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IN THE
APPELLATE COURT OF ILLINOIS
SECOND DISTRICT

Workers' Compensation Commission Division

RED DOOR SPA HOLDINGS, INC.,)	Appeal from the Circuit Court of
)	Du Page County.
Petitioner-Appellant,)	
)	
v.)	No. 17-MR-345
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION and ELAINE SAUER,)	Honorable
)	Paul Fullerton,
Respondents-Appellees.)	Judge, Presiding.

JUSTICE BARBERIS delivered the judgment of the court.
Presiding Justice Holdridge and Justices Hoffman, Hudson, and Harris concurred in the judgment.

ORDER

¶ 1 *Held:* An award of wage-differential benefits was supported by the evidence where the claimant was prevented from pursuing her usual and customary line of employment and suffered an impairment of earnings, despite her return to work following her work-related injury.

¶ 2 The claimant, Elaine Sauer, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2008)) for injuries sustained from a head-on collision with another vehicle on October 2, 2008, while employed by and

working for the respondent, Red Door Spa Holdings, Inc. (Red Door Spa). On appeal, Red Door Spa argues that the Commission erred by awarding the claimant wage-differential benefits. For the following reasons, we affirm.

¶ 3

I. Background

¶ 4 The following evidence was adduced at the arbitration hearings, conducted on May 26, 2015, and July 13, 2015. At the time of the arbitration hearings, the claimant was 53 years old. The claimant held both Illinois and international esthetician licenses and had worked as an esthetician for multiple beauty companies where she had administered facials, provided treatments and performed waxing services.

¶ 5 The claimant began working for Red Door Spa in 2000 as a national spa director. As a national spa director, the claimant typically worked from 8:00 a.m. to 5:00 p.m. and earned an average weekly wage of \$2692.30. The claimant's position required frequent travel to Red Door Spa's 31 store locations where the claimant provided training to new hires and existing employees in the face and body departments; supervised spa directors and 400 employees; oversaw day-to-day operations; and directed sales, services and products. Starting in 2007, the claimant also directed operations in 28 store locations for Mario Tricoci, and trained employees in each of the store's nail departments. The claimant was not required to perform heavy lifting, but she often lifted and moved facial consoles, products and display tables during employee training seminars.

¶ 6 On October 2, 2008, the claimant was traveling between two Red Door Spa store locations when her vehicle was struck head-on by another vehicle. The claimant's body moved forward suddenly upon impact, causing her head to hit the windshield, and her knees and pelvic area to collide with portions of the vehicle's interior. The claimant immediately experienced pain

in her head, neck, low back and knees. Shortly thereafter, the claimant presented to Central DuPage Hospital with complaints of neck and low back pain, a headache and dizziness. The claimant was diagnosed with a whiplash-type injury. Prior to October 2, 2008, the claimant had no neck or low back issues, no prior concussions, no autoimmune diseases, or fibromyalgia-related diagnoses. The claimant missed one day of work after the accident.

¶ 7 The claimant started chiropractic treatment with Dr. Michael Bauer on October 10, 2008. The claimant complained of back pain, fatigue, headaches, neck pain, neck stiffness, tension and blurred vision. The claimant also reported that, due to increased pain, she had difficulty sitting, standing and walking. The record reflects that Dr. Bauer administered electrical stimulations and manipulations; however, the claimant did not experience relief. On December 31, 2008, Dr. Bauer ordered an MRI of the claimant's cervical and lumbar spine.

¶ 8 In February 2009, the claimant presented to Dr. Thomas McNally with complaints of neck, low back, bilateral hip and right knee pain. The claimant also reported tightness in her neck and shoulder blades with pain radiating to her head. She further complained that her right arm ached, and that she experienced numbness in her right shoulder and right hand fingers. Dr. McNally noted that the claimant had complaints of bilateral hip pain that increased with long periods of sitting or standing. She informed Dr. McNally that she had experienced some relief when she took Advil, Tylenol or Aleve. After Dr. McNally diagnosed the claimant with cervical disc and lumbar disc displacement, he administered an epidural injection into her low back and a cortisone shot into her shoulder. Dr. McNally also recommended an evaluation for interventional pain management, physical therapy and an EMG of her bilateral upper extremity. The claimant later underwent an upper extremity nerve conduction study, which appeared normal.

¶ 9 In April 2009, the claimant was diagnosed with thyroid cancer and underwent surgery for that condition in May 2009, which delayed her treatment for the injuries associated with the October 2, 2008, automobile accident. From May 6, 2009, through July 6, 2009, the claimant received alternative medical treatment with acupuncture and warm water pool therapy.

