2016 IL App (3d) 140807WC-U

Order filed January 27, 2016

IN THE

APPELLATE COURT OF ILLINOIS

THIRD DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

VAL CADY,	)	Appeal from the Circuit Court
	)	of the Tenth Judicial Circuit,
	)	Peoria County, Illinois
Appellant,	)	
	)	
v.	)	Appeal No. 3-14-0807WC
	)	Circuit No. 13-MR-224
	)	
ILLINOIS WORKERS' COMPENSATION COMMISSION, *et al.*, (MV Transportation, Inc., Appellees).	)	Honorable Michael P. McCuskey, Judge, Presiding.

PRESIDING JUSTICE HOLDRIDGE delivered the judgment of the court.
Justices Hoffman, Hudson, Harris, and Stewart concurred in the judgment.

ORDER

¶ 1 *Held*: The Commission's finding that the claimant failed to prove that he sustained an accidental injury arising out of and in the course of his employment was not against the manifest weight of the evidence.

¶ 2 The claimant, Val Cady, filed an application for adjustment of claim under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2010)), seeking medical benefits and prospective medical treatment for an injury to his left elbow that he claimed to have sustained in

a work-related accident on April 5, 2010, while he was employed by respondent MV Transportation, Inc. (employer). After conducting a hearing, an arbitrator found that the claimant had proven a work injury arising out of and in the course of his employment and awarded the claimant temporary total disability (TTD) benefits, maintenance benefits, vocational rehabilitation, and medical expenses.

¶ 3 The employer appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (Commission). The Commission unanimously reversed and vacated the arbitrator's decision and denied the claimant's claim for benefits, finding that the claimant had failed to prove that he sustained accidental injuries arising out of and in the course of his employment on April 5, 2010.

¶ 4 The claimant then sought judicial review of the Commission's decision in the circuit court of Peoria County, which confirmed the Commission's ruling.

¶ 5 This appeal followed.

¶ 6 FACTS

¶ 7 The claimant worked for the employer as a driver. His job duties included transporting disabled and elderly people in specially equipped buses. Some of the people the claimant transported were confined to wheelchairs. The claimant had to pull their wheelchairs onto a hydraulic lift, raise the lift, and secure their wheelchairs onto the bus.

¶ 8 The claimant testified that, on April 5, 2010, he was pulling a wheelchair-bound person onto the hydraulic lift when "something popped" in his arm, causing him "excruciating pain." The pain subsided and the claimant continued working.

¶ 9 In 2009, the claimant settled a prior workers' compensation claim with the employer involving his left elbow. The claimant's medical records indicate that he underwent a left elbow

olecranon bursectomy[1] on August 29, 2007. On November 8, 2007, Dr. James Williams, the doctor who had performed the surgery, noted that the claimant's bursectomy "look[ed] beautiful" but that the claimant was complaining of numbness and tingling down his left arm. Dr. Williams opined that these symptoms were "from cubital tunnel, and not from [the claimant's] bursectomy." The doctor noted that the claimant had a positive Tinel's sign at the cubital tunnel and a positive elbow-flexion test. He prescribed an EMG/NCV nerve study, and opined that the claimant "probably *** [had] cubital tunnel syndrome." Nerve conduction studies were subsequently performed by Dr. Frank Russo. On November 21, 2007, Dr. Russo noted that the tests showed mild slowing of ulnar conduction which "may represent mild dysfunction" but was "not of sufficient magnitude to be diagnostic of ulnar neuropathy *per se*." Dr. Russo also noted that the claimant had "persistent complaints of pain and swelling at the elbow and pain radiating down the ulnar aspect of the left forearm down to and including the hand with intermittent paresthesias involving the left hand."

