2016 IL App (4th) 150059WC-U

Order filed April 27, 2016

IN THE

APPELLATE COURT OF ILLINOIS

FOURTH DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

LEON SMITH,	)	Appeal from the Circuit Court
	)	of the Seventh Judicial Circuit,
Appellant,	)	Sangamon County, Illinois
	)	
v.	)	Appeal No. 4-15-0059WC
	)	Circuit No. 14-MR-203
	)	
ILLINOIS WORKERS' COMPENSATION	)	Honorable
COMMISSION, *et al.*, (Perry Boughton	)	John W. Belz,
Trucking and Excavating),	)	Judge, Presiding.
	)	
Appellee.	)	

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 his bilateral carpel tunnel syndrome was causally related to his employment was not against the manifest weight of the evidence.

¶ 2 The claimant, Leon Smith, filed an application for adjustment of claim under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2012)), seeking benefits for carpal tunnel syndrome in both of his hands which he claimed was causally connected to a work-

related repetitive trauma and/or a traumatic injury he sustained while he was employed by respondent Perry Boughton Trucking and Excavating (employer). After conducting a hearing, an arbitrator found that the claimant had failed to prove that his carpel tunnel syndrome was causally related to his employment and denied benefits.

¶ 3 The claimant appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (Commission). The Commission unanimously affirmed and adopted the arbitrator's decision.

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

¶ 5 This appeal followed.

¶ 6 FACTS

¶ 7 In 2006, the claimant began working as a union laborer and union concrete finisher. According to the claimant, his work as a laborer and concrete finisher required the repetitive use of his hands. The claimant worked for the employer for one week in August 2007 and was rehired by the employer full time on July 19, 2011.

¶ 8 On March 7, 2011, approximately four months before he began working for the employer full time, the claimant sought medical treatment at Memorial Express Care because he was experiencing pain and "a little numbness" in his hands. The March 7, 2011, record of the claimant's treatment at Memorial Express Care states:

> "The patient presents with bilateral hand and wrist pain for over 6 months in a 24 year old male who is a concrete worker. He had not taken the time to deal with this until now. He denies an acute trauma. The pain is throbbing, worse at night and in the morning, and make it difficult to grip strongly at work."

A physical examination revealed a positive phalens and tinnels signs. The claimant was diagnosed with carpal tunnel syndrome and prescribed anti-inflammatory medication, pain medication, and wrist splints which were to be worn at night. He was advised to see a primary care provider for follow up and possibly an orthopedic referral. The claimant testified that, after receiving these treatments, his pain went away until after he started working for the employer.

¶ 9 When he was rehired by the employer in July 2011, the claimant worked as a concrete finisher and laborer. He poured and finished concrete at various locations, including a hotel, an airport, and a strip mall. The claimant testified that his specific job duties for the employer included: (1) carrying 10-foot steel forms weighing 75 to 100 pounds; (2) securing the forms in place by tying them manually with wire and then repeatedly hammering pins into the forms with a sledgehammer; (3) pouring the concrete; (4) leveling (or "scraping") the concrete with various hand tools, including an edger and a darby; and (5) tearing down the forms after the job was completed. According to the claimant, his job duties required him to swing a sledge hammer hundreds of times per day and to perform thousands of constant hand and wrist movements per day while working with various tools, including frequent gripping and twisting. The claimant stated that the employer required him to work at a fast pace.

¶ 10 The claimant testified that, after he had been working full time for the employer for approximately two months, he began experiencing pain and numbness in his hands again. The constant numbness would wake him up at night and make it difficult from him to sleep, and he was unable to hold a sledgehammer. The claimant testified that he told his supervisor, Ed Rainwater, of his hand complaints. According to the claimant, Rainwater told him to wait until he was laid off in the wintertime to see a doctor about it.

