line. Dr. Levin interpreted the May 12, 2011, MRI of the left knee as normal with no evidence of any meniscal tears or significant joint effusions. Dr. Levin did not find any symptom magnification regarding claimant's left knee pain.

¶ 17 Based upon claimant's history, the physical examination, the radiographic studies, and medical records, Dr. Levin concluded that claimant's "current knee complaints do not appear to have been caused by the alleged work injury of December 1, 2010." Dr. Levin explained:

> "Presently the patient's current knee condition is consistent with patellofemoral pain syndrome which is commonly seen in the general population. This patient is noted on clinical exam to have marked atrophy of the left quadriceps muscle compared to the right, which can contribute to the patient having patellofemoral pain syndrome.
>
> Per his report and based on history, [claimant] states that he was asymptomatic in the left knee until this work injury. If this patient was on crutches and immobile with the

> left lower extremity, it is possible that his quadriceps could have atrophied from lack of use of the left lower extremity to the point of now making his patellofemoral syndrome symptomatic."

Dr. Levin later stated that "the association of [claimant's] left knee patellofemoral pain syndrome to work would be strictly considered an aggravation of an underlying, pre-existing condition because of atrophy of the quadriceps secondary to being on crutches for an ankle injury." He added, "it is not a direct trauma to the knee and a relationship is only based on his report of being asymptomatic prior to being on the crutches and his symptoms began when he was on the crutches."

¶ 18 Dr. Levin did not feel that claimant was a surgical candidate. Rather, he recommended aggressive physical therapy for left knee quadriceps strengthening and, potentially, a patellofemoral tracking brace. From an orthopedic standpoint, Dr. Levin felt that claimant was capable of returning to work. Nevertheless, he noted that claimant may have difficulty with repetitive bending, squatting, or stooping activities.

¶ 19 On August 30, 2011, claimant returned to Dr. Silver's officer with complaints of pain and swelling of his left knee. Dr. Silver recommended that claimant undergo additional physical therapy. At that time, Dr. Silver also reiterated his request for a 3-T MRI "due to the possibility of articular cartilage damage not seen on a weaker MRI." Dr. Silver permitted claimant to continue his normal work activities. On September 1, 2011, claimant began a 12-session course of physical therapy for his left knee. Claimant's last physical therapy session was on October 11, 2011. During September and October 2011, claimant continued to treat with Dr. Silver, who noted that claimant continued to experience pain and swelling in his left knee. On October 25, 2011, Dr. Silver administered an intra-articular cortisone injection to claimant's left knee. At

that time, Dr. Silver was still awaiting approval of the 3-T MRI and he allowed claimant to continue his work activities "pain permitting."

¶ 20 On November 10, 2011, Dr. Levin authored a follow-up letter after he was provided claimant's written job description and physical therapy records. Based on his review of the additional documentation, Dr. Levin concluded that claimant progressed with physical therapy. Dr. Levin also reiterated that claimant did not require any additional orthopedic intervention. Dr. Levin found that claimant attained MMI as of October 11, 2011, and could return to work full duty.

¶ 21 At a follow-up visit on January 3, 2012, Dr. Silver noted that while claimant experienced temporary relief of his knee pain from the cortisone injection, his symptoms had since become worse. Dr. Silver opined that "[t]he fact that he did get temporary relief from his intra-articular cortisone injection indicates that the problem in his knee is an intra-articular one, most likely requiring arthroscopic surgery." Claimant continued to treat with Dr. Silver through mid-2013. During this time, claimant reported that his left knee continued to worsen and his pain continued to increase. As a result, Dr. Silver recommended arthroscopic surgery of the left knee. Dr. Silver found that the surgery was causally connected to the work accident of December 1, 2010, and opined that claimant was risking permanent disability without the procedure. While awaiting approval for surgery, Dr. Silver prescribed Vicodin, Meloxicam, and Omeprazole. In addition, Dr. Silver authorized claimant to continue his work activities due to "significant financial distress."

¶ 22 At the arbitration hearing, respondent offered a peer review note dated December 19, 2011, from Dr. William Abraham (a board-certified orthopedic surgeon) and Dr. Joel Grossman (a certified medical audit specialist). Drs. Abraham and Grossman reviewed claimant's May 12,

2011, MRI and Dr. Levin's June 20, 2011, IME report. Drs. Abraham and Grossman were asked to determine if the medications prescribed for claimant (Omeprazole, Meloxicam, and Vicodin) were medically necessary and appropriate and to provide estimates as to the costs of the drugs. Drs. Abraham and Grossman concluded that the prescriptions for Omeprazole and Meloxicam were not medically necessary. They also challenged the necessity of the Vicodin based upon the May 12, 2011, MRI, which did not show an "obvious abnormality" and "the sparse medical records," which did not describe a reason for pain or any signs of reflex sympathetic dystrophy. Drs. Abraham and Grossman opined that "there does not appear to be a specific need for a level of narcotic pain medication this far after what appears to have been a minor inciting event."