¶ 10 On April 6, 2010, the day after the alleged work accident at issue in this case, the claimant went to the emergency room (ER) at St. Francis Medical Center in Peoria complaining of pain in his left elbow. The medical records from the ER were admitted into evidence. The ER records indicate that the claimant arrived at the ER at 9:08 p.m. and triage was started by Hannah Musselman. The initial note identifies the claimant's chief complaint as "L arm pain and numbness" and notes, "Pt states that he was washing his hair and developed severe L arm pain,

[1] The "olecranon" is the curved projection of the ulna (*i.e.*, the forearm bone on the side opposite the thumb) that lies behind the elbow. "Olecranon Bursitis" is an inflammation of the bursa, the small sac filled with synovial fluid, that cushions the olecranon area. An "olecranon bursectomy" is the surgical removal of this bursa.

elbow swelling and numbness down to his fingers."

¶ 11 At 10:21 p.m., the claimant was seen by Michael Holmes, a registered nurse. Holmes's note indicates that the claimant presented with left elbow pain and numbness which he had been experiencing "since around 1500" (*i.e.*, since approximately 3:00 that afternoon). Holmes further noted that "Pt states he was washing hair and got a pain in Lt elbow that made him diaphoretic and nauseous that lasted for 15-20 minutes. Pt states now he just has the pain (throbbing) and numbness." Homes also noted that the claimant's left elbow was "smashed" by a steel door three years prior and was surgically repaired.

¶ 12 At 11:29 p.m., the claimant was treated by Dr. Donald Wallace, the ER's attending physician. Dr. Wallace's note indicates that the claimant experienced "left elbow pain radiating to 3rd, 4th, and 5th digits while drying [his] hair." Dr. Wallace noted that the claimant had a "history of left elbow surgery" but that "this is a new problem." Dr. Wallace indicated that the foregoing history was "provided by the patient."

¶ 13 None of the ER records make any reference to the claimant suffering a work-related injury on or around April 5, 2010. However, the hospital records list a workers' compensation insurer as the guarantor of payment for the medical services the ER staff provided to the claimant. The claimant testified that he did not give ER staff his group health insurance card because he considered his injury to be work related.

¶ 14 On April 8, 2010, the claimant submitted a signed incident report to the employer claiming an accident date of April 5, 2010. In the incident report, the claimant stated: "While working on Monday I felt something pop in my arm, on Tuesday 4-6-10 the pain set in while I was at home, I went to the ER – Doctor said it was from pulling the wheel chairs, he said my arm was full of inflammation."

¶ 15 That same day (April 8, 2010), the claimant saw Dr. Daniel Hoffman in Peoria. Dr. Hoffman's record of that visit indicates that the claimant began having pain in his left arm with associated numbness in his little and ring fingers "[o]n April 6, 2010." Dr. Hoffman also noted that the claimant "had a past history of having undergone an ulnar nerve transportation to the left arm." Although Dr. Hoffman's April 8, 2010, medical record notes that the claimant's job responsibilities included loading and unloading disabled passengers, it does not reference a work-related accident. Dr. Hoffman took the claimant off work and referred him to Dr. Edward Trudeau, a physiatrist, for diagnostic EMG/NCV nerve conduction studies.

¶ 16 The claimant saw Dr. Trudeau and underwent EMG/NGV studies on April 12, 2010. Dr. Trudeau's treatment report reflects that the claimant was injured at work on April 5, 2010. The claimant told Dr. Trudeau that he felt a "sharp, severe, shooting pain in [his] left elbow" while he was moving a disabled passenger who was fairly heavy. Dr. Trudeau stressed that the claimant was "very specific that his difficulties began at work [on] April 5, 2010."[2] The claimant reported that, within the next 24 hours, he had discomfort while using his left arm to wash and dry his hair. At that time, the claimant realized that the pain from his work injury was not going away, so he went to the ER. Dr. Trudeau observed that, although the claimant claimed to have told the attending medical staff that his injury was work related, the ER records did not mention any work injury. Dr. Trudeau opined that that there may not have been good communication at the

[2] In an addendum to his treatment report, Dr. Trudeau noted that Dr. Hoffman's medical record recorded an injury date of April 6, 2010, but that the claimant told Dr. Trudeau that he was injured at work on April 5, 2010. Dr. Trudeau left it to Dr. Hoffman to resolve this discrepancy. However, based upon the history the claimant gave him, Dr. Trudeau noted in the treatment report he sent to the employer that "likely apparently the injury had occurred on 4-5-2010."

time because "the ER was very busy that night" and because "[v]ery often in an emergency room the major focus is on trying to fix the situation emergently." Dr. Trudeau opined that the EMG/NCV studies showed mild to moderate cubital tunnel syndrome in the claimant's left elbow.

