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2016 IL App (1st) 152301WC-U

FILED: November 18, 2016

NO. 1-15-2301WC

IN THE APPELLATE COURT

OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

BRYAN STANLY,)	Appeal from
)	Circuit Court of
Appellant,)	Cook County
)	No. 14L50620
v.)	
THE ILLINOIS WORKERS' COMPENSATION)	
COMMISSION <i>et al.</i> (Village of Matteson,)	
Appellees).)	Honorable
)	Robert L. Cepero,
)	Judge Presiding.

JUSTICE HARRIS delivered the judgment of the court.
Presiding Justice Holdridge and Justices Hoffman, Hudson, and Stewart
concur in the judgment.

ORDER

- ¶ 1 *Held:* (1) The Commission's finding that claimant's current condition of ill-being in his right knee was not causally connected to his work accident was not against the manifest weight of the evidence.
- (2) The Commission's award of temporary total disability benefits was not against the manifest weight of the evidence.
- (3) The Commission's finding that claimant was not entitled to prospective medical care was not against the manifest weight of the evidence.
- ¶ 2 On August 2, 2011, claimant, Bryan Stanly, filed an application for adjustment of claim pursuant to the Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 to 30 (West

2010)), seeking benefits from the employer, Village of Matteson, for injury to his right knee. Following a hearing, the arbitrator found claimant sustained a compensable injury and awarded him benefits under the Act. Specifically, the arbitrator awarded claimant 104 4/7 weeks' temporary total disability (TTD) benefits for the periods of July 20, 2011, through February 19, 2012; February 25, 2012, through April 29, 2012; and May 5, 2012, through July 30, 2012; and prospective medical care.

¶ 3 On review, the Illinois Workers' Compensation Commission (Commission) modified the arbitrator's award by finding claimant's work accident caused only a temporary aggravation to a preexisting condition in claimant's right knee and that claimant had reached maximum medical improvement (MMI) with respect to the work accident on February 17, 2012. Thus, the Commission modified the award of TTD benefits, finding claimant was entitled to TTD benefits from July 20, 2011, through February 17, 2012, and it vacated the award of prospective medical care. It otherwise affirmed and adopted the arbitrator's decision, and remanded to the arbitrator pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E. 2d 1322 (1980). On judicial review, the circuit court confirmed the Commission's decision.

¶ 4 On appeal, claimant challenges the Commission's findings that (1) his current condition of ill-being in his right knee was not causally related to his work injury; (2) he was only entitled to TTD benefits through February 17, 2012; and (3) he was not entitled to prospective medical care. We affirm and remand.

¶ 5 I. BACKGROUND

¶ 6 The following evidence was elicited at the July 30, 2013, arbitration hearing.

¶ 7 Claimant, who was 44 years old at the time of arbitration, testified that he began working for the employer as a firefighter paramedic in November 2004. Prior to that, he worked

as a firefighter for the city of Oak Forest for 17 years. According to claimant, 40% of his work time with the employer was spent as a firefighter and 60% as a paramedic. As a firefighter, his job duties entailed putting out fires, dragging hoses, carrying equipment and rescuing people. As a paramedic, his job duties entailed rendering care to patients, transferring patients to the ambulance and transporting them to the hospital.

¶ 8 As a requirement of his employment, claimant had to undergo annual physical examinations and agility tests. Claimant testified that the agility tests mimicked his job duties, and included tasks such as fighting fires, climbing ladders, carrying hoses, and dragging 180-pound dummies for 400 feet. According to claimant, prior to July 5, 2011, he passed every physical and agility test. Further, claimant stated that prior to July 5, 2011, he had no prior pain or discomfort in his right knee and had not sought medical treatment for any condition related to his right knee.

¶ 9 Claimant testified that on July 5, 2011, he drove a fire truck to a scene where a bedridden patient reportedly had difficulty breathing. Initially, claimant assisted the ambulance crew in caring for the patient. He then assisted seven other people in transferring the patient, who weighed approximately 750 pounds, to the ambulance. Claimant stated that they used a tarp and bed sheets to pull the patient out to the ambulance. They then used two back boards as a ramp to move the patient into the ambulance. Claimant testified that as they were pulling the patient into the ambulance, his left foot was on the floor of the ambulance and his right foot was on the ambulance's bumper. As he was pulling the patient into the ambulance, he felt a strain, a popping sensation, and then severe pain in his right knee. After the patient was transferred into the ambulance, claimant reported the accident to his employer.

