2017 IL App (1st) 162774WC-U

Order filed: September 29, 2017

IN THE

APPELLATE COURT OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

TREVOR McLAUGHLIN,	)	Appeal from the Circuit Court
	)	of Cook County Illinois
	)	
	)	
Appellant,	)	
	)	
v.	)	Appeal No. 1-16-2774WC
	)	Circuit No. 16-L-50238, 50239, 50240
	)	
ILLINOIS WORKERS' COMPENSATION	)	Honorable
COMMISSION, *et al.*, (TJ's Maintenance &	)	Carl A. Walker,
Remodeling, LLC., Appellees).	)	Judge, Presiding.

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

¶ 1 *Held*: The Commission's written decision and opinion on review was not deficient as a matter of law, and its determinations regarding accidental injury, causation, and benefits were not against the manifest weight of the evidence. The decision of the Commission is affirmed and the matter remanded pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980).

¶ 2 The claimant, Trevor McLaughlin, filed three applications for adjustment of claims under the Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2008)), seeking benefits for injuries to his shoulder, hands, back and neck, allegedly incurred while he was

employed by TJ's Maintenance & Remodeling (employer). The first claim (13WC022758), filed July 12, 2013, alleged injury to the claimant's "left shoulder, back, both hands, both feet, neck" as the result of an industrial accident occurring on June 3, 2013. The other claims, filed on July 14, 2014, alleged repetitive trauma injuries: claim 14WC024172 alleged neck injury (cervical spondylosis and posterior disc bulge) with a manifestation date of July 25, 2013; claim 14WC024173 alleged hand and arm injuries (bilateral carpal tunnel syndrome, cubital tunnel syndrome, radiculopathy) with a manifestation date of June 6, 2013. The three claims were consolidated for a hearing before Arbitrator Gerald Granada on April 7, 2015, who issued separate written awards for each claim. Regarding claim 13WC022758, the arbitrator found that the claimant sustained a left shoulder injury causally related to an accident on June 3, 2013, and awarded the claimant temporary total disability (TTD) benefits covering 43 5/7 weeks (June 28, 2013, through April 29, 2014) at the rate of $661.33 per week. The arbitrator further ordered the employer to pay all reasonable and necessary medical expenses related to the claimant's left shoulder injury incurred from June 3, 2014, through July 25, 2014. The arbitrator did not award benefits for any other injuries alleged by the claimant to have resulted from the accident on June 6, 2103. Regarding claims 14WC024172 and 14WC024173, the repetitive trauma claims, the arbitrator found that the claimant had failed to establish that his current conditions of ill-being were causally related to his employment.

¶ 3 The claimant sought review of the arbitrator’s decisions before the Illinois Workers' Compensation Commission (Commission), which affirmed and adopted each of the three decisions of the arbitrator without modification. The Commission remanded claim 13WC22758 for a permanency determination regarding the left shoulder pursuant to *Thomas v. Industrial Comm'n,* 78 Ill. 2d 327 (1980), but otherwise denied all remaining claims. The claimant then sought judicial review of the Commission's decisions in the circuit court of Cook County, which

confirmed the Commission's decisions as not being against the manifest weight of the evidence. The claimant then filed this timely appeal.

¶ 4 The claimant raised the following issues on appeal: (1) whether the Commission's written decision in 13WC22758 is deficient as a matter of law; (2) whether the Commission's finding that the claimant's back injuries were not causally related to a traumatic accident on June 3, 2013, was against the manifest weight of the evidence; (3) whether the Commission's finding that the claimant failed to establish entitlement to benefits under a repetitive trauma theory was against the manifest weight of the evidence; and (4) whether the Commission's finding that the claimant's left shoulder injury stabilized to the point that further medical benefits were not warranted after July 25, 2014, was against the manifest weight of the evidence.

¶ 5 BACKGROUND

¶ 6 The following factual recitation is from the evidence presented at the consolidated arbitration hearing on April 7, 2015. The claimant testified that on June 3, 2013, he was employed as a working supervisor for the employer, which was a company owned by his brother, Tim McLaughlin. The claimant's sister, Tammy, worked as an office manager. [Neither Tim nor Tammy testified at the arbitration hearing.] The claimant testified that his job duties consisted of monitoring projects, making bids to potential clients, performing constructions jobs and working on maintenance projections for regular customers. He further testified that he often performed tasks of a carpenter and was required to lift product, climb ladders and used tools of the trade including hammers. He also testified that he used "vibratory" tools.