¶ 17 Dr. Hoffman subsequently referred the claimant to Dr. Blair Rhode, an orthopedic surgeon. The claimant saw Dr. Rhode on April 29, 2010. Dr. Rhode recorded a history of a work-related arm injury sustained on April 5, 2010. Dr. Rhode noted that, on that date, the claimant felt a sudden "medial side pop" with pain radiating to the ring and little finger while pulling a person onto the lift of his transport vehicle. Dr. Rhode diagnosed traumatically-induced cubital tunnel syndrome due to the pulling incident on April 5, 2010. He did not feel that the claimant's prior olecranon bursitis was associated with his current symptomatology. Dr. Rhode administered a cubital tunnel injection, prescribed a night splint, and continued the claimant off work.

¶ 18 Two weeks later, the claimant returned to Dr. Rhode reporting no relief from his symptoms. The claimant told Dr. Rhode that he was unwilling to live with his current symptoms and that he wished to proceed with surgery.

¶ 19 On June 1, 2010, Dr. Rhode performed a left open cubital tunnel release. Approximately five months later, Dr. Rhode performed a second surgery consisting of a left revision open cubital tunnel release and subcutaneous transposition. The claimant subsequently received physical therapy. On October 5, 2011, Dr. Rhode found the claimant to be at maximum medical improvement (MMI) and released him to light duty work with a restriction of no lifting more than 20 pounds.

¶ 20 During the arbitration hearing, the claimant testified that he continued working after the

April 5, 2010, work accident because the pain had initially subsided. The following morning, he had "tremendous" pain in the arm which kept increasing until he could no longer stand it. Accordingly, he went to the emergency room sometime around 3:00 or 4:00 that afternoon. He claimed that, even though he told the personnel at the ER about the work accident on April 6, 2010, he did not inform the employer until two days later because he was hoping his arm would get better.

¶ 21 The claimant testified that, when he got to the ER on April 6, 2010, the room was "packed full of people" at the counter and there was a group of six to eight people who were all trying to speak at the same time and were extremely loud. The claimant stated that he was standing 10 to 12 feet away from the intake representative and he was trying to speak over these people so she could hear him. The claimant testified that he had to repeat himself because of the noise.

¶ 22 The claimant testified that he did not injure himself on the morning of April 6, 2010, while washing his hair in the shower. He testified that he did not shower that morning. He had gotten out of bed and went to his bathroom with the intention of washing his hair in the sink but he never made it. He grabbed his arm and his son asked what was wrong. The claimant testified that he said, "I don't know. I'm having so much pain. I hurt my arm yesterday, I don't know, it just won't quit."

¶ 23 The claimant testified that, when he went to the ER, he told the receptionist that he was moving a passenger onto his bus and something popped in his arm. He denied telling anyone at the ER that he developed his left arm pain and other related symptoms while washing his hair. He did not recall speaking to a nurse named Michael Holmes. According to the claimant, the ER nurse who walked him to a room opened the curtain, told the claimant to have a seat, closed the

curtain, and then walked away. Although the claimant recalled talking to Dr. Donald Wallace, he denied telling Dr. Wallace that he had developed elbow pain at approximately 3:00 that afternoon while washing his hair. Initially, the claimant denied that Dr. Wallace ever asked him how he got hurt. However, he later admitted that Dr. Wallace might have asked him how he hurt his arm but, if he did, the claimant did not remember it. The claimant only remembered giving his injury history one time at the ER, to the ER's intake person. He claimed that he told the intake person that: (1) he was hurt at work; and (2) on the morning of April 6, 2010, he had gotten out of bed and was going to wash his hair but never made it because he was in so much pain. The claimant testified that the intake person must have misconstrued what he said and erroneously concluded that he had injured his arm while washing his hair, even though the claimant never said that.