¶ 10 Claimant stated that he did not seek treatment immediately because he felt like he

could treat the injury himself. He attempted to treat his right knee with ice, sports cream, heat, and ibuprofen, but in the days following the accident, the pain and swelling in his knee increased, and his "kneecap wouldn't move to the right side of [his] knee."

¶ 11 On July 20, 2011, claimant sought treatment at Ingalls Occupational Health (Ingalls), the facility he was referred to by the employer. The medical record from that visit indicates that claimant reported having felt a pop followed by sudden pain in his right knee while transferring a patient into an ambulance. Claimant reported intermittent right knee pain that was worse during weight-bearing activities, and which he rated a "7-8/10" on the pain scale. The report further indicated claimant denied having pain while sitting or lying. X-rays taken that day demonstrated lateral subluxation of the patella with effusion. Claimant was diagnosed with right knee pain, fitted with a right knee immobilizer, prescribed pain medication, and returned to work with restrictions. In addition, claimant was scheduled for a magnetic resonance imaging (MRI) scan of his right knee and told to follow up with the clinic after his MRI was completed. The MRI was conducted on July 30, 2011, and revealed "[m]oderate osteoarthritis greatest in the patellofemoral compartment with a 7 mm loose body in the superolateral joint space." Claimant returned to Ingalls for a follow-up appointment on August 1, 2011. The medical report for that date indicates that the changes to claimant's right knee were "not acute." Claimant was advised to see his own physician for treatment related to his osteoarthritis of the right knee and for possible surgery while "[t]he possible sprain in the knee which occurred at the time of injury will still be seen as a follow up in [occupational medicine]."

¶ 12 On August 5, 2011, claimant sought treatment with Dr. Charles Bush-Joseph at Midwest Orthopaedics at Rush University. Dr. Bush-Joseph diagnosed claimant with right knee patellofemoral arthritis and a quadriceps strain. He prescribed pain medication and an anti-

inflammatory. In addition, Dr. Bush-Joseph ordered physical therapy and restricted claimant from work. At a September 13, 2011, follow-up appointment, Dr. Bush-Joseph noted that claimant continued to have slow progress regarding recovery of his quad muscles which Dr. Bush-Joseph felt was "largely related to his preexisting arthritis." He continued to restrict claimant from work and ordered continued physical therapy. At an October 18, 2011, follow-up appointment, Dr. Bush-Joseph noted that conservative treatment had failed and recommended a diagnostic arthroscopy and possible debridement.

¶ 13 On November 9, 2011, claimant underwent a right knee arthroscopy, debridement, and chondroplasty. Dr. Bush-Joseph noted that claimant's "patellofemoral surfaces [in his right knee] revealed diffuse broad areas of exposed bone over the distal lateral pole of the patella and the entire lateral trochlea. Multiple cartilaginous fragments were present through the knee and there was a significant reactive synovitis." At a November 22, 2011, follow-up appointment, claimant reported he was "doing better" and had less clicking and crepitation in the knee than he had preoperatively. At a January 3, 2012, follow-up appointment, Dr. Bush-Joseph noted that claimant "has bone-on-bone anterior compartment osteoarthritis with full thickness cartilage loss and multiple loose bodies removed." At that time, claimant reported significant improvement in his pain, but continued difficulty with "loading his leg, doing single-legged squats and lifts." In a letter of the same date, Dr. Bush-Joseph noted that at the time of his surgery, claimant "was found to have broad areas of exposed bone over the patellofemoral articulation. Clearly, there was a preexisting osteoarthritic component of his patellofemoral joint prior to his work-related injury. As a result of his surgery and treatment, [claimant] has shown significant improvement and has now regained a full active range of motion of the knee."

¶ 14 On February 17, 2012, Dr. Bush-Joseph authored a letter addressed "To Whom

It May Concern," indicating that claimant had undergone a functional capacity evaluation (FCE) which demonstrated patellofemoral arthritis but that the test "was stated to be invalid with variable effort throughout the test day." He continued as follows:

"[W]e do feel that [claimant] has a continued source of pain and discomfort in terms of an arthritic patellofemoral joint of the right knee. We do feel that the surgery and the treatment following the surgery have been warranted, as he had an exacerbation of a preexisting condition related to his injury at work. However, at this time, he is at maximum medical improvement [MMI] for this injury. He is still felt with significant arthritis of the patellofemoral joint which will severely impact his ability to perform his work as a firefighter and paramedic.