¶ 11 On April 12, 2012, the claimant reported to work and started loading steel frames into the

employer's truck. While he was lifting a frame to the top of the truck, he felt a sharp pain that he described as electricity shooting down his hands to his elbows. The claimant testified that he dropped the form and told Rainwater that he needed to go to the doctor. According to the claimant, the employer did not ask the claimant if he needed to complete an accident report.

¶ 12 The claimant immediately sought treatment at Priority Care Dirksen. An April 12, 2012, treatment record from that facility notes that the claimant reported experiencing pain, numbness, and tingling in both of his hands "for the past year at night at work." The Priority Care treatment record also notes that the claimant was "[s]een at Express Care 5-6 months ago and given wrist splints" which "are not helping." The Priority Care treatment record did not indicate that the claimant suffered a specific accident involving his hands on April 12, 2012. The claimant was referred to Dr. Edwards Trudeau for an electrodiagnostic study.

¶ 13 On April 19, 2012, Dr. Trudeau performed electrodiagnostic studies on the claimant's hands. Dr. Trudeau's April 21, 2012, EMG report noted that the claimant was complaining of pain from his wrist to his fingers and tingling in his fingers that was waking him up at night. The claimant told Dr. Trudeau that "it has been going on for over a year" and that he could "barely work due to pain." The claimant also reported that his wrist and hand symptoms were "getting worse and worse over the year that he has worked with [the employer]." Dr. Trudeau's report does not reference a specific accident occurring on April 12, 2012. The electrodiagnostic study demonstrated bilateral carpal tunnel syndrome moderately severe on both sides, with the right side being more severe than the left.

¶ 14 On April 30, 2012, the claimant went to Priority Care-MacArthur for follow-up treatment. The treatment record from that visit noted that: (1) Dr. Trudeau's EMG report showed carpal tunnel syndrome in both of the claimant's hands; (2) the claimant was having pain

regularly, especially with work; (3) the claimant presented with "sudden onset of constant episodes of moderate bilateral hand problems"; and (4) the claimant's symptoms were "worsening." Based on the EMG results, the claimant was referred for an orthopedic consult.

¶ 15 On May 16, 2012, the claimant saw Dr. Christopher Maender, a board certified orthopedic surgeon who specializes in the treatment of hand and upper extremity conditions. Dr. Maender's May 16, 2012, medical record indicates that the claimant had been referred for evaluation of his bilateral hand numbness and tingling, which the claimant reported he had been experiencing "for greater than 8 months." Dr. Maender further noted that the claimant "has been progressively getting worse," which bothered the claimant significantly. The claimant told Dr. Maender that the pain was waking him up at night. After describing some of the claimant's job tasks as a concrete finisher (including the repetitive swinging of a sledgehammer), Dr. Maender noted in his medical record that the claimant's work activities had aggravated the numbness and tingling that the claimant was experiencing in his hands. Dr. Maender observed that the wrist braces and pain medication that were previously prescribed did not help the claimant. He recommended that the claimant undergo bilateral carpal tunnel releases and stated that "[w]e will work on getting Workers' Compensation approval" for these surgeries. In the interim, Dr. Maender restricted the claimant from working with "vibrational tools."

¶ 16 On May 23, 2012, Dr. Maender filled out a "Surgeon's Report" for workers' compensation. In the report, Dr. Maender stated that the claimant sought medical treatment after noticing bad pain and weakness in his wrists while loading a truck with steel forms. Dr. Meander noted that the claimant's symptoms included numbness and tingling in the bilateral hands that was "progressively getting worse." He stated that the claimant "does repetitive work" which "aggravates his symptoms." Dr. Maender opined that the accident was the only cause of

the claimant's condition.

¶ 17 On August 6, 2012, Dr. Maender performed a right carpal tunnel release on the claimant. Two weeks later, he performed a left carpal tunnel release. Dr. Maender released the claimant to full duty work on October 25, 2012. He last saw the claimant on January 22, 2013. On that date, Dr. Maender noted that the claimant was "doing well" and released the claimant from his care.