¶ 24 The claimant testified that he had a previous workers' compensation claim involving his left elbow that was settled in 2009. He stated that he did not seek any medical treatment for his left elbow between 2007 and 2009, and he had returned to full duty work for the employer. The claimant testified that he was aware of the employer's protocol requiring work accidents to be reported within 24 to 48 hours. He stated that, when he was injured at work in 2007, he reported the incident to the employer the same day he was injured.

¶ 25 Vincent Caldara, the employer's Operations Manager and Safety Manager, testified on behalf of the employer. Caldara testified that the employer's safety guidelines require that work-related accidents must be reported to Caldara within 24 hours. Caldara stated that the claimant was aware of this policy because the employer conducted monthly safety meetings which the claimant attended. In addition, Caldara claimed that he had had conversations with the claimant about this issue in the past. Caldara testified that the first time he became aware that the

claimant may have sustained a work accident was on April 8, 2010, when Caldara saw the incident report the claimant had sent him. During cross-examination, Caldara testified that he was not aware of any disciplinary issues with the claimant and that the claimant had been a good employee.

¶ 26 Dr. Rhode testified on the claimant's behalf by way of evidence deposition. Dr. Rhode testified that the claimant gave him a history of sustaining a work-related injury on April 5, 2010, while pulling a person onto the lift of his transport vehicle when he felt a medial-sided pop with pain radiating to the ring and little finger. Dr. Rhode did not believe one could get this type of ulnar nerve injury from washing his hair. He opined that the claimant's nerve injury is more consistent with a traumatic injury caused in the manner described by the claimant in his accident report and in the history the claimant gave to Dr. Rhode.

¶ 27 Dr. John Fernandez, the employer's section 12 medical examiner, examined the claimant at the employer's request on August 10, 2010. Dr. Fernandez initially opined that the claimant's left elbow condition was work-related because the claimant told him that he had a sudden onset of significant symptoms while transporting passengers at work on April 5, 2010, and that he had had no prior injuries. However, Dr. Fernandez changed his opinion after reviewing additional medical records which indicated that the claimant had a prior history of ulnar neuropathy in his left elbow. During his October 21, 2011, evidence deposition, Dr. Fernandez testified that there was clear evidence in the claimant's medical records that the claimant had cubital tunnel syndrome in 2007. He opined that the claimant had likely developed cubital tunnel syndrome as a result of the blunt trauma injury he suffered in April of 2007. Dr. Fernandez testified that cubital tunnel syndrome is "usually related to a direct blow or an impact to the back of the elbow," and that performing a pulling motion with the arm "is not typically something that would

cause or even aggravate cubital tunnel syndrome.[3] He also opined that the claimant's EMG/NCV test results suggested that he had an ongoing, chronic nerve condition rather than a condition of recent onset. As Dr. Fernandez put it, the claimant's EMG/NCV findings "are indicative of something that has been going on for a long time," and "these are not findings that occur within a matter of a few days" after a traumatic injury.

¶ 28 Dr. Fernandez testified that a preexisting cubital tunnel syndrome that is not significantly symptomatic can be rendered symptomatic suddenly by any "activity that requires elbow flexion or direct pressure over the elbow," such as washing one's hair. He stated that he often hears patients complain that they get symptoms when washing their hair, brushing their teeth, driving, talking on the cell phone, or performing other activities that involve the bending the elbow. However, although Dr. Fernandez noted that these types of activities can render a preexisting carpel tunnel condition symptomatic, he testified that they do not cause the underlying carpel tunnel condition in the first instance. When asked how many patients he treated who "sustained an ulnar injury of the type sustained by [the claimant]" that was "caused by" washing or drying their hair, Dr. Fernandez responded:

> "Oh, I have lots of patients who come in with a history like that. *** I want to make sure that we don't mischaracterize how that happens. It's not that washing your hair injures the nerve somehow. *** It is like blowing out a tire. Basically the nerve

[3] Dr. Fernandez also stated that cubital tunnel syndrome can be caused by certain repetitive activities that involve frequent bending of the arm for long periods of time and that the condition may also develop idiopathically (*i.e.*, with no known cause). He noted that the claimant had certain risk factors for cubital tunnel syndrome, such as smoking and being overweight.