We do agree with the rest of the [FCE] in terms of the fact that he is unable to return to his pre[-]injury job as a firefighter. We do not recommend any further work conditioning and that he is employable and may be able to return to a physical demand level of heavy."

Dr. Bush-Joseph further noted that claimant would require occasional cortisone injections in the future, as well as anti-inflammatory medications, to treat his underlying patellofemoral arthritis. He released claimant to return to work within the restrictions of the FCE and concluded that while claimant would have difficulty with squatting and kneeling-type activities, he should be able to return to the majority of his job duties.

¶ 15 On March 19, 2012, claimant saw Dr. Pietro Tonino at Loyola University

Medical Center at the request of the employer. After reviewing claimant's medical records and performing a physical examination, Dr. Tonino opined that the July 5, 2011, work accident had aggravated claimant's preexisting chondromalacia of his right knee. He further noted that the treatment claimant had been provided to date had been reasonable, necessary and appropriate for his clinical condition. In addition, Dr. Tonino noted, "[t]his is a temporary aggravation of a pre-existing condition based on the fact that the degenerative changes noted at the time of surgery most likely predated the July 4 [*sic*], 2011[,] date of injury." Dr. Tonino further agreed with Dr. Bush-Joseph's assessment that claimant was at MMI and could work within the restrictions of the FCE.

¶ 16 On June 29, 2012, claimant saw Dr. Bush-Joseph again at which time he reported his knee was worse than it had ever been. Dr. Bush-Joseph noted that claimant had end stage degenerative changes to his right patellofemoral joint that prevented him from working and which affected his activities of daily living. He further noted that claimant was in the process of obtaining permanent disability work status. Dr. Bush-Joseph referred claimant for an evaluation for possible patellofemoral joint arthroplasty.

¶ 17 On September 25, 2012, claimant saw Dr. Brett Levine at Midwest Orthopaedics at Rush University. At that time, claimant reported pain in his right knee that was "sharp and throbbing" and was "getting worse, constant in nature." Dr. Levine noted swelling in the right knee and a slight limp. Dr. Levine opined that claimant was a reasonable candidate for a patellofemoral arthroplasty, possible total knee replacement.

¶ 18 On November 15, 2012, claimant saw Dr. Basel Al-Aswad at Evergreen Orthopaedics for an independent medical evaluation in connection with his application for disability benefits. Dr. Al-Aswad reviewed claimant's medical records and performed a physical

examination. Upon examining claimant's right knee, Dr. Al-Aswad noted claimant's right knee was moderately swollen with moderate to severe tenderness. He further noted that motion of the patella was painful and that there was crepitus and a positive grind test with a positive apprehension test. He stated that the x-rays and MRI revealed degenerative changes in the patellofemoral joint with lateral subluxation of the patella. Dr. Al-Aswad's diagnosis was "[p]atellofemoral arthritis with lateral subluxation patella of the right knee." Dr. Al-Aswad opined that claimant's "moderate to severe degenerative arthritis of the patellofemoral joint with subluxation" would preclude him from performing full and unrestricted firefighter duties, which included heavy bending, lifting, and squatting, and that his disability was permanent. Dr. Al-Aswad further opined that claimant's "explanation as to the injury causing him disability and pain is consistent with my findings. However, it is unusual that he never had any symptoms prior to this injury in the past because of the extensive changes found on the initial exams, x-rays, MRI, and subsequent surgery." Finally, Dr. Al-Aswad noted that claimant "could be helped by a surgical procedure such as a partial or total knee arthroplasty," but that "he would still not be able to recover from his disability to a degree that he would be able to return to full and unrestricted firefighter duties."