¶ 18 Dr. Maender testified by way of an evidence deposition taken on October 2, 2012. Based on his examination of the claimant and his review of the EMG findings, Dr. Maender opined that the claimant had bilateral carpal tunnel syndrome. Dr. Maender stated that the claimant provided him with a history of performing construction work (primarily concrete finishing) for quite a while. He opined that the claimant's work activities were, at a minimum, a contributing factor in the claimant's carpal tunnel syndrome. For example, when asked to assume that the claimant's job required him to swing a sledgehammer 300 to 500 times per day and to carry and work on steel forms, Dr. Maender opined that "the heavy grip required to hold on to these instruments and the impact is probably a contributing factor to carpal tunnel syndrome."

¶ 19 However, in response to a hypothetical question, Dr. Maender stated that the claimant's alleged work accident on April 12, 2012, was more likely a symptom of his carpal tunnel syndrome rather than a cause of it, because a single incident was not sufficient to cause carpal tunnel syndrome. In addition, Dr. Maender acknowledged that there are certain "end stage" symptoms of carpal tunnel syndrome, the presence of which indicate that a patent's carpal tunnel syndrome is advanced. He agreed that the loss of grip strength is one such end stage symptom. Dr. Maender acknowledged that the only record he reviewed other than his own records was Dr. Trudeau's nerve conduction study. Accordingly, Dr. Maender admitted that he did not know when the claimant was first diagnosed with carpal tunnel syndrome or when he began working

for the employer.

¶ 20 At the employer's request, Dr. Michael Cohen performed a record review on July 5, 2012. Dr. Cohen is a board certified orthopedic surgeon whose practice is limited to the upper extremity, including the hand, wrist, elbow, and shoulder. Dr. Cohen testified by way of an evidence deposition taken on October 17, 2012. Dr. Cohen testified that he has performed more than 1,000 carpal tunnel releases. Based on his review of the claimant's complete medical records, Dr. Cohen opined that the claimant's work for the employer was not a causative factor in his carpal tunnel syndrome and need for surgery. In support of this opinion, Dr. Cohen noted that claimant was diagnosed with carpal tunnel syndrome four months before he began working for the employer and had symptoms for ten months before he worked for the employer. Dr. Cohen concluded that the job the claimant performed for the employer "did not alter the natural history of what [Dr. Cohen] would have expected with a 26 year old gentlemen who smoked with bilateral carpal tunnel syndrome, what would have happened to him over the natural history. He followed it perfectly." In sum, Dr. Cohen did not believe that the work activities that the claimant performed for the employer changed the natural progression of his preexisting carpal tunnel syndrome. Dr. Cohen opined that, even if the claimant did not work for the employer, "he would have ended up in the exact same place." Dr. Cohen acknowledged that some of work activities the claimant performed for the employer, such as repetitive swinging of a sledgehammer, could cause or aggravate carpal tunnel syndrome. However, Dr. Cohen opined that these activities were not causally related to the claimant's carpal tunnel syndrome or his need for carpal tunnel release surgery because the claimant was diagnosed with carpal tunnel syndrome before he worked for the employer and "the overwhelming majority" of 26-year olds who already have carpal tunnel syndrome "end up requiring carpal tunnel release surgery." Dr.

Cohen concluded that, even assuming that claimant's work for the employer would be considered high risk for carpal tunnel syndrome, the claimant's work for the employer played no causal role in this case. Dr. Cohen also testified that "lifting in and of itself is not a risk factor of carpal tunnel syndrome." Accordingly, Dr. Cohen suggested that, if the claimant sustained a specific accident on April 12, 2012, it would not be a causative factor in his carpal tunnel syndrome.

