2016 IL App (3d) 150132WC-U

Order filed April 29, 2016

IN THE

APPELLATE COURT OF ILLINOIS

THIRD DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

CITY OF PEORIA,	)	Appeal from the Circuit Court
	)	of the Tenth Judicial Circuit,
	)	Peoria County, Illinois
	)	
Appellant,	)	
	)	
v.	)	Appeal No. 3-15-0132WC
	)	Circuit No. 14-MR-572
	)	
ILLINOIS WORKERS' COMPENSATION	)	Honorable
COMMISSION, *et al.*, (Charles Needham,	)	James Mack,
Appellees).	)	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 determination that the claimant gave proper notice of his repetitive trauma injuries to the employer, that the claimant's injuries were causally related to his employment, and that the claimant was entitled to a PPD award of 10% loss of the use of each arm were not against the manifest weight of the evidence.

¶ 2 The claimant, Charles Needam, filed an application for adjustment of claim under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2012)), seeking benefits for

bilateral cubital tunnel injuries which he claimed were caused or aggravated by work-related repetitive trauma he sustained while he was employed as a patrol police officer by respondent City of Peoria (employer). The claimant alleged he gave the employer proper notice on December 10, 2009, for injuries with a manifestation date of October 30, 2009. After conducting a hearing, an arbitrator found that the claimant had proven that his bilateral cubital tunnel injuries were causally related to his employment as manifested on October 30, 2009, and that the employer received proper notice of the claimant's injuries. The arbitrator also found that the claimant's current condition of ill-being in both arms and his need for medical treatment was causally related to the claimant's employment. The arbitrator awarded the claimant temporary total disability (TTD) benefits for 6 1/7 weeks from November 6, 2012, through December 19, 2012, and reasonable medical expenses of $23,262.22. The arbitrator further ordered the employer to pay permanent partial disability (PPD) benefits equal to 15% loss of use of the right arm, and 15% loss of use of the left arm as provided in section 8(e) of the Act. 820 ILCS 305/8(e) (West 2012).

¶ 3 The employer appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (Commission). The Commission unanimously affirmed and adopted the arbitrator's decision with modification, reducing the PPD benefits to reflect the 10% loss of use of each arm rather than the 15% for each arm as awarded by the arbitrator.

¶ 4 The employer then sought judicial review of the Commission's decision in the circuit court of Peoria County. The circuit court confirmed the Commission's ruling. This appeal followed.

¶ 5 The employer raises the following issues on appeal: (1) whether the Commission's finding that the claimant satisfied the 45-day notice requirement was against the manifest weight

of the evidence or otherwise erroneous; (2) whether the Commission's finding that the claimant suffered repetitive trauma injuries manifesting on October 30, 2009, was against the manifest weight of the evidence or otherwise erroneous; (3) whether the Commission's finding that the claimant proved a causal connection between his bilateral cubital tunnel injuries and his employment was against the manifest weight of the evidence; and (4) whether the Commission's award of permanent partial disability benefits equal to 10% loss of the use of each arm was against the manifest weight of the evidence.

¶ 6 FACTS

¶ 7 The claimant testified that he was employed by the employer as a patrol police officer, a position he had held with the employer since 1987. The claimant testified to his duties as a patrol officer, which required him to be in a squad car for several hours each workday. Beginning in approximately June 2009 he used a computer in his squad car which required him to use both arms in an awkward and cramp position while performing typing activity. While doing so, his elbows were repeatedly in an awkward and uncomfortable position. The claimant also testified that he was required to fill out paper reports in his squad car, which also placed his elbows in an awkward position. The claimant further testified that several other tasks performed in his squad car throughout the day required him to either rest his elbows on hard surfaces or position his arms in awkward positions while engaging in repetitive motions.

¶ 8 The claimant testified that he started noticing numbness and tingling sensations in his fingers and bilateral elbow pain beginning sometime in 2007. He characterized these pains as minimal and not significant. He further testified that, beginning in June 2009 the numbness, tingling and elbow pain progressively increased. By October 2009, the pain progressed to the point where he decided to seek medical attention. The claimant testified that in early October

2009 he sought treatment from his family physician, Dr. William Hicock, who referred the claimant to Dr. Jeffrey Garst at Great Plains Orthopedics for an evaluation. No treatment records from this examination were placed in evidence.