¶ 19 On November 20, 2012, claimant saw Dr. Kenneth Sanders at DuPage Medical Group for an independent medical evaluation in connection with his application for disability benefits. Dr. Sanders reviewed claimant's medical records and conducted a physical examination. He diagnosed claimant with severe patellofemoral arthritis of the right knee and noted claimant's condition would likely require a right total knee replacement arthroplasty. In his opinion, claimant's disability was permanent and, even after a total knee replacement, he would be unable to perform full and unrestricted firefighter duties. Dr. Sanders further noted

that claimant suffered from preexisting severe patellofemoral arthritis of the right knee but that claimant "had no pre-existing problems with that pre-existing condition" and that claimant's "explanation of how the disability occurred is consistent with the diagnosis and findings."

¶ 20 On January 25, 2013, Dr. Tonino authored a letter indicating he had evaluated claimant's "extensive [medical] records," but that he could not form an opinion on whether the surgery recommended by Dr. Levine was necessary without re-evaluating claimant to determine whether his physical condition had changed since Dr. Tonino had last seen him 10 months ago. However, Dr. Tonino continued to be of the opinion that "any additional surgery would [not] be the result of his alleged work injury of July 5, 2012 [*sic*]." According to Dr. Tonino, claimant's work injury temporarily aggravated a preexisting condition that "most likely pre-dated his July 4 [*sic*], 2011[,] date of injury." On April 15, 2013, Dr. Tonino authored another letter clarifying his opinion "that the need for treatment, at this point, is related to his preexisting chondromalacia of his right knee" and that any work restrictions were due to that preexisting condition. Dr. Tonino continued to be of the opinion that claimant had reached MMI for his work injury as of his March 19, 2012, examination.

¶ 21 Claimant testified at arbitration that he continued to have pain in his right knee and that he had difficulty kneeling, bending, and traversing stairs. According to claimant, he took hydrocodone for pain "at least once a day." Claimant could no longer shovel snow, cut grass, or work on a ladder, and his house cleaning was limited. In addition, he no longer went on walks, rode his bicycle, or swam because those activities caused him pain. Claimant stated that he wished to proceed with the knee replacement that Dr. Levine had recommended.

¶ 22 Finally, claimant testified that since the work accident, he had either been kept off work or returned to work with work restrictions. The employer provided light-duty work within

the prescribed restrictions for claimant from February 20, 2012, through February 24, 2012, and then from April 30, 2012, through May 4, 2012.

¶ 23 On September 25, 2013, the arbitrator issued her decision in the matter. She found that claimant sustained an accident that arose out of and in the course of his employment and that his current condition of ill-being in his right knee was causally related to the work accident. She awarded him 104 4/7 weeks' TTD benefits for the periods of July 20, 2011, through February 19, 2012; February 25, 2012, through April 29, 2012; and May 5, 2012, through July 30, 2012. The arbitrator also awarded prospective medical care in the form of the right knee replacement and any reasonable and necessary rehabilitative medical services as prescribed by Dr. Levine.

¶ 24 On June 18, 2014, the Commission issued its decision. It modified the arbitrator's award by finding claimant's work accident caused only a temporary aggravation to a preexisting condition in claimant's right knee and that claimant had reached MMI with respect to the work accident on February 17, 2012. Thus, the Commission modified the award of TTD benefits, finding claimant was entitled to TTD benefits from July 20, 2011, through February 17, 2012, and it vacated the award of prospective medical care. The Commission otherwise affirmed and adopted the arbitrator's decision, and remanded to the arbitrator pursuant to *Thomas*, 78 Ill. 2d 327, 399 N.E. 2d 1322. On June 24, 2015, the circuit court confirmed the Commission's decision.

¶ 25 This appeal followed.

¶ 26 II. ANALYSIS

¶ 27 On appeal, claimant challenges the Commission's findings that (1) his current condition of ill-being in his right knee was not causally related to his work injury; (2) he was

only entitled to TTD benefits through February 17, 2012; and (3) he was not entitled to prospective medical care.

¶ 28 A. Causation

¶ 29 As noted, claimant first challenges the Commission's finding that his current condition of ill-being in his right knee was not causally related to his work injury. Specifically, he contends that "[t]he only evidence offered by [the] employer to attempt to refute the causal connection opinions of Drs. Bush-Joseph, Levine, Al-Aswad, and Sanders, was the independent medical evaluation report of Dr. *** Tonino *** who examined claimant one time."