¶ 7 The claimant testified that on June 3, 2014, he and his crew of two employees, Raul and Fernando Sanchez, were replacing a roof on a single story building. The claimant testified that while carrying a bundle of shingles weighing approximately 60 pounds down an extension ladder he missed a rung. He had the bundle over his right shoulder and held on with his left arm and

swung around to prevent a fall. His arm was above his head and he rotated around the ladder. He felt pain in his left shoulder and back. He testified on cross-examination that he was only a couple of feet off the ground and could have jumped. He testified both employees were working on the roof and did not see him fall. According to the claimant, he continued to work, but he could not use his left arm.

¶ 8 The claimant testified that he reported the accident to his sister, Tammy, when she called him later in day for business reasons. He told his sister that his shoulder hurt and described the incident. He did not inform his brother Tim, who was recovering from a heart attack and was not attending to the business during the month of June 2013. The claimant testified that he requested a report form from Tammy, and then spoke directly with the workers' compensation insurance agent.

¶ 9 The claimant testified that he had a previously scheduled appointment with Dr. James McNally, related to prior complaints of numbness in his hands and feet. Dr. McNally is a board certified orthopedic surgeon associated with Suburban Orthopedics in Barlett, Illinois. The claimant testified that he described in detail the June 3, 2013, work-related accident to Dr. McNally.

¶ 10 Dr. McNally's treatment notes from June 6, 2013, document a history of arm and feet numbness. Regarding the June 3, 2013, accident, the notes recorded "last Monday, he did something to his left shoulder. He also states he had a previous rotator cuff tear and biceps tear and the left shoulder 'feels different.'" Dr. McNally noted positive left shoulder impingement and recorded a diagnosis of low back pain, radiulopathy, rotator cuff syndrome, and carpal tunnel syndrome (CTS). He recommended an MRI of the lower spine, EMG of the lower extremities, night splints for the CTS, and pain medication and physical therapy to address the left shoulder pain. Dr. McNally recorded no recommendation for an MRI of the left shoulder. The treatment

notes are silent as to diagnosis, treatment, or patient reports of neck/cervical pain.

¶ 11 The claimant filled out a patient registration form while waiting to see Dr. McNally. On the form, the claimant reported left shoulder pain and stiffness of a gradual nature. He wrote "shoulder at work" but otherwise gave no description an accident on June 3, 2013.

¶ 12 The claimant continued to work from June 3, 2013, through June 19, 2013. He went on a previously arranged vacation trip from June 20, 2013, through June 24, 2013. He returned to work on June 25, 2013, and worked until June 28, 2013.

¶ 13 On June 18, 2013, the claimant contacted Suburban Orthopedics seeking an MRI of his left shoulder. He called again on June 19, 2013, reporting increased pain in the left shoulder. On June 27, 2013, the claimant left a message stating that he was experiencing increasing pain in the left shoulder and he could no longer perform his normal work duties. He sought an off-work note from Dr. McNally, which Dr. McNally would not issue without an examination.

¶ 14 On June 25, 2013, the claimant was administered an MRI of the left shoulder at Suburban Orthopedics. Treatment notes from that appointment indicated a patient report of "left shoulder pain, caught himself with left arm falling off extension ladder." The arbitrator observed that this notation was the first documentation of a specific work-related accident.

¶ 15 On June 28, 2013, the claimant began treatment with Dr. Ankur Chhadia, a board certified orthopedic surgeon specializing in shoulder surgery. Dr. Chhadia was also affiliated with Suburban Orthopedics. Dr. Chhadia's treatment notes from the appointment include a patient-provided history of a work-related accident on June 3, 2013 and no prior complaints or treatment of the left shoulder. Dr. Chhadia recommended a course of conservative treatment and physical therapy to address the claimant's left shoulder and bilateral carpal tunnel symptoms.