¶ 23 Based on the foregoing evidence, the arbitrator concluded that claimant's left knee condition was causally related to the December 1, 2010, work accident. In support of this conclusion, the arbitrator determined that claimant reported pain and injury to his left knee when he sought treatment on the date of the accident. The arbitrator also reasoned that the medical opinions of claimant's treating physicians (Drs. Castillo, Ramirez, and Silver) were "consistent and more credible" than the opinions of Drs. Lee and Levin. In this regard, the arbitrator found that Dr. Lee's opinion primarily concerned the ankle injury. The arbitrator then explained:

> "At the time of the [IME], Dr. Levin only had notes from two orthopedic visits with Dr. Silver available for review and conservative treatment had not been completed because physical therapy was not approved. Dr. Levin's review of the MRI confirms no evidence of meniscal tears or significant joint effusions. Dr. Levin fails to rule out potential cartilage damage as diagnosed by Dr. Silver. Dr. Silver's diagnosis, after over a year of treatment offers the more credible explanation for the symptoms and

mechanism of injury. Dr. Silver's diagnosis and treatment plan is corroborated by early complaints of knee pain while claimant treated with Drs. Castillo and Ramirez.

Dr. Silver testified that the intra-articular cartilage damage was consistent with the description of the work injury and treatment records available for review. Dr. Silver treated the left knee conservatively with physical therapy and pain medication. A cortisone injection temporarily relieved the knee pain, indicating arthroscopic surgery was necessary. On the date of the accident, Dr. Castillo ordered an X ray of both the left knee and ankle. Dr. Castillo also referred [claimant] to an orthopedic doctor for both the left knee and ankle. Dr. Ramirez's corroborating records and immobilization of the left lower extremity are consistent with the knee becoming symptomatic at a later date. Dr. Levin's diagnosis of patellofemoral pain syndrome, potentially caused by atrophy of the left quadriceps while the lower extremity was immobilized does not contradict Dr. Silver's diagnosis of cartilage damage, as Dr. Ramirez immobilized the lower left extremity for about 19 weeks to treat the ankle injury. Respondent's own IME doctor opined that a period of immobilization, such as Dr. Ramirez required, could contribute to an atrophy of the left quadriceps and contribute to a diagnosis of patellofemoral pain syndrome. This does not contradict a diagnosis of cartilage damage.

The Arbitrator accordingly gives more weight to the testimony of Dr. Silver and finds that the accident caused damage to the cartilage in the left knee. Also, the lengthy period of immobilization of the left lower extremity to treat the ankle injury contributed to the issues with [claimant's] knee. As such, the Arbitrator finds that [claimant's] current condition of ill-being is causally related to the December 1, 2010 work injury."

The arbitrator awarded claimant: (1) TTD benefits of $462.66 per week for 26-3/7 weeks (subject to a credit for TTD benefits already paid); (2) TPD benefits of $245.33 per week for 12-3/7 weeks; (3) reasonable and necessary medical expenses; and (4) prospective medical treatment, including the arthroscopic surgery recommended by Dr. Silver.

¶ 24 The Commission affirmed and adopted the decision of the arbitrator and remanded the matter 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 followed.

¶ 25 II. ANALYSIS

¶ 26 On appeal, respondent claims that claimant failed to prove by a preponderance of the evidence that his current condition of ill-being is causally related to the work accident of December 1, 2010.

¶ 27 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 condition of ill-being for which he or she seeks benefits. *Boyd Electric v. Dee*, 356 Ill. App. 3d 851, 860 (2005). Causation presents an issue of fact. *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, and assign weight to be accorded the evidence. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). This is especially true regarding medical matters, where we owe great deference to the Commission due to its long-recognized expertise with such issues. *Long v. Industrial Comm'n*, 76 Ill. 2d 561, 566 (1979). As such, a court of review cannot

disregard permissible inferences drawn by the Commission merely because different or conflicting inferences might also reasonably be drawn from the same facts, nor can the court substitute its judgment for that of the Commission on such matters unless the Commission's findings are contrary to the manifest weight of the evidence. *Zion-Benton Township High School District 126 v. Industrial Comm'n*, 242 Ill. App. 3d 109, 113 (1993). For a finding to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Bassgar, Inc. v. Illinois Workers' Compensation Comm'n*, 394 Ill. App. 3d 1079, 1085 (2009). Stated another way, if there is sufficient factual evidence in the record to support the Commission's decision, we must uphold it, regardless of whether this court, or any other tribunal, might reach an opposite conclusion. *Pietrzak v. Industrial Comm'n*, 329 Ill. App. 3d 828, 833 (2002).