¶ 30 A claimant may be entitled to benefits under the Act even though he suffers from a preexisting condition of ill-being. *Sisbro*, 207 Ill. 2d at 205, 797 N.E.2d at 672-73. "[I]n preexisting condition cases, recovery will depend on the employee's ability to show that a work-related accidental injury aggravated or accelerated the preexisting disease such that the employee's current condition of ill-being can be said to have been causally connected to the work-related injury and not simply the result of a normal degenerative process of the preexisting condition." *Id.* at 204-05, 797 N.E.2d at 672. "Accidental injury need not be the sole causative factor, nor even the primary causative factor, as long as it was a causative factor in the resulting condition of ill-being." (Emphasis in original.) *Id.* at 205, 797 N.E.2d at 673.

¶ 31 "Whether a claimant's [condition of ill-being] is attributable solely to a degenerative process of the preexisting condition or to an aggravation or acceleration of a preexisting condition because of an accident is a factual determination to be decided by the *** Commission." *Id.* at 205, 797 N.E.2d at 673. "For a finding of fact to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent." *Springfield Urban League v. Illinois Workers' Compensation Comm'n*, 2013 IL App (4th) 120219WC, ¶ 24,

990 N.E.2d 284. "The relevant inquiry is whether the evidence is sufficient to support the Commission's finding, not whether this court or any other might reach an opposite conclusion." *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 538-39, 865 N.E.2d 342, 353 (2007). Further, "it is within the province of the Commission to assess the credibility of 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, 928 N.E.2d 474, 482 (2009). It is also within the province of the Commission to resolve conflicts in the medical evidence. *Sisbro*, 207 Ill. 2d at 206, 797 N.E.2d at 673.

¶ 32 Here, the Commission concluded that claimant's current condition of ill-being in his right knee was not causally connected to his July 5, 2011, work accident. Although it is undisputed that claimant was asymptomatic prior to the work accident, became symptomatic after the work accident, and has remained symptomatic since the work accident, the Commission essentially found that claimant had suffered only a temporary aggravation of his preexisting degenerative knee condition. We find the record contains sufficient support for the Commission's decision and it is not against the manifest weight of the evidence.

¶ 33 Initially, we note the Commission's decision does not explicitly state that its finding of no causation was based on claimant having suffered only a temporary aggravation to a preexisting degenerative knee condition. Rather, the Commission determined that claimant had reached MMI with respect to his work-related injury as of February 17, 2012, and then noted, "that no physician has opined that [claimant's] need for partial or total right knee replacement surgery is causally related to [his] work-related injury." It appears the Commission attempted to link its MMI finding with its causation determination. However, a finding of MMI does not necessarily lead to the conclusion that a claimant's current condition of ill-being is not causally

connected to a work injury. Instead of specifically finding that claimant suffered a temporary aggravation of his preexisting degenerative knee condition as the basis for its lack-of-causation finding, the Commission focused on MMI which has no direct bearing on whether claimant's current condition of ill-being in his right knee is causally connected to his work accident.

However, in reading the entirety of the Commission's opinion, we find it implicit that the Commission found claimant's work-related injury was merely a temporary aggravation of his preexisting degenerative knee condition. The record supports this finding.

¶ 34 Within its decision, the Commission cited to Dr. Bush-Joseph's opinion that claimant's treatment for his right knee until February 17, 2012, was warranted because he had "an exacerbation of a preexisting condition related to his injury at work." The Commission also noted Dr. Tonino's opinion that the "undisputed work accident temporarily aggravated [claimant's] pre-existing right knee [condition]." Further, the Commission pointed to Dr. Al-Aswad's and Dr. Sanders's findings that claimant suffered from patellofemoral arthritis prior to the work accident.

¶ 35 We find that the record supports the above findings by the Commission. Contrary to claimant's assertion, Dr. Bush-Joseph did not find a causal connection between claimant's work injury and his current condition of ill-being in his right knee. Dr. Bush-Joseph concluded only that claimant had reached MMI with respect to the work injury as of February 17, 2012. We further note that while both Dr. Al-Aswad and Dr. Sanders concluded that claimant's description of the injury was consistent with their diagnoses of moderate to severe degenerative arthritis in his right knee, neither physician elaborated further or specifically found that claimant's need for a partial or total knee arthroscopy was causally connected to the work accident. In addition, Dr. Levine offered no opinion as to causal connection and noted only that

claimant had patellofemoral arthritis and was a candidate for arthroplasty.