¶ 10 On January 21, 2010, the claimant presented to Dr. McNally for a follow-up visit regarding her bilateral shoulders, left elbow and sciatic pain. Dr. McNally's report referenced the claimant's cervical and lumbar MRI scans from December 2008, which reflected an impression of straightening of the normal cervical lordosis; a small central disc extrusion at C5-C6; a mild diffuse disc bulge at L4-L5; and a very mild congenital narrowing of the lumbar spine canal, resulting in a minimal central canal compromise and mild left neural foraminal narrowing. Dr. McNally recommended a bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection to address pain symptoms. Additionally, Dr. McNally indicated that maximum medical improvement (MMI) for the claimant's condition was indeterminable, and that the claimant would potentially need a series of injections and physical therapy to maintain full-time, full-duty work status.

¶ 11 Approximately one week later, the claimant reported that her lower extremity pain was worse than her low back pain. The claimant's medical records showed a history of low back pain that extended into the left posterolateral lower extremity, left knee, cervical spine and left elbow pain after the October 2, 2008, accident. The claimant indicated that she began experiencing a constant unbearable pain, rated as 8-10/10, in her left hip and right hand that was exacerbated by walking, sitting, driving and performing overhead activities. She also reported that she had trouble sleeping and had experienced decreased activity tolerance.

¶ 12 On February 26, 2010, Dr. Neeraj Jain administered bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections with selective nerve root blocks. The claimant testified that the injections did not provide relief.

¶ 13 In November 2010, Dr. Ankur Chhadia diagnosed the claimant with bicep and hip flexor tendonitis. Shortly thereafter, the claimant presented to Dr. Gouri Chaudhuri, a pain management specialist, with complaints of chronic pain in her neck, upper back, left shoulder, low back, groin, hips, pelvis and right leg. Dr. Chaudhuri diagnosed the claimant with fibromyalgia and, possible, early rheumatoid arthritis. Although Dr. Chaudhuri initially recommended a 50% reduction in the claimant's work hours, he ultimately recommended a 20% reduction following push back from the claimant.

¶ 14 The claimant testified that she worked full-time for Red Door Spa after the automobile accident and only missed work during her cancer treatment. She indicated that Dr. Chaudhuri had originally recommended a 50% reduction in work hours, but she “couldn’t even fathom it. [So Dr. Chaudhuri] wrote a prescription for a 20 percent reduction in work hours.” In late 2010, however, the claimant provided Red Door Spa with a voluntary resignation notice but continued to work for three months until her replacement was hired. Although it was a difficult decision to resign from her “dream job,” the claimant was unable to perform her job responsibilities due to the injuries she sustained in the automobile accident on October 2, 2008. In particular, the claimant testified:

“I think the biggest thing for me right then is the pain that I was going through every day[.] *** [I]t was really frustrating to me to get through the day. Whether we were in a ten-hour meeting, those were obviously very challenging. Occasionally we would

have to go through two days of long meetings and that would be very difficult. And everything else, I mean I just got through it the best way I could.”

The claimant also testified that the required amount of driving was difficult, both physically and psychologically.

¶ 15 On January 12, 2011, Dr. Jay Levin examined the claimant, at Red Door Spa’s request. In a supplemental report, dated February 11, 2011, Dr. Levin opined that the claimant had an underlying autoimmune illness with a secondary myofascial pain syndrome involving her cervical and lumbar areas and left shoulder. Dr. Levin stated that “a patient’s symptoms can flare up and remain so. The specific diagnosis of fibromyalgia is still controversial, but I clearly believe that [she] had some element of auto immune illness prior to the occurrence being discussed, and she had a soft tissue inflammatory reaction post-injury which has persisted and is the cause of her current complaints.” While Dr. Levin indicated that the claimant could continue working full-time, he recommended that the claimant undergo a 21-day program at Marianjoy Rehabilitative Hospital (Marianjoy).

¶ 16 Later in January 2011, the claimant sought treatment for right upper extremity pain and numbness, which Dr. Chhadia indicated was work-related and attributable to degenerative disc disease. Shortly thereafter, the claimant ceased working because she was unable to adequately perform her job duties.