¶ 9 On October 30, 2009, the claimant underwent an initial examination by Dr. Garst, a board certified orthopedic surgeon. Dr. Garst's treatment notes indicated that the claimant gave a history of gradually increasing numbness and tingling in both hands and gradually increasing elbow pain. Dr. Garst noted the claimant's intake form indicated that the pain increased with typing. Dr. Garst's treatment notes indicated a possible work-related nature of the injury, but did not specify as to the exact nature of that relationship. The claimant testified that Dr. Garst informed him that his complaints appeared to be related to his work. Dr. Garst gave the claimant an injection in the right arm for pain relief, and suggested a follow-up appointment.

¶ 10 On December 4, 2009, the claimant was again examined by Dr. Garst. The treatment notes from that appointment indicated that Dr. Garst observed some improvement as a result of the injection. Based upon that observation, he recommended conservative treatment. Dr. Garst further noted that the claimant reported that computer work exacerbated his pain. Dr. Garst suggested that the claimant avoid computer work and that he should be allowed to handwrite reports, particularly where there was to be a great deal of data entry. Other than the suggestion that the claimant avoid computer work, Dr. Garst did not place the claimant on any work restrictions. Moreover, although Dr. Garst referenced computer work in his report, there is no written indication that he opined that the claimant's work related activities caused his bilateral arm pains.

¶ 11 On December 10, 2009, the claimant filed a Form 45 First Report of Injury with the employer, reporting bilateral elbow and arm pain and listing the cause as typing in his squad car.

The form reported an accident date of October 9, 2009.

¶ 12 On that same date, December 10, 2009, the employer sent the claimant to Dr. Edward Moody, board certified in occupational medicine, at the OSF Center for Occupational Health. Dr. Moody noted that the claimant gave a history or gradually increasing numbness, tingling and pain in both arms beginning sometime in 2007, with the symptom intensification occurring from June through October 2009. The claimant further gave a history of the symptoms intensifying with the use of the squad car computer. Dr. Moody noted that the claimant's symptoms were greater in the right hand than the left. Dr. Moody also suggested that the claimant limit his use of the squad car computer, and, since he was left hand dominant, he should be allowed to handwrite reports with his left hand. Dr. Moody did not render a causation opinion.

¶ 13 From March 26, 2010, to May 28, 2010, the claimant sought acupuncture treatments for his bilateral arm pain at the Institute of Physical Medicine and Rehabilitation (IPMR) in Peoria. Treatment records indicated that the claimant reported pain beginning in 2007 and reported functional/activity limitations of "typing."

¶ 14 On April 9, 2010, the claimant underwent EMG/NCV diagnostic testing at IPMR. The tests were ordered and interpreted by Dr. Frank Russo, a board certified rehabilitation medicine specialist at IPMR. Dr. Russo diagnosed bilateral cubital tunnel syndrome, although he gave no opinion as to causation. Dr. Russo did note, however, that the claimant's symptoms were most noticeable "with such activities as typing or tightly gripping" or with "significant amounts of writing."

¶ 15 On April 30, 2010, the claimant was again examined by Dr. Garst. After reviewing the EMG/NCV test results, Dr. Garst concurred in the diagnosis of bilateral cubital tunnel syndrome. He continued to recommend conservative treatment, and prescribe elbow splints to be worn as

needed. He further recommended an assessment of the claimant's work station. Dr. Garst did not give an opinion as to the cause of the claimant's condition.

¶ 16 On May 4, 2010, the employer requested a job analysis be conducted by Tammy Cowen, a nurse case manager, regarding the physical layout of the squad car, the computer and the claimant's mobility in the squad car. Her report indicated only low or no significant levels of potential elbow or arm exertion.

¶ 17 On June 2, 2010, Dr. Moody issued a written statement of causation after reviewing the job analysis prepared by Cowen. Dr. Moody opined that nothing in the claimant's job duties would cause or lead to the development of cubital tunnel syndrome. He further opined that the claimant's hobby of weightlifting was a "risk factor" that could have caused his condition.