¶ 21 Dr. Cohen conceded that he did not know what the claimant's condition was from March 7, 2011, through April 12, 2012. He also admitted that his knowledge of the work activities that the claimant performed for the employer was based entirely upon certain videos he viewed which purportedly showed someone performing the job of a concrete finisher. The claimant's counsel objected and moved to strike Dr. Cohen's testimony on the ground that the videos Dr. Cohen relied upon were not disclosed to the claimant and, therefore, the foundation for Dr. Cohen's opinion testimony was unclear. The arbitrator denied the objection and allowed Dr. Cohen's opinion testimony.

¶ 22 During the arbitration hearing, the claimant testified that he went to Express Care in March 2011 because he was having numbness, "a little tingling," and "a little bit of pain" in his hand when he slept at night. A health care professional at Express Care gave him an anti-inflammatory shot and hand splints for him to wear at night, and told him "come back if it progressed." The claimant stated that, after he received the shot and wore the hand splints a few times, his hands "felt fine," he had "no pain or numbness," and he was not waking up in the middle of the night. The claimant did not seek any additional treatment for his hands until April 12, 2012.

¶ 23 However, the claimant testified that, after he had been working for the employer for approximately two months (*i.e.*, in September 2011), "the numbness came back" and it would

"wake [him] up at night." The symptoms progressed to the point where the claimant could not sleep or hold a sledgehammer. The claimant testified that he told Rainwater about his hand symptoms "on numerous occasions." According to the claimant, Rainwater told the claimant that it "sounds like carpal tunnel or something" and advised the claimant to "wait until wintertime and go get it checked out when you're laid off" so that he didn't "interrupt [his] work."

¶ 24 The claimant stated that, on April 12, 2012, he and his coworker, Mike Emmons, were loading steel forms into a truck when the claimant felt pain shooting down his wrist. The pain almost caused him to drop the steel form he was holding. The claimant told Emmons, and later Rainwater, that he had to go the doctor. The claimant testified that, prior to the April 12, 2012, incident, his condition had been "getting worse." He had been experiencing constant numbness in his entire hand (rather than merely in two fingers, as before), his hands were shaking, and he had constant "throbbing" and "aching" pain in his hands. According to the claimant, his symptoms were "way worse" after April 12, 2012, than they were in March of 2011. The claimant testified that, in March 2011, he had "a little" numbness in certain fingers, "but it wasn't the whole hand." Moreover, in March 2011, he experienced the numbness only at night while sleeping. After working for the employer for several months, he began feeling numbness in his hands during the day while at work.

¶ 25 The claimant testified that, at the time of the arbitration hearing, his hands were a lot better and he was not experiencing numbness, tingling, or pain, although he still felt pain while doing pushups. In late October or November of 2012, the claimant went hunting with a compound bow. However, he had not returned to work since April 12, 2012, because he was afraid to attempt his work activities.

¶ 26 Michael Emmons testified on behalf of the claimant. Like the claimant, Emmons worked for the employer as a concrete finisher and laborer. Emmons testified that the work he performed for the employer was fast-paced, repetitive, and physically demanding on his hands. Emmons could not recall whether the claimant complained of hand pain before April 12, 2012. On that date, Emmons and the claimant were loading steel forms into a truck when the claimant said that his hands were hurting and asked Emmons to grab the form the claimant had been holding. Emmons "guessed" that the claimant drooped the form but Emmons couldn't see because he was on top of the truck at the time. The claimant also complained of back pain at the time.

¶ 27 Edward Rainwater testified on behalf of the employer. Rainwater worked for the employer as a concrete working foreman. He usually worked with claimant on a daily basis. Rainwater testified that the claimant started complaining of problems with his hands within the first two weeks of his employment. Mr. Rainwater testified that, on April 12, 2012, the claimant told Rainwater that his hands were hurting. The claimant had been loading steel forms at the time. Pursuant to the employer's procedures, Rainwater asked the claimant if he wanted to complete an accident report and go to the doctor. According to Rainwater, the claimant did not want to complete an accident report, and he told Rainwater that he had had problems with his hands previously. Rainwater testified that the claimant did not indicate that he got hurt on the job or that his hand problem was a result of his work for the employer. Rainwater stated that he keeps a daily log at work. The April 12, 2012, entry in Rainwater's log noted that claimant left to get his hand checked and that "[i]t did not happen on job." Rainwater testified that, after the April 12, 2012, incident, Rainwater told his supervisor that the claimant said he hurt his hand and he was going to the doctor but it did not happen on the job.