¶ 16 On July 11, 2013, the claimant was again examined by Dr. McNally, who referred the claimant to Dr. Dmitri Novoselstsky, a pain management specialist at Suburban. The claimant

was examined by Dr. Novoselstsky a day or two later. Treatment notes from that appointment indicate the claimant reporting neck pain, apparently for the first time. On July 25, 2013, the claimant underwent an MRI of the neck/cervical spine that was read to indicate degenerative disc disease with corresponding spondolysis. Dr. Novoselstsky prescribed median pain blocks and radiofrequency abalation to address the cervical/neck pain.

¶ 17 On October 3, 2013, after noting that conservative treatment had not improved the claimant's left shoulder or bilateral carpal tunnel symptoms, Dr. Chhadia performed surgery to repair the claimant's torn left rotator cuff. At the same time, he performed left carpal tunnel release surgery. The claimant engaged in a course of post-operative physical therapy. On December 19, 2013, Dr. Chhadia performed a right carpal tunnel release. The claimant resumed post-operative physical therapy. On May 13, 2014, the claimant began a work hardening program. On June 12, 2014, he was released to work at the medium to heavy physical demand level. After the claimant reported to Dr. Chhadia that his position with the employer required only a heavy-demand level, Dr. Chhadia took the claimant off work rather than issue light duty restrictions. However, on or about July 11, 2014, the claimant returned to work with the employer in a light-duty capacity, writing bids for prospective jobs and supervising.

¶ 18 On September 25, 2013, the claimant was examined at the request of the employer by Dr. Gregory Nicholson, a board certified orthopedic surgeon specializing in shoulder surgery. Dr. Nicholson questioned whether the diagnostic testing showed a rotator cuff tear, as opposed to a strain with subacromial bursitis. In his deposition testimony, Dr. Nicholson noted a possible lack of cooperation and symptom anomalies. Ultimately, however, Dr. Nicholson deferred to Dr. Chhadia's opinions regarding the claimant's condition and any work-related causation of the claimant's left shoulder.

¶ 19 On May 1, 2014, the claimant was examined at the request of the employer by Dr. Avi

Bernstein, a board certified orthopedic surgeon, with a speciality in cervical and lumbar spinal issues. Dr. Bernstein examined that claimant and reviewed the extensive medical documentation. He noted the claimant's report that his low back symptoms had improved. He reviewed the June 25, 2013, lumbar MRI showing very mild age related degenerative, changes without disc herniation or nerve root compression. Dr. Bernstein reviewed the cervical MRI from July 25, 2013, showing multilevel degenerative change and the EMGs from May 9, 2014, and May 16, 2013, which he read as not showing cervical radiculopathy. Dr. Bernstein opined that the claimant, at worst, suffered strains of the cervical and lumbar spine as a result of the work accident on June 3, 2013. He further opined that the claimant had no permanent injury to either the neck or low back. He recommended a conditioning and strengthening program and normal recreational activities on his own. Dr. Berstein further opined that the claimant was at maximum medical improvement (MMI) for the neck and low back injury, and that further treatment was not indicated, necessary or causally related to the work incident.

¶ 20 On June 18, 2014, the claimant was examined at the request of the employer by Dr. Michael Vender, a board certified orthopedic surgeon specializing in hand/wrist surgery, for an opinion related to the claimant's bilateral carpal tunnel syndrome. Dr. Vender noted that the claimant reported numbness and tingling in his hands since January 2013, and that he had an appointment scheduled with Dr. McNally for this condition prior to his June 3, 2013, accident. Dr. Vender also noted that the claimant continued to report pain even after his carpal tunnel surgeries. Dr. Vender diagnosed post bilateral carpal tunnel release neuropathy and left ulnar neuropathy at the elbow. He opined that neruopathy would not be related to his work injury and was not related to his carpal tunnel surgeries. Dr. Vender recommended an elbow pad during the day and a splint at night. He did not see the need for any work restrictions. He also diagnosed arthritis in the right hand not related to the work accident. Dr. Vender opined that the claimant

was at MMI for both carpal tunnel releases and did not require work restrictions. He further opined that the claimant's bilateral carpal tunnel syndrome was not related to the June 3, 2013, work injury since the symptoms were clearly present before that accident date.