¶ 17 On April 25, 2011, the claimant presented to Dr. Jeffrey Oken, medical director of pain management at Marianjoy, complaining of aching pain in her bilateral shoulder, left arm, bilateral hip, pelvic, neck and buttocks. The claimant reported the onset of complaints following the October 2, 2008, automobile accident. The claimant further reported that she experienced constant daily pain that increased with sitting, driving, walking and sleeping. Dr. Oken’s

physical examination revealed swelling in the claimant's legs, decreased range of motion of the left upper extremity, internal rotation and A-B-reduction, decreased active range of motion in the left lower extremity with A-B-reduction, 15/18 tender points present, tenderness in her left glenohumeral joint, inferior border of her left scapula and biceps, pain down her leg, and tenderness in her left rhomboid trapezius and bilateral iliopsoas muscle. Additionally, a neurological examination revealed that she had decreased sensation in the ulnar nerve distribution of her hands bilaterally, a positive Hoffmann's sign on the left hand, a positive Adson's sign bilaterally, a positive Hawkins test on the right shoulder and a positive Speed's test on the left arm. Dr. Oken noted that the claimant had become isolated, depressed and functionally limited in her normal daily activities since the automobile accident. Dr. Oken diagnosed the claimant with chronic neck, left shoulder, and bilateral hip pain, bilateral iliopsoas tenderness, myofascial pain and fibromyalgia.

¶ 18 The claimant attended a 21-day pain management program with Marianjoy from May 4, 2011, through May 25, 2011. The claimant's treatment goals were established to improve physical function, sleep and anxiety issues regarding her back. Upon discharge, the claimant was recommended to undergo biofeedback, six sessions of outpatient physical therapy and four sessions of outpatient classical psychology. The claimant was to avoid repetitive lifting with a 10-pound restriction.

¶ 19 According to Dr. Oken, the claimant improved significantly throughout the 21-day program. At discharge, the claimant had an increased range of motion in her left shoulder and improvement in abduction and internal rotation. The claimant could sleep seven hours without waking up more than once. The claimant was also able to sit for 60 minutes, stand for 45 minutes, walk 1.5 miles on the treadmill in 30 minutes and lift 10 pounds from floor to waist and

then waist to overhead. Dr. Oken recommended permanent work restrictions, which included a maximum of 20 hours per week and that the claimant alternate from sitting to standing every 30 minutes. Moreover, the claimant was directed to avoid lifting, pushing or pulling more than 10 pounds. Dr. Oken testified that the claimant did not have pain complaints prior to the automobile accident, and she did not have a history of subsequent accidents, injuries or traumas to the affected body areas. As such, Dr. Oken testified that the claimant's restrictions were permanent and connected to the October 2, 2008, accident.

¶ 20 On October 19, 2011, Dr. Mayo-Ford found the claimant at MMI and recommended that she return to work to maintain her functional tolerance and capacity. The claimant was restricted to working only six hours while alternating between sitting and standing every 30 minutes, as tolerated, with no lifting, pushing or pulling more than 10 pounds.

¶ 21 On November 18, 2011, Dr. Chhadia indicated that the claimant's current condition was work-related, and that she was to work light duty and avoid prolonged sitting. Dr. Chhadia recommended an injection to the claimant's left shoulder, an MRI of the cervical spine and physical therapy.

¶ 22 In March 2012, Dr. Megan Parkes, a rehabilitation specialist, referred the claimant for physical therapy. The claimant received physical therapy from May 9, 2012, through August 22, 2012, for myofascial pain and the exacerbation of pelvic floor dysfunction. The claimant's medical records demonstrated that she reported gradual improvement with treatment. In August 2012, the claimant informed Dr. Parkes that she was ready and willing to work part-time. The claimant was issued work release for 20 hours per week.

¶ 23 In December 2012, the claimant informed Dr. Parkes that she was able to tolerate only two to three hours of work at a time. As such, Dr. Parkes issued a work status note indicating that

the claimant could not perform sedentary work for eight hours a day, five days a week because of “myofascial pain [and] SI joint dysfunction with associated pain—flares [secondary to] prolonged activity or sitting of any kind, unable to tolerate working more than 3 hrs at a time.”

¶ 24 On May 10, 2013, the claimant consulted with Dr. Shane Nho regarding her bilateral hip and pelvic pain, which the claimant attributed to the October 2, 2008, automobile accident. After noting an anterior/superior labral tear, Dr. Nho administered an injection into the claimant's right hip and recommended surgery.

¶ 25 On June 7, 2013, Dr. Nho's physical examination of the claimant did not show any change from the prior office visit, although the claimant represented that she had experienced some relief from the previous injection. Once again, Dr. Nho recommended that the claimant undergo surgery. Approximately one month later, the claimant received a trigger point injection to her left hip.