¶ 28 Jim Butler also testified on behalf of the employer. Butler has worked for the employer for the past 30 years. He works as a supervisor. His job duties consist of coordinating the work and dealing directly with the foreman. Butler testified that he was on the job site on April 12, 2012 where claimant was working. Butler stated that, on that date, he had a conversation with Rainwater concerning the claimant. Butler noted that he documented that conversation in his daily work log. Butler testified that his April 12, 2012, log states, "Leon went home, had a swollen hand when he showed up - showed up for work. Said not work related, did not happen on the job. Asked about an accident report, he said no, pre-existing injury." The claimant's counsel objected to this testimony on hearsay grounds, but the arbitrator overruled the objection and allowed the testimony.

¶ 29 On rebuttal, the claimant testified that he never told Rainwater on April 12, 2012, that his injuries were not work related. Instead, he told Rainwater that, while he was loading heavy forms at work, he felt pain shooting down both of his hands to his elbows.

¶ 30 The arbitrator found that the claimant had failed to prove a causal relationship between his "specific accident of April 12, 2012" and his bilateral carpal tunnel syndrome. In support of this finding, the arbitrator relied upon Dr. Maender's opinion that the April 12, 2012, incident was merely a symptom of the claimant's carpal tunnel syndrome and not a causative factor in the development of that condition.

¶ 31 The arbitrator also found that the claimant failed to prove by a preponderance of the evidence that his repetitive work for the employer either caused or aggravated his carpal tunnel syndrome. The arbitrator acknowledged that the evidence showed that the work the claimant performed for the employer was "strenuous and repetitive, and could, by all accounts aggravate" a preexisting carpal tunnel syndrome. However, the arbitrator found that, in this case: (1) the

claimant was diagnosed with *symptomatic* carpal tunnel syndrome approximately four months before he began working for the employer, and (2) the medical records and other evidence showed that the claimant's symptoms were essentially the same before and after he worked for the employer. On March 7, 2011, the claimant complained to his doctor about throbbing pain, difficulty gripping at work, and numbness and tingling. The examination showed positive Phalen's and Tinel's tests. The doctor diagnosed carpal tunnel syndrome and prescribed injections and splints. The arbitrator noted that, although the claimant testified that these conservative treatments provided complete relief of his symptoms, the medical histories he gave to the physicians he saw a year later "told a different story." For example, the claimant told a doctor on April 12, 2012, that his symptoms had been present for the past year, and that the splints provided to him earlier were not helping. Approximately one week later, the claimant also told Dr. Trudeau that his symptoms had been present for a year. The arbitrator stated that "[n]owhere [in the medical records] is there is history that the [claimant] used the splints, got better, and got worse after working for [the employer]." In addition, the arbitrator noted that the claimant's "work foreman *** testified that the [claimant] complained of hand pain within two weeks from when his job began."

¶ 32 The arbitrator further noted that the claimant's "complaints, exam findings and diagnosis" were "virtually the same" "before and after he began working for the [employer]." The arbitrator found that "[o]n April 12, 2012, as in March 2011, [the claimant] had pain, numbness, tingling and weakness of grip." In addition, the claimant's March 2011 "exams showed positive Phalen's." The arbitrator found that, the only difference in 2012 was the EMG test results. However, no such studies were conducted in 2011, and the arbitrator stated that he could not "assume that if earlier tests were done, they would show anything less than what was

seen on the [2012] tests." The arbitrator found the claimant's case distinguishable "from the numerous commission cases where there was proof of *** worsening of the condition after work for a[n] [employer]."