¶ 28 Respondent argues that claimant failed to carry his burden of proving by a preponderance of the evidence that he suffered a compensable injury to his left knee as a result of the December 1, 2010, work accident. Respondent further asserts that even if claimant's knee injury is "genuine," claimant failed to carry his burden of proving by a preponderance of the evidence that the current condition of his left knee is causally related to the work accident of December 1, 2010. However, the Commission, in affirming and adopting the decision of the arbitrator, concluded that claimant met his burden of proof with regard to the condition of his left knee and its connection to the work accident on December 1, 2010. For the reasons that follow, we conclude that the Commission's finding is not against the manifest weight of the evidence.

¶ 29 The record establishes that claimant was at work on December 1, 2010, when he slipped on the oil and fell, causing his body weight to shift to his left leg. Claimant testified that he was in a general state of good physical health at the start of the workday and that he had never had

any prior problems with his left knee or ankle. Following the accident, however, claimant began to feel pain and reported the injury to respondent. Respondent sent claimant to Dr. Castillo for treatment. When claimant first saw Dr. Castillo, he reported that he was at work "walking and slipped on oil spilling from a machine and twisted [his] left leg." Claimant complained of pain and swelling involving the left ankle and the left lower leg. Dr. Castillo ordered X rays of not only the left ankle, but also the left knee. Although Dr. Castillo diagnosed a sprained ankle and discharged claimant from his care, he referred claimant to an orthopedic physician for treatment of the left ankle and the left knee.

¶ 30 The record further establishes that claimant's initial treatment focused on his left ankle because this condition was more troublesome. During this time, claimant's left lower extremity was largely immobilized as a result of the treatment for his ankle. Nevertheless, claimant continued to experience pain in his left knee. On February 15, 2011, claimant related this left-knee pain to Dr. Ramirez, who referred claimant to Dr. Silver. The accident history recorded by Dr. Silver was largely consistent with that provided to Dr. Castillo. Specifically, claimant told Dr. Silver that he was at work on December 1, 2010, when he "slipped and twisted his left ankle and knee on a patch of oil on the floor." Claimant reported that after the work accident, he began to experience pain, swelling, and clicking of the left knee. X rays of the knee were within normal limits. However, upon examination, Dr. Silver noted medial and lateral joint line tenderness, a mild effusion, patellofemoral clicking, and limited range of motion due to pain. At that time, Dr. Silver diagnosed damaged cartilage of the left knee.

¶ 31 Dr. Silver ordered an MRI of the left knee, which claimant underwent on May 12, 2011. Dr. Silver acknowledged that the MRI was essentially normal. He explained, however, that the MRI was performed with a "rather weak magnet" which was "relatively insensitive to articular

cartilage." As a result, Dr. Silver requested that claimant undergo a 3-T MRI scan "to demonstrate the damage to the articular cartilage" in claimant's left knee. While awaiting approval for the stronger MRI, Dr. Silver prescribed conservative treatment, including pain medication, physical therapy, and an intra-articular cortisone injection. The injection provided only temporary relief, and Dr. Silver explained that this fact "indicate[d] that the problem in his knee is an intra-articular one, most likely requiring arthroscopic surgery." Since the 3-T MRI was never approved, conservative treatment did not provide prolonged relief, and the injection suggested claimant had an intra-articular knee problem, Dr. Silver recommended arthroscopic surgery. Dr. Silver opined that the need for the surgery was causally connected to the work accident of December 1, 2010, and that without the procedure, claimant was risking permanent disability.

¶ 32 Claimant was also examined by Dr. Levin. Claimant provided Dr. Levin with a history of injury largely consistent with that provided to other physicians. Upon physical examination, Dr. Levin noted tenderness over the lateral facet of the patella, lateral patellar tracking with crepitus on range of motion to the knee, and tenderness over the medial and lateral joint line. Dr. Levin also noted marked atrophy of the left quadriceps compared to the right. Based on claimant's history, physical examination, the radiographic studies, and medical records, Dr. Levin opined that claimant's "current knee complaints do not appear to have been caused by the alleged work injury of December 1, 2010." In addition, Dr. Levin did not believe that claimant was a surgical candidate. Dr. Levin diagnosed claimant with a preexisting condition, patellofemoral pain syndrome. Dr. Levin also determined that claimant attained MMI as of October 11, 2011, and could return to work full duty. However, based on claimant's report that he was not symptomatic in the left knee until the work injury, Dr. Levin allowed that "[i]f

[claimant] was on crutches and immobile with the left lower extremity, it is possible that his quadriceps could have atrophied from lack of use of the left lower extremity to the point of now making his patellofemoral syndrome symptomatic."