¶ 26 On January 20, 2014, the claimant presented to Dr. Nho with complaints of ongoing bilateral hip pain and minimal buttocks pain. Dr. Nho diagnosed the claimant with labral tears in the bilateral hip and deep gluteal space syndrome. Dr. Nho recommended right hip arthroscopic labral repair, acetabular rim trimming, debridement, synovectomy, femoral osteochondroplasty and capsular placcation, as well as an examination and debridement of the deep gluteal space.

¶ 27 On February 6, 2014, Dr. Alfonso Bello, a rheumatologist at the Illinois Bone & Joint Institute, examined the claimant, at Red Door Spa's request. The claimant reported moderate to severe pain, depression and anxiety. Dr. Bello diagnosed the claimant with fibromyalgia and determined that she was at MMI. Regarding causal connection, Dr. Bello did not believe that the claimant's current condition of fibromyalgia was necessarily related to the October 2, 2008, accident. Although she suffered injuries following the accident, Dr. Bellow was “uncertain as to

whether there is a direct relationship to the motor vehicle *** while various forms of trauma have been associated with triggering fibromyalgia.” Dr. Bello determined that the claimant could work sedentary to light duty and progress to full-time with work conditioning.

¶ 28 On July 31, 2014, Dr. Kenneth Candido, a pain management specialist and chairman of anesthesiology at the Advocate Illinois Masonic Medical Center, examined the claimant, at Red Door Spa’s request. The claimant complained of widespread musculoskeletal pain and significant pain in her low back and hip flexor muscles, which increased with activity. Dr. Candido found that “[t]here are sufficient complaints consistent with a diagnosis of fibromyalgia and sufficient tender point areas for a diagnosis of fibromyalgia to be supported.” With regard to causal connection, MMI and work status, Dr. Candido stated that “it is possible that her accident did transiently stimulate her pain.” Dr. Candido did not believe that sufficient research existed to show that trauma caused fibromyalgia. Similar to Dr. Bello, Dr. Candido opined that the automobile accident did not cause her fibromyalgia. Dr. Candido believed that the claimant could work full-time.

¶ 29 On October 16, 2014, Susan Entenberg (Entenberg) issued a vocational rehabilitation evaluation report, detailing the claimant’s work restrictions, her decreased short and long-term memory capabilities and diminished stamina. Entenberg determined that the claimant had experienced a loss in job security and a reduction in earning power, as she was capable of earning only approximately \$30.00 an hour over a 20-hour work week.

¶ 30 Edward Steffan (Steffen), Red Door Spa’s vocational rehabilitation expert, prepared a vocational assessment report, dated December 5, 2014, asserting that the claimant was “highly placeable and employable in management, training, product development, or marketing positions in the spa or health and beauty aid industry.” Relying on the opinions of Drs. Candido and Bello,

Steffan determined that the claimant “could return to work at her former occupation with no loss of wages or wage earning potential” and “could possibly earn approximately half of her pre-injury wages due to being available for work on a part-time basis.”

¶ 31 The claimant testified that she obtained three short-term consulting contracts: (1) a six-month project with Jurlique that paid \$36,000; (2) a three-month project with Allured Publishing Company that paid \$15,000; and (3) an existing contract, at the time of the arbitration hearing, with Lucas Brand Equities where she had earned \$23,500, and was hopeful for a contract extension. Furthermore, the claimant testified that she worked approximately 10 hours per week for Jurlique; less than two days per week for Allured Publishing Company; and approximately two days a week for Lucas Brand Equities. Regarding her ability to complete contract work, the claimant testified that “my stamina level is much different. The pain affects my energy and my stamina quite a bit.” The claimant indicated that she “worked around [her] situation” by alternating between sitting and standing because the injections she received from Dr. Nho provided little relief from her pain.

¶ 32 The claimant also testified that she used a topical, anti-inflammatory pain cream, performed home exercises and took medications and supplements for her pain. The claimant testified that she suffered from chronic pain in her back and spine, as well as ongoing dizziness and sensory changes in smell and taste. The claimant indicated that she had anxiety, struggled sleeping through the night and had memory issues. On December 3, 2014, Dr. Bauer declared the claimant at MMI for her injuries related to the October 2, 2008, automobile accident.