¶ 33 The arbitrator "adopted the reasoning" of Dr. Cohen. The arbitrator found that "[t]he claimant had carpal tunnel in March 2011, and it was the same carpal tunnel which was treated one year later." The arbitrator found that, on the facts presented in this case, he could not "assume the [employer's] work aggravated the condition." The arbitrator acknowledged Dr. Maender's opinion that the claimant's work as a concrete finisher could have aggravated his carpal tunnel syndrome. However, the arbitrator declined to credit this opinion because Dr. Maender "was unaware that the condition had been diagnosed prior to the start of [the claimant's] work for the [employer]."

¶ 34 Having found that the claimant failed to establish causation, the arbitrator denied the claimant's claim for benefits and dismissed all remaining issues as moot.

¶ 35 The claimant appealed the arbitrator's decision to the Commission. The Commission unanimously affirmed and adopted the arbitrator's decision.

¶ 36 The claimant then sought judicial review of the Commission's decision in the circuit court of Sangamon County. The circuit court confirmed the Commission's ruling. The circuit court found that the Commission "properly found the [claimant's] credibility was compromised based on the fact that his trial testimony was inconsistent with the contemporaneous medical [accounts]." In addition, the circuit court noted that "Dr. Cohen was the only medical doctor to address the [causal] connection issue," and it found that there was sufficient evidence in the record to support the Commission's decision.

¶ 37 This appeal followed.

¶ 38 ANALYSIS

¶ 39 The claimant argues that the Commission's finding that he failed to prove a causal connection between his bilateral carpel tunnel syndrome and his work for the employer 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 work-related injury need not be the sole or principal causative factor, as long as it was a causative factor in the resulting condition of ill-being. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 205 (2003). Thus, even if the claimant had a preexisting degenerative condition which made him more vulnerable to injury, recovery for an accidental injury will not be denied as long as he can show that his employment was also a causative factor. *Sisbro*, 207 Ill. 2d at 205; *Swartz v. Illinois Industrial Comm'n*, 359 Ill. App. 3d 1083, 1086 (2005). A claimant may establish a causal connection in such cases if he can show that a work-related injury played a role in aggravating or accelerating his preexisting condition. *Mason & Dixon Lines, Inc. v. Industrial Comm'n*, 99 Ill. 2d 174, 181 (1983); see also *Azzarelli Construction Co. v. Industrial Comm'n*, 84 Ill. 2d 262, 266 (1981); *Swartz*, 359 Ill. App. 3d at 108.

¶ 40 An employee who alleges injury based on repetitive trauma must "show [ ] that the injury is work related and not the result of a normal degenerative aging process." *Peoria County Belwood Nursing Home*, 115 Ill. 2d at 530; *Edward Hines Precision Components v. Industrial Comm'n*, 356 Ill. App. 3d 186, 194 (2005). In repetitive trauma cases, the claimant "generally relies on medical testimony establishing a causal connection between the work performed and claimant's disability." *Nunn v. Industrial Comm'n*, 157 Ill. App. 3d 470, 477 (1987); see also *Johnson v. Industrial Comm'n*, 89 Ill. 2d 438, 442–43 (1982).

¶ 41 In resolving disputed causation issues, it is the Commission's province to assess the credibility of witnesses, draw reasonable inferences from the evidence, determine what weight to give testimony, and resolve conflicts in the evidence (particularly the medical opinion evidence). *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 675 (2009); *Fickas v. Industrial Comm'n*, 308 Ill. App. 3d 1037, 1041 (1999). We will overturn the Commission's causation finding only when it is against the manifest weight of the evidence. *Shafer v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶ 38. A factual finding is against the manifest weight of the evidence if the opposite conclusion is "clearly apparent." *Swartz*, 359 Ill. App. 3d 1083, 1086 (2005). The test is whether the evidence is sufficient to support the Commission's finding, not whether this court or any other tribunal might reach an opposite conclusion. *Pietrzak v. Industrial Comm'n*, 329 Ill. App. 3d at 828, 833 (2002).