¶ 18 On June 11, 2010, the claimant was examined again by Dr. Garst. Dr. Garst continued to recommend conservative treatment, and opined that the claimant was at maximum medical improvement (MMI). The claimant testified that he continued to work as a police officer, but that the pain, tingling and numbness continued.

¶ 19 On October 14, 2010, the claimant sought treatment from Dr. James Williams, following a referral from his family physician, Dr. Hicock. Dr. Williams, a board certified orthopedic surgeon at Midwest Orthopedic Center, in Peoria. Dr. Williams opined that the claimant's condition of ill-being was work-related, with the typing being the primary factor. Dr. Williams was of the opinion that surgical intervention was not warranted at that time, and suggested that the claimant continue conservative treatment.

¶ 20 On November 8, 2010, the claimant filed an Application for Adjustment of Claim asserting injuries to his bilateral arms occurring by "repetitive use" and listing an onset date of October 9, 2009.

¶ 21 On May 5, 2011, at the request of the employer by Dr. Peter Hoepfner, a board certified orthopedic surgeon affiliated with the Illinois Bone and Joint Institute in Peoria, performed a review of the claimant medical documentation. Dr. Hoepfner opined that "[t]here is nothing in the provided medical records or job analysis to suggest that the duties of a police officer for the City of Peoria require repetitive, forceful elbow flexion and extension." He concluded that the claimant's current condition of ill-being was not causally related to his job duties.

¶ 22 The claimant continued to work as a police officer and underwent conservative treatment until October 4, 2012. He testified that, during this time period, he continued to experience tingling, numbness and dull arm pain bilaterally.

¶ 23 On October 4, 2012, the claimant sought treatment from Dr. Williams, reporting increased symptoms. For the first time, Dr. Williams opined that the claimant's bilateral cubital tunnel syndrome was casually related to the way in which the claimant rested his elbows on the arm rest and the printer in the squad car. He also suggested that the claimant's past history as a sniper, wherein he was required to support his body weight on his elbows while in a prone position may have been a causative factor relative to his current condition.

¶ 24 In his deposition, Dr. Williams explained that his opinion that the claimant's bilateral cubital tunnel syndrome was directly related to his employment as a police officer. While he might have been originally of the opinion that typing activities were the cause of the claimant's condition, recent medical literature (Green's Book of Hand Surgery; British Journal of Hand Surgery) led him to the conclusion that the claimant's resting his arms on the console and the window sill was the more likely cause of his condition. Dr. Williams further noted that the April 2010 EMG/NCV report gave a history of the claimant resting his elbows on the console and window sill.

¶ 25 In an evidence deposition, Dr. Hoepfner disagreed with Dr. Williams's reliance upon the medical literature and his conclusion the claimant's resting of his elbows on the console and window sill caused his cubital tunnel syndrome.

¶ 26 On November 6, 2012, Dr. Williams performed cubital tunnel release surgery on the claimant's right elbow, and on November 27, 2012, he performed the same surgery on the left elbow.

¶ 27 On December 18, 2012, the claimant amended his Application for Adjustment of Claim to add "repetitive pressure placed on arms/elbows" to the statement regarding how the accident occurred. The amended application continued to assert an on set date of October 9, 2009.

¶ 28 On December 20, 2012, the claimant was released to light duty. On January 10, 2013, he was released to return to full duty without restriction.

¶ 29 The claimant testified that he presently has some soreness and weakness in both elbows, but is much improved and able to work without restrictions or limitations. He did not testify to any specific limitations to daily living activities.

¶ 30 On April 15, 2013, Dr. David Fletcher, a board certified specialist in occupational medicine, conducted a records review at the request of the claimant. In his report, Dr. Fletcher opined that the claimant's bilateral cubital tunnel syndrome was caused by his work-related activities.

¶ 31 On July 24, 2013, the date of the arbitration hearing, the claimant was allowed to amend his Application for Adjustment of Claim to allege a manifestation date of October 30, 2009.

¶ 32 The arbitrator found that the claimant sustained bilateral cubital tunnel injuries which arose out of and in the course of his employment with the employer and which manifested itself on October 30, 2009. The arbitrator further determined that the claimant proved by a

preponderance of the evidence that his injuries manifested on October 30, 2009, as that was date on which Dr. Garst diagnosed his condition as possibly being work-related. Finding that October 30, 2009, was the date of manifestation, the arbitrator concluded that the claimant provided timely notice to the employer on December 10, 2009.