¶ 21 On July 25, 2014, the claimant was examined by Dr. Aaron Bare, a board certified orthopedic surgeon. The record established that the examination was done following correspondence with the claimant's attorney. The correspondence established that counsel sent the records at the claimant's request. The claimant testified that Dr. Bare "did not want to get involved," and performed a minimal examination. Dr. Bare's records indicate that he performed an examination and reviewed the diagnostic tests. He opined that the claimant was at MMI and did not require additional medical treatment. Dr. Bare's record indicate that the examination was limited to left arm and shoulder pain. Dr. Bare's assessment was pain in left shoulder, status post left shoulder arthroscopy, with continued arm and scapular pain. His treatment recommendation was for conservative care. He found that the claimant had muscle fatigue and that a second surgery would not benefit the claimant. Dr. Bare specifically opined that the claimant had done well and has reached MMI. He recommended a functional capacity examination (FCE), but opined that no other treatment was required or necessary pertaining to the left shoulder.

¶ 22 Dr. Chhadia testified via evidence deposition on September 22, 2014. He provided a history of the first appointment, testifying that the claimant indicated he had burning in the top of the shoulder and had pain at night. He documented the claimant reported no prior history of shoulder injury or pain before June 3, 2013. Based upon the MRI from June 25, 2013, he diagnosed a full thickness rotator cuff tear. He testified he performed an arthroscopic surgery on October 3, 2013. The tear was a full thickness to a high grade partial tear. He also performed left carpal tunnel syndrome release. With regard to the claimant's carpal tunnel syndrome, he testified it was due to his repetitive overuse work. Dr. Chhadia did not know the specifics of the

claimant's job duties other than the claimant's report that he used vibratory tools and repetitive lifting in awkward positions. Dr. Chhadia also acknowledged that he was not aware that the claimant was a working supervisor. His opinion did not take into account the claimant's actual job duties or the amount of time Petitioner uses tools on a routine basis.

¶ 23 With regard to the claimant's cervical/neck issues, Dr. Chhadia opined that the EMG performed on July 9, 2013, did not show any cervical radiculapathy. He further opined that the July 25, 2013 MRI of the cervical/neck showed degenerative changes that could not be necessarily be caused by the June 3, 2013, work accident or repetitive work activities. With regard to the left shoulder condition, Dr. Chhadia noted that a second MRI of the left shoulder performed on April 14, 2014, indicated the possible need for a second surgery. However, he subsequently testified that he could not opine whether the condition giving rise to the need for a second surgery could be causally related to the claimant's work activities.

¶ 24 On January 28, 2015, Dr. McNally testified by evidence deposition. He stated that it was possible that the claimant told him of the work accident on June 3, 2013, but he might have left it out of the report. He opined that any type of construction work could exacerbate symptoms of carpal tunnel syndrome, although he was not aware of the claimant's specific job related activities. Dr. McNally further opined that it was possible that the claimant's shoulder and neck symptoms could have been manifestations of the same injury, and that it was his opinion that the claimant's cervical/neck condition was causally related to the June 3, 2013, work accident.

¶ 25 The claimant testified at hearing that he did not perform any side jobs or other employment while he was off work following the accident. He testified that he was limited in "what his body [would] allow him to do." The employer presented surveillance videos during the relevant time showing the claimant performing various physical tasks such as gardening, landscaping his home, snow removal, lifting heavy objects, and riding on a bicycle trail.

¶ 26 Following the hearing, the arbitrator issued a separate written award for each of the three claims. For claim 13WC22758, the arbitrator found that the claimant had met his burden of proving that an industrial accident occurred on June 3, 2013. The arbitrator credited the claimant's testimony that he injured his left shoulder when he caught himself from falling off the ladder on that date. With regard to the issue of causation, the arbitrator found that the claimant had established that the injury to his left shoulder was causally related to the June 3, 2013, accident. The arbitrator noted that the claimant's treating physician, Dr. Chhadia, and the employer's examining physician, Dr. Nicholson, agreed that there was a causal connection between the June 3, 2013, accident and the claimant's left shoulder condition.

¶ 27 The arbitrator further found that the claimant "failed to prove that his other alleged complaints involving both his hands, his feet, and his back are causally related to" the June 3, 2013, accident. The arbitrator noted that Dr. Vender's opinion supported a conclusion that the claimant's bilateral carpal tunnel syndrome symptoms pre-dated the June 3, 2013, accident and "there were no expert opinions presented to establish causation with regard to the [claimant's] feet and back." Based upon the totality of the evidence, the arbitrator concluded that "the [claimant's] left shoulder is causally related to his June 3, 3013, work accident and that the [claimant's] other alleged conditions in his hands, feet and back are not related."