¶ 36 In sum, there is evidence that claimant's work-related accident caused only a temporary aggravation to a preexisting degenerative knee condition and no evidence directly linking claimant's current condition of ill-being in his right knee (and his need for knee arthroscopy) to the work-related accident. Thus, we find that the Commission's determination of no causal connection was not against the manifest weight of the evidence. See *USF Holland, Inc. v. Industrial Comm'n*, 357 Ill. App. 3d 798, 803, 829 N.E.2d 810, 816 (2005) ("[A] reviewing court can affirm the Commission's decision if there is any legal basis in the record to support its decision, regardless of the Commission's findings or reasoning.").

¶ 37 B. TTD Benefits

¶ 38 Next, claimant challenges the Commission's finding that he was only entitled to TTD benefits through February 17, 2012. Claimant argues that he is entitled to 104 4/7 weeks' of TTD benefits, because, with the exception of two one-week periods, he was restricted from work beginning on July 20, 2011, through July 30, 2013, the date of arbitration.

¶ 39 "A claimant is temporarily and totally disabled from the time an injury incapacitates him from work until such time as he is as far recovered or restored as the permanent character of her injury will permit." *Shafer v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶ 45, 976 N.E.2d 1. "The dispositive inquiry is whether the claimant's condition has stabilized, that is, whether the claimant has reached MMI." *Westin Hotel*, 372 Ill. App. 3d at 542, 865 N.E.2d at 356. "In determining whether a claimant has reached MMI, a court may consider factors such as release to return to work, medical testimony or evidence concerning the claimant's injury, the extent of the injury, and, most importantly, whether the injury has stabilized." *Id.* "Once an injured claimant has reached MMI, the

disabling condition has become permanent and he is no longer eligible for TTD benefits." *Id.*

The determination of whether claimant was unable to work and the period of time during which a claimant is temporarily and totally disabled are questions of fact to be determined by the Commission, and the Commission's resolution of these issues will not be disturbed on appeal unless it is against the manifest weight of the evidence." *Id.*

¶ 40 Here, the record contains evidence to support the Commission's award. As noted, Dr. Bush-Joseph found that claimant had reached MMI with respect to his work injury as of February 17, 2012. Dr. Tonino agreed with Dr. Bush-Joseph's MMI assessment. Although claimant argues Dr. Bush-Joseph's MMI finding is contradicted by his having administered injections to claimant's right knee on that date, as well as indicating that future injections and medications would likely be necessary, we note that Dr. Bush-Joseph indicated future injections and anti-inflammatory medications would be for the purpose of treating claimant's underlying patellofemoral arthritis, not the injury claimant sustained on July 5, 2011.

¶ 41 The Commission found Dr. Bush-Joseph's opinion as to MMI credible, persuasive, and supported by the medical records. Thus, the record supports the Commission's finding that claimant was only entitled to TTD benefits from July 20, 2011, through February 17, 2012, and its decision was not against the manifest weight of the evidence.

¶ 42 C. Prospective Medical Care

¶ 43 Finally, on appeal, claimant challenges the Commission's denial of prospective medical care.

¶ 44 "Section 8(a) of the Act entitles a claimant to compensation for all necessary medical, surgical, and hospital services 'thereafter incurred' that are reasonably required to cure or relieve the effects of the injury." *Land & Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d

582, 593, 834 N.E.2d 583, 593 (2005) (quoting 820 ILCS 305/8(a) (West 2002)). Questions regarding a claimant's entitlement to prospective medical care are questions of fact for the Commission to resolve and its 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, 981 N.E.2d 1193.

¶ 45 Although it is undisputed that claimant requires either a partial or a total right-knee arthroscopy, there is no evidence in the record that claimant's need for prospective medical care is related to his work injury. Instead, the evidence indicates that claimant's need for prospective medical care is related solely to his preexisting patellofemoral arthritis. Accordingly, the Commission's finding that claimant was not entitled to prospective medical care was not against the manifest weight of the evidence.

¶ 46 III. CONCLUSION

¶ 47 For the reasons stated, we affirm the circuit court's judgment, confirming the Commission's decision and remand the matter to the Commission for further proceedings pursuant to *Thomas*, 78 Ill. 2d 327, 399 N.E.2d 1322.

¶ 48 Affirmed and remanded.