¶ 33 The arbitrator found that the current condition of ill-being was causally related to his employment and ordered medical expenses and TTD benefits for the period the claimant was off work after his surgeries. The arbitrator's causation finding was based upon Drs. Garst and Williams, which were found to be credible. The arbitrator discounted the opinion of Dr. Hoepfner in that he did not personally examine the claimant, nor did he disagree with Drs. Garst and Williams as to diagnosis and treatment, but merely as to causation.

¶ 34 Regarding the nature and extent of the claimant's permanent injuries, the arbitrator awarded 15% of the loss of the use of each arm based upon the claimant's testimony that he still had some residual, though significantly diminished, pain in both elbows at the time of the trial. The arbitrator noted that the claimant "still had problems" with his elbows at the time of the hearing.

¶ 35 The employer appealed the arbitrator's decision to the Commission, which unanimously affirmed and adopted the arbitrator's decision, with an exception regarding the arbitrator's permanency award. The Commission, relying upon the claimant's own testimony regarding his post-operative condition, and the fact that he was in need of no follow-up medical treatment after returning to unrestricted work, reduced the permanency award to 10% of the loss of the use of each arm. The Commission found that PPD award was still appropriate doe to the claimant's "residual complaints [of] a little tingling in his fingers and some tightness around his incisions."

¶ 36 The employer then sought judicial review of the Commission's decision in the circuit

court of Peoria County, which confirmed the Commission's ruling. This appeal followed.

¶ 37 ANALYSIS

¶ 38 1. Notice and Accident Date

¶ 39 The employer maintains that the Commission erred in finding that the claimant gave sufficient notice of an accidental injury within the statutorily required 45-day period. The Commission's decision regarding whether the claimant gave sufficient notice of his claim is a question of fact for the Commission to determine, and that determination will not be overturned on appeal unless it is against the manifest weight of the evidence. *Three 'D' Discount Store, Inc. v. Industrial Comm'n*, 198 Ill. App. 3d 43, 46 (1989). A factual decision is against the manifest weight of the evidence when the opposite conclusion is clearly apparent from the record. *D.J. Masonry Co. v. Industrial Comm'n*, 295 Ill. App. 3d 924, 928 (1998).

¶ 40 In a repetitive trauma case, the claimant must allege and prove a single definable accident date from which notice must be given. *White v. Illinois Workers' Compensation Comm'n*, 374 Ill. App. 3d 907, 910 (2007). The date of such an accident is the date when the injury "manifests itself." *Id*. The phrase "manifests itself" signifies "the date on which both the fact of the injury and the causal relationship of the injury to the claimant's employment would have become plainly apparent to a reasonable person." *Peoria County Bellwood Nursing Home v. Industrial Comm'n*, 115 Ill. 2d 524, 531 (1987). The test is objective, and each case should be decided from its own facts and circumstances. *Three 'D" Discount Store*, 198 Ill. App. 3d at 46. The 45-day notice requirement is to be liberally construed. *Gano Electric Co. v. Industrial Comm'n*, 260 Ill. App. 3d 92, 96 (1994).

¶ 41 In the instant case, there is no dispute that the claimant filed a form notifying the employer of a claim on December 10, 2009. To be timely, this notice would have to indicate an

accident date after October 26, 2009. The claimant's original Application for Adjustment of Claim gave an accident date of October 9, 2009. However, immediately prior to the hearing, the claimant was allowed to amend his application to report an accident date of October 30, 2009. The Commission may allow an application to be amended to conform to proofs to be submitted or contained in the record, and its decision to do so will not be overturned unless it is against the manifest weigh to the evidence. *McLean Trucking Co. v. Industrial Comm'n*, 96 Ill. 2d 213, 218-19 (1983).

¶ 42 The employer maintains on appeal that October 30, 2009, was not the date of manifestation. Rather, it maintains that the true manifestation date was at some unspecified date as early as 2007. The employer points out that the claimant's testimony and medical documentation established that the claimant had exhibited symptoms of cubital tunnel syndrome as early as 2007 and even made statements to health care providers that his work activities triggered his symptoms. Thus, it maintains that is was erroneous for the Commission to find that the claimant gave proper statutory notice on October 30, 2009.