¶ 28 Regarding the issue of medical expenses related to the claimant's left shoulder injury, the arbitrator found that the claimant reached a point where further medical treatment would no longer improve his condition, *i.e.*, the claimant reached MMI. This decision was based upon: 1) the surveillance video showing the claimant performing physically demanding work without apparent pain or discomfort; 2) Dr. Bare's opinion on July 25, 2014, that the claimant had reached MMI, without need for further surgery; and 3) the claimant being released for full duty on that date. The arbitrator denied further medical treatment after that date.

¶ 29 Regarding the claimant's two repetitive trauma claims (14WC24172 and 14WC24173) the arbitrator found that the claimant had failed to establish that he suffered repetitive trauma injuries. In 14WC24172, the claimant alleged repetitive trauma injuries to his neck due to work-related "overuse repetitive heavy load conditions." The arbitrator noted that "there was no testimony offered showing the [claimant] involved in any repetitive heavy load activities." The arbitrator further observed that the claimant had presented no medical opinion testimony that the degenerative cervical condition revealed in the July 25, 2013, MRI was in any way causally connected to his employment. Likewise, in claim 14WC24173, where the claimant alleged that his bilateral carpal tunnel syndrome and ill condition of his feet were causally related to his employment, the arbitrator found the claimant failed to establish a repetitive trauma aspect to his employment. The arbitrator noted that the claimant's description of his job duties as a working supervisor lacked any description repetitive trauma. The arbitrator observed that "[a]lthough the [claimant] testified that he used vibratory tools and other hand tools, there was no evidence as to the frequency, duration or force required in using those tools." The arbitrator also observed that the claimant's use of these tools "seemed to be very minimal given the supervisory nature of [his] job." Regarding the medical opinion evidence, the arbitrator noted Dr. McNally and Dr. Chhadi both opined that the claimant's employment could cause carpal tunnel syndrome. However, he also noted that neither of these physicians had any understanding of the claimant's daily job duties, thus "providing very little weight on their opinions regarding causation."

¶ 30 To summarize the outcome of the claimant's three claims: 1) the arbitrator found that the claimant suffered an industrial accident on June 3, 2013, when he slipped and fell off a ladder; 2) the claimant suffered a traumatic injury (rotator cuff tear) to his left shoulder causally related to that accident; 3) the claimant was entitled to benefits and medical expenses for his shoulder injury until July 25, 2014, at which time the claimant reached MMI and was eligible for a

permanency award; and 4) the claimant failed to establish that he was entitled to benefits for any additional injuries causally related to his employment under either a single trauma or repetitive trauma theory. The claimant sought review of the arbitrator's awards before the Commission, which unanimously affirmed and adopted each award. The circuit court of Cook County confirmed the Commission, and this appeal followed.

¶ 31 ANALYSIS

¶ 32 The claimant first maintains that the Commission erred as a matter of law in failing to comply with its own regulation providing that the written decision of the Commission shall include findings of fact and conclusions of law "separately stated, upon each contested issue" (50 Ill. Adm. Code 7030.80 (2006)) as well as a "statement of the particular evidence in the record upon which the findings and conclusions are based" (50 Ill. Adm. Code 7040.80 (2006)). The claimant argues that where an agency fails to follow its own regulations in issuing a finding, the decision must be overturned. See *Illinois Consolidated Telephone Co. v. Illinois Commerce Comm'n*, 95 Ill. 2d 142, 151 (1983). The claimant further maintains that that we can review the record *de novo* to determine whether the Commission has complied with its own regulations. See *Ingrassia Interior Elements v. Illinois Workers' Compensation Comm'n*, 2012 IL App (2d) 110670WC ¶ 14. Here the claimant maintains that the arbitrator's decision as adopted by the Commission contains no written findings of fact or conclusions of law regarding the alleged causal connection between the June 3, 2013, accident and the condition of ill-being of the claimant's neck.