> reaches a certain threshold where you suddenly get swelling and then you get compression on the nerve and then that is when you get the symptoms. *** So *** [i]t is not like the physical act of washing your hair is going to give you cubital tunnel syndrome. It is the fact that his elbow is in flexion and then that aggravates the nerve."

¶ 29 In further support of his causation opinion, Dr. Fernandez noted that the April 6, 2010, ER records (which he had not seen before preparing his initial report) did not mention anything about a work injury. Instead, the ER records indicated that the claimant's symptoms began while the claimant was washing his hair at home. Although Dr. Fernandez conceded that medical records can contain mistakes, he testified that the initial reports given to a medical provider are usually the most accurate ones. He opined that it was "more probable than not" that the claimant's ER records did not reflect a miscommunication or error.

¶ 30 The arbitrator found that the claimant sustained an accidental injury which arose out of and in the course of his employment on April 5, 2010. The arbitrator based this finding largely upon the claimant's testimony, which the arbitrator found to be credible. Although he acknowledged the possibility that the claimant had faked a work injury, the arbitrator was "persuaded by" Caldara's testimony that the claimant "was a good employee, that he had never been disciplined, that he had *** trained other drivers and was a reliable employee." Further, the arbitrator found it "difficult *** to believe" that the routine act of combing one's hair in the shower would have caused the elbow damage described in the claimant's medical records. Relying upon Dr. Rhode's causation opinion and Dr. Fernandez's[4] initial causation opinion

[4] In his written decision, the arbitrator refers to Dr. Fernandez as "Dr. Fitzgerald."

(which the arbitrator acknowledged was later changed), the arbitrator found that the claimant's current condition of ill-being in his left arm was causally connected to his April 5, 2010, work accident. Accordingly, the arbitrator awarded the claimant TTD benefits, maintenance benefits, vocational rehabilitation, and medical expenses.

¶ 31 The employer appealed the arbitrator's decision to the Commission, which unanimously reversed and vacated the arbitrator's decision and denied the claimant's claim for benefits. The Commission found that the claimant had failed to prove that he sustained accidental injuries arising out of and in the course of his employment on April 5, 2010. The Commission found the claimant's testimony that he gave a history of a work injury to the intake receptionist at the ER but she misunderstood him to be unpersuasive. The Commission noted that there were "three separate histories recorded by three separate people at the E.R.," each of which was "slightly different," "which indicates that they are not simply the same history repeated three times." However, the Commission found that the three separate histories recorded in the ER records were also "similar enough to support a finding that the claimant developed left elbow pain while washing or drying his hair at home, around 3 o'clock in the afternoon, on April 6th, which was his day off from work." Moreover, the Commission noted that "[t]here was no mention of any work injury by any of the three health professionals" at the ER. Although the Commission acknowledged that subsequent medical records supported the claimant's testimony, it found that "the initial medical records are more likely to be true in this case and these are not consistent with the claimant's claim of injury at work while pulling on a wheelchair."

¶ 32 In addition, the Commission found Dr. Fernandez's second causation opinion to be both credible and persuasive. The Commission observed that, although the claimant may have been asymptomatic since 2007, his medical records indicate that he had a preexisting cubital tunnel

condition. Accordingly, the Commission accepted Dr. Fernandez's opinion that the claimant's act of washing or drying his hair with his elbow in a flexed position was "a reasonable and valid mechanism of injury that caused his condition to become symptomatic."

¶ 33 The claimant then sought judicial review of the Commission's decision in the circuit court of Peoria County, which confirmed the Commission's ruling.

¶ 34 This appeal followed.

¶ 35 ANALYSIS

¶ 36 The claimant argues that the Commission's finding that he failed to prove that he sustained an accidental injury arising out of and in the course of his employment is against the manifest weight of the evidence.