¶ 33 In light of the foregoing, the Commission could reasonably conclude that the condition of ill-being involving claimant's left knee was causally related to his work accident of December 1, 2010. The evidence shows that claimant reported pain and injury to his left knee when he first sought treatment with Dr. Castillo on the day of the accident. At that time, Dr. Castillo ordered an X ray of the left knee and referred claimant to an orthopedist for further treatment of the left knee. Although claimant's initial treatment focused on his ankle injury, his left knee complaints persisted and he was eventually referred to Dr. Silver for treatment. Dr. Silver diagnosed cartilage damage to the left knee and concluded that the condition was causally related to the work accident. Following the failure of conservative treatment, including physical therapy and an injection, Dr. Silver recommended arthroscopic surgery. Of course, Dr. Levin concluded that claimant's knee complaints were the result of a preexisting condition—patellofemoral pain syndrome—unrelated to claimant's work accident. However, this merely created a conflict in the medical evidence for the Commission to resolve. Moreover, Dr. Levin acknowledged the possibility that treatment for the injury to claimant's left ankle (which respondent does not dispute was work related) aggravated claimant's underlying pre-existing condition. It is well settled that a compensable injury may be found upon showing that an employee suffered from a preexisting condition that was aggravated or accelerated by his or her employment. See *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 204-05 (1993). Thus, given claimant's lack of left knee symptoms prior to December 1, 2010, his contemporaneous complaints of left knee pain following the work accident, the conflicting medical opinions as to causation, and Dr. Levin's

admission that claimant's left knee condition could have resulted from the aggravation of an underlying, preexisting condition resulting from treatment for the undisputed work accident, we cannot say that the Commission's finding that claimant's left knee condition is causally connected to his work accident is against the manifest weight of the evidence. Quite simply, a conclusion opposite that of the Commission is not clearly apparent.

¶ 34 Respondent insists, however, that there is a lack of objective medical evidence to substantiate Dr. Silver's finding of cartilage damage. Respondent notes, for instance, that claimant underwent two MRIs and multiple X rays, yet none of these films revealed any problem with claimant's left knee. Respondent's assessment of the diagnostic films is misleading. Some of the diagnostic films referenced by respondent were of claimant's left ankle. We would not expect these films to show any problem with claimant's knee. It is true that that the X rays of claimant's left knee ordered by Dr. Silver were within normal limits and that Dr. Silver concluded that the MRI of claimant's left knee was "essentially normal." However, Dr. Silver also requested an MRI with a stronger magnet, which he thought would better assess articular damage to claimant's knee. This procedure was never approved. Moreover, respondent's argument ignores Dr. Silver's objective findings upon examination which, we note, were corroborated in large part by Dr. Levin's physical examination.

¶ 35 Respondent also directs us to the report of Dr. Lee in support of its claim that claimant did not suffer an injury to the left knee. According to respondent, Dr. Lee concluded that the majority of claimant's complaints were subjective and that claimant was magnifying his symptoms " 'if not outright malingering.' " However, Dr. Lee's opinion primarily addressed claimant's ankle injury. In fact, Dr. Lee's report makes only two brief references to claimant's knee injury. The first reference relates to the history of injury provided by claimant. The second

reference notes that claimant was referred to Dr. Silver for treatment of his knee. Indeed, respondent blatantly misrepresents Dr. Lee's findings as the remarks referenced by respondent were clearly not directed to claimant's knee injury. Dr. Lee actually stated, "I would *** indicate that [claimant] does have a significant degree of symptom magnification if not outright malingering *in reference to this particular injury in regards to his left ankle.*" (Emphasis added.) We also note that Dr. Levin, who conducted an IME focusing on claimant's knee, expressly found that "there does not appear to be any symptom magnification" regarding claimant's left knee pain.

¶ 36 Respondent also criticizes the Commission for failing to reference the peer review report of Drs. Abraham and Grossman. However, Drs. Abraham and Grossman were not retained to provide an opinion regarding the relationship between claimant's left knee condition and his work accident. To the contrary, their peer review report expressly provides that they were retained for two very limited purposes: (1) to determine if the medications prescribed by Dr. Silver were medically necessary and appropriate and (2) to provide an estimate as to the costs of the medications. Thus, we do not find either Dr. Lee's report or Drs. Abraham and Grossman's peer review report relevant to the causation issue.

¶ 37 III. CONCLUSION

¶ 38 For the reasons set forth above, we affirm the judgment of the circuit court of Cook County, which confirmed the decision of the Commission. Further, we remand this cause to the Commission for further proceedings pursuant to *Thomas*, 78 Ill. 2d 327.

¶ 39 Affirmed and remanded.