¶ 33 We have reviewed the written decision of the Commission in claim 13WC22758 (the claim alleging neck injury caused by the June 3, 2013, accident) and under the heading "FINDINGS OF FACT" we find two very specific references to the claimant's alleged neck injury:

"Petitioner first presented to Dr. Novoselstsky in July 2013. He treated for his neck. Petitioner had a cervical spine MRI on July 25, 2015 [1] that showed degenerative disc disease. The diagnosis was degenerative disc disease and spondolysis. Petitioner had median blocks and a radiofrequency abalation. The records do not reflect the treatment was related to or aggravated by the work accident."

"On May 1, 2014, Petitioner presented to Dr. Bernstein for a Respondent IME related to his neck and low back diagnosis. *** Dr. Bernstein reviewed the cervical MRI from July 23, 2013, describing multilevel degenerative change and the EMG from July 9, 2014, and July 16, 2013, which did not show cervical radiculopathy. Dr. Bernstein found petitioner, at most, suffered strains of the cervical and lumbar spine as a result of the work accident on June 3, 2013. He had no permanent injury to either the neck or low back."

"Dr. Chhadia testified that he found petitioner did not have cervical radiculopathy. He could not opine that the MRI of the neck showed of the neck showed degenerative changes that were caused by the work accident or by his work activities."

It is clear from our reading that the written order of the Commission contains sufficient findings of fact to support its decision.

¶ 34 The portion of the written order labeled "CONCLUSIONS OF LAW" does not contain a specific statement that the claimant's neck condition was not causally related to the June 3, 2013, accident. We do not, however, find this to be an issue requiring that the decision be overturned. First, the statement regarding causation found in this section of the written decision states: "Based upon the above, the Arbitrator concludes that the Petitioner's left shoulder condition is causally related to his June 3, 2013, work accident and that the Petitioner's other alleged

[1] The reference to an MRI on July 25, 2015 is a typographical error. The record contains documentation of an MRI of the cervical/neck taking place on July 25, 2013.

conditions in his hands, feet and back are not related." While the claimant would have us interpret the omission of "neck" from the list of injuries not causally related to the accident, we find it more likely that the omission was of a clerical nature. We base this conclusion on the specific statements regarding lack of evidence of causation discussed above.

¶ 35 We also note that, in general, headings are merely a drafting convenience and do not import specific meaning to the body of a document. *Michigan Avenue National Bank v. County of Cook*, 191 Ill. 2d 493, 505-506 (2000). Viewing the document in its entirety, the written discussion amply states a conclusion of law that the claimant's condition of ill-being of the neck was not causally related to the industrial accident occurring on June 3, 1013.

¶ 36 The claimant next maintains that the Commission erred in its determination that the claimant's low back condition was not causally related to the June 3, 2013, accident. Whether a causal connection exists between a claimant's employment and his current condition of ill-being is a question of fact for the Commission, and its determination on that issue will not be overturned on appeal unless it is against the manifest weight of the evidence. *Fickas v. Industrial Comm'n*, 308 Ill. App. 3d 1037, 1041 (1999). A factual finding of the Commission is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent from the record. *Efremidis v. Industrial Comm'n*, 308 Ill. App. 3d 414, 422 (1999). Moreover, it is the exclusive purview of the Commission to judge the credibility of witnesses and weigh conflicting medical testimony. *Fickas*, 308 Ill. App. 3d at 1043.

¶ 37 Here, it cannot be said that the Commission erred in finding that the current condition of the claimant's back was not causally related to his employment. While the claimant testified that he felt back pain immediately after the June 3, 2013, accident, which could be sufficient standing alone to establish causation, the Commission gave greater weight to Dr. Bernstein's opinion that the claimant suffered no permanent injury to his neck or back, and that, at most, he suffered

"strains" to his lumbar and cervical spine that were completely resolved by July 23, 2013. The claimant maintains that it was error to require medical opinion testimony to establish causation. We disagree. Here, the Commission did not require medical opinion testimony to establish causation. Rather, it merely noted Dr. Bernstein's opinion as one factor it considered in resolving the question of causation, and we cannot say that the weight it accorded the claimant's testimony and the medical evidence was against the manifest weight of the evidence.