¶ 37 Before addressing the merits of claimant's argument, we note that his brief on appeal violates Illinois Supreme Court Rule 341(h)(6) (eff. Feb. 6, 2013). That rule requires the appellant to include in his or her brief a "Statement of Facts" outlining the pertinent facts "stated accurately and fairly without argument or comment." Ill. S. Ct. R. 341(h)(6) (eff. Feb. 6, 2013). In this case, the claimant's statement of facts is rife with argument and commentary. Our supreme court's rules governing the format and content of appellate briefs are mandatory rules of procedure, not mere suggestions. *Menard v. Illinois Workers' Compensation Comm'n*, 405 Ill. App. 3d 235, 238 (2010); *Szczesniak v. CJC Auto Parts, Inc.*, 2014 IL App (2d) 130636, ¶ 8. When a party's brief fails to comply with Rule 341(h)(6), we may strike the statement of facts or dismiss the appeal. *In re Marriage of Moorthy and Arjuna*, 2015 IL App (1st) 13207729, ¶ 2, n.1; *Szczesniak*, 2014 IL App (2d) 130636, ¶ 8. In this case, we will not invoke either of these remedies as the cited violations to do not seriously hinder our review. Nevertheless, we will disregard the noncompliant portions of claimant's statement of facts. *Szczesniak*, 2014 IL App

(2d) 130636, ¶ 8. In addition, we admonish the claimant's attorney to follow the requirements of the supreme court rules in future submissions.

¶ 38 Turning to the merits, the claimant has the burden of establishing by a preponderance of the evidence that his injury arose out of and in the course of his employment. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980); *Shafer v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶ 35. Whether an injury arose out of and in the course of one's employment is a question of fact. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). It is the function of the Commission to decide questions of fact, judge the credibility of witnesses, determine the weight that their testimony is to be given, and resolve conflicts in the evidence. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 206 (2003); *O'Dette*, 79 Ill. 2d at 253. The Commission's credibility determinations and other factual findings will not be disturbed on review unless they are against the manifest weight of the evidence. *Shafer*, 2011 IL App (4th) 100505WC at ¶¶ 35–36.

¶ 39 For a finding of fact to be contrary to the manifest weight of the evidence, an opposite conclusion must be "clearly apparent." *Id.* at ¶ 35; see also *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill. App. 3d 288, 291 (1992). The appropriate test is whether the record contains sufficient evidence to support the Commission's decision, not whether this court might have reached the same conclusion. *Metropolitan Water Reclamation District of Greater Chicago v. Illinois Workers' Compensation Comm'n*, 407 Ill. App. 3d 1010, 1013 (2011).

¶ 40 In this case, there was ample evidence supporting the Commission's finding that the claimant's left elbow injury was not work related. Three separate entries in the April 6, 2010, ER records (which were authored by three different individuals) suggest that the claimant began experiencing pain and numbness in his left arm while washing and/or drying his hair at his home

that afternoon, not at work the previous day. The receptionist's intake note indicates that the claimant "state[d] that he was washing his hair and developed severe L arm pain, elbow swelling and numbness down to his fingers." Nurse Holmes's note states that the claimant had been experiencing left elbow pain and numbness since approximately 3:00 that afternoon. Holmes further noted that the claimant "state[d] he was washing hair and got a pain in [his left] elbow that made him diaphoretic and nauseous that lasted for 15-20 minutes." Similarly, Dr. Wallace, the ER's attending physician, noted that the claimant experienced "left elbow pain radiating to 3rd, 4th, and 5th digits while drying [his] hair." Dr. Wallace indicated that the foregoing history was "provided by the patient." Moreover, although they were prepared by three different people, none of the ER records make any reference to the claimant suffering a work-related injury on or around April 5, 2010.

¶ 41 Similarly, Dr. Hoffman's April 8, 2010, treatment record indicates that the claimant began having pain in his left arm with associated numbness in his little and ring fingers "[o]n April 6, 2010." Although Dr. Hoffman's medical record notes that the claimant's job responsibilities included loading and unloading disabled passengers, it does not reference a work-related accident.