¶ 43 The employer's position that once the claimant notices symptoms and may attribute those symptoms to his work activities he must then give notice to his employer has been repeatedly rejected by our courts:

> "'By their very nature, repetitive-trauma injuries may take years to develop to a point of severity precluding the employee from performing in the workplace. An employee who discovers the onset of symptoms and their relationship to the employment, but continues to work faithfully for a number of years without significant medical complication or lost working time, may well be prejudiced if the actual breakdown of the physical structure occurs beyond the time of limitation set by statute. [Citation.] Similarly, an employee is

> also clearly prejudiced in the giving of notice to the employer [citation] if he is required to inform the employer within 45 days of a definite diagnosis of the repetitive-traumatic condition and its connection to his job since it cannot be presumed that the initial condition will necessarily degenerate to a point which impairs the employee's ability to perform the duties to which he is assigned. Requiring notice of only a *potential* disability is a useless act since it is not until the employee actually becomes disabled that the employer is adversely affected in the absence of notice of the accident.' (Emphasis in original.)" *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 68 (2006) quoting *Oscar Mayer & Co. v. Industrial Comm'n*, 176 Ill. App. 3d 607, 611 (1988).

¶ 44 It is well-settled that the date of manifestation of a traumatic injury is subject to a "flexible standard" that "ensures a fair result for both the faithful employee and the employer's insurance carrier." *Three 'D' Discount*, 198 Ill. App. 3d at 49. Our courts typically uphold various factors which set the manifestation date as "either the date on which the employee requires medical treatment or the date on which the employee can no longer perform work activities." *Durand*, 224 Ill. 2d at 72. Moreover, because repetitive-trauma injuries are gradual and progressive in nature, "the employee's medical treatment, as well as the severity of the injury and particularly how it affects the employee's performance, are relevant in determining objectively when a reasonable person would have plainly recognized the injury and its relationship to work." *Id.*

¶ 45 In the instant matter, the record established that as early as 2007 the claimant began exhibiting symptoms that would ultimately be diagnosed as cubital tunnel syndrome. Additionally, as the employer points out, the claimant made some statements to medical care providers that he suspected his symptoms might be related to his employment. However, the

record also clearly established that the claimant did not reach "either the date on which the employee requires medical treatment or the date on which the employee can no longer perform work activities" until, at the earliest, the date on which he sought treatment from Dr. Garst on October 30, 2009. Prior to that date, the claimant had performed his work activities without limitation. In fact, it was not until his second appointment with Dr. Garst that the claimant's work activities were limited by Dr. Garst's suggestion that he discontinue the use of the squad car computer.

¶ 46 2. Causation

¶ 47 The employer next argues that the Commission's finding that the claimant's bilateral cubital tunnel syndrome and the need for bilateral release surgery was causally related to his employment is against the manifest weight of the evidence. To obtain compensation under the Act, a claimant must prove that some act or phase of his employment was a causative factor in his ensuing injuries. *Land and Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d 582, 592 (2005). A finding by the Commission that a claimant's injuries are causally related to employment activities is a question of fact and the finding will not be overturned unless it is against the manifest weight of the evidence. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 205 (2003). Repetitive trauma claims generally rely upon medical testimony to establish the causal connection between the work performed and the claimant's disability. *Nunn v. Industrial Comm'n*, 157 Ill. App. 3d 470, 477 (1987).

¶ 48 Here, the claimant maintains that his treating physicians, Drs. Garst and Williams, provided sufficient medical testimony to establish that the repetitive nature of the claimant's job duties, including the repeated placement of his elbows in awkward and uncomfortable positions on the console and window sill in the squad car, caused his cubital tunnel syndrome. The

employer maintains that Dr. Moody's opinion that the claimant's weight lifting hobby was more likely the causative factor in the claimant's condition of ill-being, and Dr. Hoepfner's opinion disagreeing with Dr. Williams's interpretation of the current medical literature regarding cubital tunnel syndrome is sufficient to establish that the Commission erred. Moreover, the employer maintains that Dr. Williams changed his initial causation opinion from opining that typing activities caused the claimant's condition to an opinion that the way in which he rested his elbows simply in order to make the condition appear compensable.