¶ 42 In this case, the claimant attempts to prove causation under two alternative theories. First, the claimant argues that his April 12, 2012, work "accident" caused or aggravated his carpal tunnel syndrome. In the alternative, he argues that his carpel tunnel syndrome and need for surgery in 2012 was causally connected to a work-related repetitive trauma which manifested itself on April 12, 2012. We will address these claims in turn.

¶ 43 1. The April 12, 2012, Incident

¶ 44 Although his argument is not entirely clear, at times the claimant appears to suggest that he suffered a traumatic work-related accident while lifting a steel form on April 12, 2012, which caused or aggravated his carpal tunnel syndrome, disabling him from work and requiring him to have surgery to correct his condition. We do not find this argument persuasive. The claimant's own medical expert, Dr. Maender, opined that a single lifting incident was not typically enough to cause carpal tunnel syndrome. Accordingly, Dr. Maender concluded that the pain the claimant

experienced while lifting a steel form on April 12, 2012, was "more a symptom of [the claimant's] carpal tunnel *** than a causative factor in it." Similarly, Dr. Cohen testified that "lifting in and of itself is not a risk factor of carpal tunnel syndrome." Thus, Dr. Cohen suggested that, if the claimant sustained a specific accident on April 12, 2012, it would not be a causative factor in his carpal tunnel syndrome.

¶ 45 In arguing that the April 12, 2012, incident aggravated his carpal tunnel symptoms, the claimant points to his own testimony that his symptoms were "way worse" after April 12, 2012 than they were in March 2011. However, the claimant testified that his symptoms had been worsening prior to the April 12, 2012, incident. Specifically, he stated that, before April 2012, he had been experiencing constant numbness in his entire hand, his hands were shaking, and he had constant "throbbing" and "aching" pain in his hands. There is no evidence suggesting that these worsening symptoms were the result of a traumatic accident on April 12, 2012, rather than the natural progression of his preexisting carpal tunnel syndrome, which was diagnosed before he began working for the employer.

¶ 46 Moreover, the April 12, 2012, treatment record from Priority Care Dirksen notes that the claimant reported experiencing pain, numbness, and tingling in both of his hands "for the past year at night at work." One week later, the claimant told Dr. Trudeau that his hand symptoms had been "going on for over a year." Similarly, Dr. Maender's May 16, 2012, treatment record notes that the claimant had been experiencing bilateral hand numbness and tingling "for greater than 8 months." Nothing in these treatment records suggest that the claimant suffered a traumatic accident on April 12, 2012, that caused or aggravated his symptoms. Rather, the medical records suggest that the claimant was suffering symptoms in April and May 2012 that closely resembled the symptoms he reported almost a year earlier, before he began working for

the employer.

¶ 47 As the claimant notes, the April 30, 2012, treatment record from Priority Care-MacArthur states that the claimant presented with a "sudden onset of constant episodes of moderate bilateral hand problems." However, that statement is contradicted by the other medical records (including records of treatment provided immediately after the April 12, 2012, incident), and by the claimant's own testimony. Accordingly, the Commission's finding that the claimant failed to prove a causal connection between the April 12, 2012, incident and his carpal tunnel syndrome was not against the manifest weight of the evidence.

¶ 48 2. Repetitive Trauma

¶ 49 The claimant argues that the manifest weight of the evidence establishes that the work he performed for the employer during the first two months of his employment caused a repetitive trauma injury with a manifestation date of April 12, 2012. The claimant maintains that this work-related repetitive trauma caused or aggravated his carpal tunnel syndrome, disabling him from work and necessitating surgery.