¶ 33 On April 8, 2016, the arbitrator awarded the claimant \$103,265.45 in medical expenses, and \$912.56 per week in wage-differential benefits, beginning on December 3, 2014, and continuing for the duration of her injury. On February 16, 2017, the Commission affirmed the

award for wage-differential benefits. The Commission believed that the "record shows the injuries Petitioner sustained left her unable to function at a high level executive capacity in her usual and customary line of employment." However, the Commission determined that the arbitrator had miscalculated the award for medical expenses and modified that award to \$71,273.65, less the \$31,991.77 paid and reimbursed.

¶ 34 On August 14, 2017, the circuit court confirmed the Commission's decision. In doing so, the court interpreted section 8(d)(1) of the Act as not precluding the claimant "from receiving *** wage differential benefits simply because she returned to her pre-injury employment for a period of time where substantial medical evidence supports the conclusion that her limitations are directly attributable to the accident." Red Door Spa filed a timely notice of appeal.

¶ 35 II. Analysis

¶ 36 On appeal, Red Door Spa does not dispute the Commission's finding that the claimant sustained a work-related injury on October 2, 2008. Instead, Red Door Spa contends that the Commission's decision to award wage-differential benefits was both erroneous as a matter of law and against the manifest weight of the evidence. Red Door Spa urges this court to review *de novo* the legislature's intent of the meaning "after the accidental injury" in section 305/8(d)(1) of the Act. 720 ILCS 305/8(d)(1) (West 2012). In response, the claimant contends that Red Door Spa's argument for *de novo* review is "beyond disingenuous" where it failed to support its argument with citation to relevant case law, and that the only question before this court is whether the claimant established the elements for an award of wage-differential benefits. We agree.

¶ 37 As the claimant correctly notes, Red Door Spa has waived the issue concerning the standard of review by failing to cite legal authority to support its position. Illinois Supreme Court Rule 341(h)(7) (eff. Jan. 1, 2016) states, in pertinent part:

“(7) Argument, which shall contain the contentions of the appellant and the reasons therefor, with citation of the authorities and the pages of the record relied on. *** Points not argued are waived and shall not be raised in the reply brief, in oral argument, or on petition for rehearing.”

Waiver aside, we also note that the record is devoid of any indication that the Commission interpreted the phrase “after the accidental injury” in section 8(d)(1) of the Act. In fact, the record demonstrates that Red Door Spa failed to present any argument involving the plain and ordinary meaning of the phrase before the Commission. As such, we reject Red Door Spa's assertion that *de novo* review applies.

¶ 38 Instead, we note that the Commission decided only whether the claimant presented sufficient evidence to establish that, by a preponderance of the evidence, she was entitled to a wage-differential award, which is a question of fact. *Durfee v. Industrial Comm’n*, 195 Ill. App. 3d 886, 890 (1990). Because the record demonstrates that the Commission's decision was based upon its consideration of the evidence presented and resolution of the factual disputes, we will not disturb the Commission's factual finding unless it is against the manifest weight of the evidence. *Durfee*, 195 Ill. App. 3d at 890. For a finding to be against the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Morton's of Chicago v. Industrial Comm’n*, 366 Ill. App. 3d 1056, 1061 (2006).

¶ 39 The purpose of a wage-differential award is to compensate an injured worker for his or her reduced earning capacity. *Albrecht v. Industrial Comm’n*, 271 Ill. App. 3d 756, 759 (1995). Entitlement to a wage-differential award requires a claimant to prove: “(1) partial incapacity which prevents him [or her] from pursuing his [or her] ‘usual and customary line of employment,’ and (2) an impairment of earnings.” *Albrecht*, 271 Ill. App. 3d at 759.

¶ 40

A. Usual and Customary Line of Employment

¶ 41 According to Red Door Spa, the fact that the claimant worked for more than two years and four months after the October 2, 2008, automobile accident demonstrates that she was not prevented from pursuing her usual and customary line of employment. Thus, Red Door Spa contends that the Commission's wage-differential award was against the manifest weight of the evidence. We disagree.

¶ 42 We note, initially, that conflicting medical evidence was presented as to the diagnoses, duration and severity of the claimant's medical condition. However, the Commission's function is to decide questions of fact, judge the credibility of witnesses, determine the weight that their testimony is to be given and resolve conflicts in the evidence. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 207 (2003). With that said, a review of the record demonstrates sufficient evidence to support the Commission's finding that the claimant's injuries sustained in the 2008 automobile accident hindered her ability to function in her usual and customary line of employment.