¶ 49 Our review of the record establishes that the Commission's determination that the claimant's condition of ill-being was the result of repetitive trauma was not against the manifest weight of the evidence. Ultimately, the conflict here is between two sets of competing medical opinions as to causation. It is the function of the Commission alone to determine the weight to be accorded to evidence, to weigh competing medical opinions, and to draw reasonable inferences from the evidence. *Berry v. Industrial Comm'n*, 99 Ill. 2d 401, 411 (1984). Here, the Commission exercised its proper function and simply found the opinions of Drs. Garst and Williams to be more persuasive on the issue of causation than those of Drs. Moody and Hoepfner. Regarding the employer's argument that Dr. Williams lacked credibility because he changed his opinion as to the specific movements that caused the claimant's condition, we note that credibility is also a matter within the exclusive purview of the Commission. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 675 (2009). There is nothing in the record which would lead to a conclusion that the weight accorded to the medical opinion evidence by the Commission was against the manifest weight of the evidence.

¶ 50 3. PPD

¶ 51 The employer lastly maintains that the Commission erred in awarding the claimant a

permanency award of 10% of the loss of the use of each arm pursuant to section 8(e) of the Act. 820 ILCS 305/8(e) (West 2012). Specifically, the employer maintains that since the claimant was returned to full duty without restrictions and did not testify to any specific limitations of daily life functions, he is not entitled anything other than a "minimal" permanency award. The employer cites no case authority in this section of its brief and the claimant's brief does not even address this issue. We are well advised to not address the issue. *McCleary v. Board of Fire & Police Commissioners*, 251 Ill. App. 3d 998, 995 (1993) ("Mere contentions, without argument or citations of authority, do not merit consideration on appeal."). We consider the issue to be forfeited.

¶ 52 Assuming we were to address this issue, we note that the Commission's determination that a claimant is permanently partially disabled and the extent of that disability is a question of fact for the Commission to determine, and that determination will not be overturned on appeal unless it is against the manifest weight of the evidence. *Consolidated Freightways v. Industrial Comm'n*, 237 Ill. App. 3d 549, 553 (1992). More specifically, the determination of the permanent partial loss of use of a member is not capable of mathematically precise calculation, and the estimation of partial loss is peculiarly a function of the Commission subject to substantial deference. *Pemble v. Industrial Comm'n*, 181 Ill. App. 3d 409, 417 (1989). A finding by the Commission is against the manifest weight of the evidence if the opposite conclusion is clearly apparent. *Id.* Where the evidence gives rise to reasonable inferences in support of the Commission's award for the permanent partial use of a member, the Commission's determination will be affirmed unless it is contrary to the manifest weight of the evidence. *Peavy Consolidated Flour Mills v. Industrial Comm'n*, 64 Ill. 2d 252, 257 (1976).

¶ 53 Here, the evidence supporting the Commission's finding is scant, and it is troubling that

the claimant has not even addressed the issue in his brief. Nevertheless, the Commission's determination to award benefits under section 8(e) of the Act is supported by reasonable inferences from facts in the record. The fact that a claimant returns to work without restriction and has minimal restrictions to daily activity does not preclude a scheduled award under section 8(e) of the Act. 820 ILCS 305/8(e) (West 2012). *Owens Illinois Glass Co. v. Industrial Comm'n*, 39 Ill. 2d 312, 317 (1968). Moreover, there is no requirement that a claimant be unable to work as a result of the loss of the partial loss of use of a member; he must only show that the member no longer performs its complete function. *Treasurer of the State of Illinois v. Industrial Comm'n*, 136 Ill. App. 3d 808, 814 (1985).

¶ 54 In the instant matter, the Commission determined that the claimant would have residual pain, tingling, and tightness in the affected areas, and that these conditions would be permanent. From those findings, it was a reasonable inference that the claimant would suffer some diminished function of the arms. Given the record, we cannot say that the Commission's findings were against the manifest weight of the evidence.

¶ 55 CONCLUSION

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

¶ 57 Affirmed.