¶ 50 As noted above, an employee who alleges injury based on repetitive trauma must show that the injury is work related and not the result of a degenerative process that is not connected to his employment. *Peoria County Belwood Nursing Home*, 115 Ill. 2d at 530; *Edward Hines Precision Components*, 356 Ill. App. 3d at 194. The claimant failed to make that showing in this case. The claimant was diagnosed with carpel tunnel syndrome in March of 2011, approximately four months before he began working for the employer. At that time, the claimant told his doctor that he had been experiencing bilateral hand and wrist pain for more than six months. The pain was "throbbing," "worse at night and in the morning," and "ma[de] it difficult to grip strongly at work." The medical records reflect that the claimant reported experiencing essentially the same

symptoms in April and May of 2012. Dr. Cohen opined that the claimant's current symptoms were entirely the result of the natural progression of his preexisting carpal tunnel syndrome.[1] Although he acknowledged that some of the claimant's work activities could cause or aggravate carpal tunnel syndrome, he concluded that the claimant's work activities played no causal role in this case because the vast majority of people who are diagnosed with carpal tunnel syndrome at the claimant's age require carpal tunnel release surgery. In sum, Dr. Cohen did not believe that the work activities that the claimant performed for the employer changed the natural progression of his preexisting carpal tunnel syndrome. Dr. Cohen opined that, even if the claimant did not work for the employer, "he would have ended up in the exact same place." Dr. Maender, the claimant's only testifying medical expert, did not and could not dispute Dr. Cohen's opinion because Dr. Maender was not aware that the claimant had been diagnosed with carpal tunnel syndrome before he began working for the employer and he did not know when the claimant began working for the employer. Thus, Dr. Maender did not opine on the effect the claimant's work for the employer had on his preexisting carpal tunnel condition. For that reason, the

[1] The claimant argues in passing that Dr. Cohen's causation opinions should be stricken because Dr. Cohen based his knowledge of the claimant's work activities on certain videos he viewed which were not disclosed to the claimant. However, the claimant cites no authority in support of this argument, and has therefore forfeited the argument. *Ameritech Services, Inc. v. Illinois Workers' Compensation Comm'n*, 389 Ill. App. 3d 191, 208 (2009); Ill. S. Ct. R. 341(h)(7) (eff. Jan. 1, 2016). In any event, Dr. Cohen's causation opinion did not depend upon his understanding of the claimant's work activities because he concluded that the claimant's current symptoms were entirely the result of the natural progression of his preexisting carpal tunnel syndrome (and not his work activities).

Commission properly accorded little weight to Dr. Maender's causation opinion.

¶ 51 The claimant relies heavily upon his own testimony that the symptoms he was experiencing in March 2011 resolved after conservative treatments and then recurred (and worsened) only after he began working for the employer. However, as the Commission noted, this testimony was contradicted by the medical records which suggested that the claimant experienced essentially the same symptoms (*i.e.*, pain, numbness, tingling, and difficulty gripping at work) continuously from March 2011 through May 2012. Accordingly, the Commission was not required to credit the claimant's testimony on this issue.

¶ 52 Moreover, the fact that the severity of the claimant's symptoms increased over time to the point where surgery was needed is not dispositive because, as Dr. Cohen noted, that could be attributable to the natural progression of the disease. Further, Dr. Maender admitted that loss of grip strength is an "end stage" symptom which is indicative of advanced carpal tunnel syndrome. In this case, the claimant complained to his doctor of "difficulty gripping at work" in March 2011. Thus, by the claimant's expert's own testimony, the claimant already had "advanced" carpal tunnel syndrome several months before he began working for the employer.

¶ 53 The claimant argues that "[a] reasonable person can conclude that there is a causal relationship between the carpal tunnel condition that evolved from repetitive trauma and the [claimant's] work activity." However, the issue is not whether the evidence supports a reasonable inference of causation. Rather, the question is whether the contrary inference drawn by the Commission is against the manifest weight of the evidence. After carefully reviewing the evidence presented in this case, we hold that it was not.

¶ 54 CONCLUSION

¶ 55 For the foregoing reasons, we affirm the judgment of the circuit court of Sangamon

County, which confirmed the Commission's decision.

¶ 56 Affirmed.