¶ 38 The claimant next maintains that the Commission erred in finding that he had failed to establish entitlement to benefits under a repetitive trauma theory. A claimant seeking benefits under a repetitive trauma theory must meet the same burden of proof as a claimant alleging a single, accidental injury. *Peoria County Bellwood Nursing Home v. Industrial Comm'n,* 115 Ill. 2d 524 (1987). Moreover, even though a repetitive trauma is not traceable to a specific time, place or cause, it is still essential that a claimant establish a specific date on which the injury is deemed to have occurred. *Three "D" Discount Store v. Industrial Comm'n,* 198 Ill. App. 3d 43, 47 (1989) ("An employee seeking benefits for gradual injury due to repetitive trauma must meet the same standard of proof as a petitioner alleging a single, definable accident."). In order to prevail under a repetitive trauma theory, a claimant must establish that his work duties were sufficiently repetitive in nature, occurrence and force so as to cause a gradual breakdown of the claimant's physical condition. *Williams v. Industrial Comm'n,* 244 Ill. App. 3d 204, 211 (1993). Whether a claimant has established his entitlement to benefits under a repetitive trauma theory is a question of fact for the Commission to determine, and its decision will not overturned on appeal unless it is against the manifest weight of the evidence. *Three"D" Discount Store,* 198 Ill App. 3d at 48.

¶ 39 In the instant matter, the claimant maintains that his own testimony as to the repetitive and demanding nature of his job duties and his testimony describing the gradual symptom onset

while working for the employer should be sufficient to establish his entitlement to benefits. While it is correct that a claimant's testimony alone can establish entitlement to benefits, the Commission may consider medical expert opinion testimony to the contrary in reaching a decision as to causation in a repetitive trauma case. *Williams*, 244 Ill. App. 3d at 211. Regarding whether the claimant's own testimony sufficiently established repetitive injury, the Commission adopted the arbitrator's observation that the claimant engaged in "very minimal" work of a repetitive and forceful nature sufficient to cause repetitive trauma injuries. The claimant argues that the Commission disregarded his testimony regarding the repetitive nature of his job duties, and along with the fact that the employer offered no testimony to rebut his testimony, the Commission should have found in his favor. We disagree. The claimant's argument is simply that the Commission did not interpret the evidence in a manner favorable to him when it could have done so. However, the mere fact that the Commission could have found in his favor does not mean that the opposite conclusion was clearly apparent. Thus, we cannot say that the Commission's finding that the claimant failed to establish entitlement to benefits under a repetitive trauma theory was against the manifest weight of the evidence.

¶ 40 The claimant lastly maintains that the Commission erred in finding that his left shoulder injury had stabilized to the point where he was no longer entitled to medical benefits after July 25, 2014. A claimant is temporarily and totally disabled from the time an injury incapacitates him until such time as he is as far recovered or restored as the permanent character of his injury will permit. *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 542 (2007). In determining when the claimant is no longer entitled to continuing benefits, the dispositive inquiry is whether the claimant's condition has stabilized to the extent that he is able to reenter the workforce. *Holocker v. Illinois Workers' Compensation Comm'n*, 2017 Ill App. (3d) 160363WC, ¶40. Whether the claimant has reached MMI, while not dispositive, is still an important factor in

determining additional continuing medical expenses are warranted. Since MMI occurs when the claimant "is as far recovered or restored as the permanent character of his injury will permit" (*Westin Hotel*, 372 Ill. App. 3d at 542), expert medical opinion that further treatment will not improve the character of the claimant's injury is ample support for the Commission's decision to deny an award of future medical expenses. Here Dr. Bare's opinion that the claimant would not benefit from further medical intervention after July 25, 2014, was sufficient to support the Commission's decision to finding regarding medical expenses.

¶ 41 The claimant maintains that the record established that he still experienced significant pain and numbness in his left shoulder, and that he still had work restrictions regarding overhead work and lifting capacity. While these facts were present in the record, they did not contradict the evidence that the claimant's condition had medically stabilized. Moreover, it is clear that the Commission gave greater weight to the evidence that the claimant could perform physically demanding work similar to that which he would be required to perform in his employment. We cannot say that the Commission's determination to terminate medical benefits on July 24, 2014, was against the manifest weight of the evidence.

¶ 42 CONCLUSION

¶ 43 The judgment of the circuit court of Cook County, which confirmed the decision of the Commission, is affirmed. The matter is remanded to the Commission pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980).

¶ 44 Affirm and remand.