¶ 43 First, the claimant's testimony, which the Commission found credible, established that she eventually had to resign from her "dream job" because the injuries she sustained in the automobile accident affected her to the point where she was incapacitated and unable to perform her job responsibilities. The claimant's typical work day consisted of equal time spent between field and office work, although she frequently traveled to Red Door Spa's 31 store locations. The claimant was responsible for supervising spa directors and 400 employees; overseeing day-to-day operations; and directing sales, services and products. Also, during employee training seminars, the claimant often moved heavy equipment, such as facial consoles, products and display tables. Moreover, the claimant's job required her to attend and participate in long

meetings, sometimes 10 hours or longer, and she frequently traveled by car to and from store locations. Although the claimant acknowledged that Red Door Spa had provided her with a strong support staff and reasonable accommodations, such as frequent breaks and the ability to sit and stand as needed, she suffered from excruciating pain on a daily basis.

¶ 44 Second, ample medical evidence demonstrated that the claimant's injuries necessitated her resignation, even two years and four months after the automobile accident. In fact, it was well-documented that the claimant received ongoing medical treatment for her neck, low back, bilateral hip and right knee pain following the automobile accident, and that she was diagnosed with cervical disc and lumbar disc displacement. In an effort to recover from her injuries, the claimant underwent chiropractic treatment and physical therapy for several years, attempted medical alternatives, such as acupuncture and warm water pool therapy, and received steroid injections. When treatment failed to alleviate the claimant's pain, Dr. Chaudhuri recommended that the claimant reduce her work hours by 50%, although the claimant requested only a 20% reduction in work hours. As such, we find ample evidence to support the Commission's determination that the claimant's incapacity prevented her from pursuing her usual and customary employment.

¶ 45 B. Impairment of Earnings

¶ 46 Red Door Spa next argues that the claimant failed to demonstrate an impairment of her earnings because she voluntarily resigned as national spa director, even though Red Door Spa had provided her with reasonable accommodations to perform her essential functions of "regular talking, hearing, sitting or standing for long periods of time and occasionally bending and stooping." Thus, Red Door Spa contends that, but for her voluntary resignation, the claimant would have earned her same pre-injury wages after the automobile accident. We disagree.

¶ 47 In order to prove an impairment of earnings, a claimant must prove his or her actual earnings for a substantial period before and after the accident, or in the event that a claimant has not returned to work, a claimant must prove what he or she is able to earn wages in some suitable employment. *Gallianetti v. Industrial Comm'n of Illinois*, 315 Ill. App. 3d 721, 730 (2000). Although there is no affirmative duty that the claimant must conduct a job search, that is one way of demonstrating impairment of earnings. *Gallianetti*, 315 Ill. App. 3d at 731.

¶ 48 Here, the Commission found, and neither party disputes, that the claimant's pre-injury salary was \$140,000, with a weekly average wage of \$2692.30. With regard to the claimant's vocational capacity following the October 2, 2008, automobile accident, Entenberg, the claimant's vocational rehabilitation counselor, noted that the claimant had significant difficulties with both short and long-term memory and had decreased stamina throughout the day. According to Entenberg's vocational rehabilitation examination report, the claimant had experienced a loss in job security and a reduction in earning power, where the claimant was able to earn only approximately \$30.00 an hour during a 20-hour work week. In addition, Red Door Spa's vocational rehabilitation expert had acknowledged that the claimant "could possibly earn approximately half of her pre-injury wages due to being available for work on a part-time basis."

¶ 49 Furthermore, the record demonstrates that the claimant searched for work following her resignation and obtained three short-term consulting contracts: (1) a six-month project with Jurlique that paid \$36,000, working approximately 10 hours per week; (2) a three-month project with Allured Publishing Company that paid \$15,000, working less than two days per week; and (3) an existing contract, at the time of the arbitration hearing, with Lucas Brand Equities where she had earned \$23,500, and was hopeful for a contract extension, working two days a week. As such, the Commission could have reasonably relied on the vocational rehabilitation reports and

the claimant's testimony regarding her subsequent work efforts in determining that the claimant had suffered an impairment of her earnings.

¶ 50 Based on our review of the record, we find ample evidence to support the Commission's finding that the claimant suffered an incapacity that prevented her from both pursuing her usual and customary line of employment and impaired her earning capacity. Thus, the Commission's decision that the claimant was entitled to a wage-differential award was not against the manifest weight of the evidence.

¶ 51 **III. Conclusion**

¶ 52 We affirm the decision of the circuit court of Du Page County which confirmed the Commission's decision to award the claimant wage-differential benefits.

¶ 53 Affirmed.