¶ 42 The claimant relies heavily on a notation in the ER records listing a workers' compensation insurer as the guarantor of payment for the medical services the ER staff provided to the claimant. He argues that this proves that the hospital believed that he was seeking emergency treatment for a work-related injury. We do not find this argument persuasive. It is not clear why the ER intake person identified a workers' compensation insurer as the guarantor of payment for the claimant's ER treatment. He or she might simply have recorded whatever insurance information the claimant provided without drawing any conclusions regarding the

cause or mechanism of the claimant's injury and without interrogating the claimant about these matters. In any event, even assuming that the ER staff believed the claimant's injury was somehow work related, that fact does not support the claimant's claim that the injury occurred during a single, traumatic work-related accident on April 5, 2010. As noted, the ER records do not contain a single reference to any such accident. Moreover, as noted, the ER records contain three separate histories reflecting that the claimant began experiencing symptoms while at home on April 6, 2010. Thus, even if the identification of a workers' compensation insurer in the ER records provides some minimal, indirect support for the claimant's argument, it was not against the manifest weight of the evidence for the Commission to conclude that the ER records, taken as a whole, support a contrary inference.

¶ 43 In addition, Dr. Fernandez opined that the claimant has had cubital tunnel syndrome since 2007 which became symptomatic when he was washing or drying his hair at home on April 6, 2010. Dr. Fernandez's opinions are supported by the ER records and the claimant's 2007 medical records. On November 8, 2007, Dr. Williams noted that the claimant was complaining of numbness and tingling down his left arm and opined that these symptoms were "from cubital tunnel, and not from [the claimant's] bursectomy." Dr. Williams observed that the claimant had a positive Tinel's sign at the cubital tunnel and a positive elbow-flexion test, and opined that the claimant "probably *** [had] cubital tunnel syndrome." Nerve conduction studies conducted on November 21, 2007, showed mild slowing of ulnar conduction. Although Dr. Russo opined that this nerve dysfunction was "not of sufficient magnitude to be diagnostic of ulnar neuropathy per se," he noted that the claimant had "persistent complaints of pain and swelling at the elbow and pain radiating down the ulnar aspect of the left forearm down to and including the hand with intermittent paresthesias involving the left hand." Moreover, as noted, the ER records and Dr.

Hoffman's April 8, 2010, treatment record support the conclusion that the claimant developed severe cubital tunnel symptoms on April 6, 2010, while washing his hair at home. Further, Dr. Fernandez opined that: (1) the claimant's April 2010 EMG/NCV test results suggested that he had an ongoing, chronic nerve condition rather than a condition of recent onset; (2) cubital tunnel syndrome is "usually related to a direct blow or an impact to the back of the elbow," and performing a pulling motion with the arm "is not typically something that would cause or even aggravate cubital tunnel syndrome"; and (3) the claimant had likely developed cubital tunnel syndrome as a result of the blunt trauma injury he suffered in April 2007. The Commission chose to credit Dr. Fernandez's causation opinions. Given the supporting evidence contained in the ER and other medical records, we cannot say that this decision was against the manifest weight of the evidence.

¶ 44 In an effort to discredit Dr. Fernandez's opinion, the claimant argues that it is implausible that the act of washing or drying one's hair could "cause" cubital tunnel syndrome. However, that is not what Dr. Fernandez concluded. Dr. Fernandez made clear that, although everyday physical activities that require the bending of the elbow (such as washing one's hair) may render a preexisting cubital tunnel syndrome symptomatic, such activities do not cause the underlying cubital tunnel condition. Thus, the claimant's argument that washing or drying one's hair cannot "cause" cubital tunnel syndrome is a red herring.

¶ 45 As the claimant notes, his own testimony, Dr. Rhode's testimony, and the treatment records of Drs. Rhode and Trudeau arguably support his claim that he developed cubital tunnel syndrome and its associated symptoms while loading a passenger at work on April 5, 2010. However, as noted above, the ER records, 2007 medical records, and Dr. Fernandez's opinion support a contrary inference. It is the Commission's province to resolve conflicts in the evidence

and to draw reasonable inferences from the evidence. There was sufficient evidence in the record to support the Commission's findings. A contrary conclusion is not clearly apparent. Accordingly, we affirm the Commission's decision.

¶ 46 CONCLUSION

¶ 47 For the foregoing reasons, we affirm the judgment of the circuit court of Peoria County, which confirmed the Commission's decision.

¶ 48 Affirmed.