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2014 IL App (1st) 130809WC-U

Order filed: December 5, 2014

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IN THE  
APPELLATE COURT OF ILLINOIS  
FIRST DISTRICT  
WORKERS' COMPENSATION DIVISION

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FORD MOTOR COMPANY,	)	Appeal from the Circuit Court
	)	of Cook County, Illinois.
	)	
Plaintiff-Appellee,	)	
	)	
v.	)	Appeal No. 1-13-0809WC
	)	Circuit No. 12-L-050381
ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION, <i>et al.</i> , (Danny Djordjevich,	)	Honorable
Defendant-Appellant).	)	Margaret A. Brennan,
	)	Judge, Presiding.

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

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¶ 1 *Held:* The Commission's award of reasonable and necessary medical expenses and TTD benefits after a second section 19(b) hearing was not erroneous as a matter of law or against the manifest weight of the evidence.

¶ 2 INTRODUCTION

¶ 3 The claimant, Danny Djordjevich, filed an application for adjustment of claim under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2004)) alleging injuries to "both hands and body" due to repetitive work and alleging a date of injury of September 20, 2006. A Section 19(b) hearing was held on January 30, 2009, before Arbitrator Milton Black.

820 ILCS 305/19(b) (West 2004). At issue in the hearing was whether: (1) the claimant's current condition of ill-being was causally related to an accidental industrial accident; (2) medical services provided to the claimant up to the date of the hearing were reasonable and necessary; and (3) the employer should authorize carpal tunnel surgery. In a decision issued on April 13, 2009, the arbitrator found that the claimant suffered accidental injuries arising out of and in the course of his employment on September 20, 2006, awarded reasonable medical expenses in the amount of \$5,159, and ordered the employer to authorize and pay for bilateral carpal tunnel surgery.

¶ 4 The employer sought review before the Illinois Workers' Compensation Commission (Commission), which, with one dissent, issued a decision which corrected, modified, and otherwise adopted the arbitrator's decision. The Commission corrected the arbitrator's decision by replacing one paragraph of the arbitrator's factual findings regarding a particular appointment with his treating physician. The Commission modified the arbitrator's decision by vacating the award for prospective right carpal tunnel surgery. The Commission noted that the claimant's treating physician did not address the need for right carpal tunnel surgery in his report. The Commission otherwise affirmed and adopted the arbitrator's award of past medical expenses and ordered that the employer pay for left carpal tunnel surgery. The Commission ordered the matter to be remanded to the arbitrator, after the expiration of the time period for filing a petition to the circuit court, for "further proceedings consistent with this decision." No action was filed in the circuit court.

¶ 5 On March 29, 2011, a section 19(b) hearing was held before Arbitrator Black. On July 18, 2011, the arbitrator issued a decision finding that the claimant's current conditions of ill-being involving bilateral carpal tunnel syndrome and cervical spine injuries were causally related

to the claimant's employment on September 20, 2006. The arbitrator awarded temporary total disability (TTD) benefits for 36 6/7 weeks (July 15, 2010, to March 29, 2011) and reasonable and necessary medical expenses totaling \$6409.87. The arbitrator also ordered the employer to pay authorize and pay for right hand carpal tunnel surgery and cervical spine physical therapy, both having been recommended by the claimant's treating physicians. The arbitrator also found that "the issues of causation for [claimant's] bilateral carpal tunnel symptoms and cervical spine symptoms had been litigated, decided, and settled for all subsequent stages of this case" by the "unreversed Commission decision that on September 20, 2006, [claimant] sustained injuries that arose out of and in the course of his employment with [employer] \*\*\*."

¶ 6 The employer sought review before the Commission, which unanimously affirmed and adopted the arbitrator's decision.

¶ 7 The employer then sought judicial review of the Commission's decision in the circuit court of Cook County, which reversed the decision of the Commission. The circuit court held that the Commission erred by failing to follow the law of the case doctrine when it permitted the issues of the claimant's right carpal tunnel and cervical spine/neck injury to be re-litigated at the second section 19(b) hearing. The court interpreted the first Commission decision to contain a finding of no causal connection between the right carpal tunnel and cervical spine/neck injuries and the claimant's accidental injury on September 20, 2006. The claimant then filed a timely appeal with this court.

¶ 8 On appeal, the claimant maintains that the Commission's findings that he was entitled to reasonable and necessary medical expenses relating to treatment for injuries to his neck and right hand and TTD benefits after the second section 19(b) hearing should not have been reversed by

the circuit court. He seeks reinstatement of the Commission's award and remand for further proceedings consistent therewith.

¶ 9

#### FACTS

¶ 10 The first section 19(b) hearing was held on January 30, 2009.

¶ 11 The claimant testified that he began working for Ford on or about January 20, 1999. On September 20, 2006, the claimant was working as a rear fascia installer. His job duties included attaching fascia to rear bumpers of vehicles passing his station on an assembly line. The vehicles arrived at the claimant's station at the rate of approximately 70 vehicles per hour. The claimant testified that he would install two air extractors on to the rear of the vehicle by first snapping in the top of the extractor and then the bottom. To install the top of the extractor he used his thumbs to push the extractor into place as he pushed his hands in a forward motion. He then installed the bottom of the extractors by flexing his wrists backwards while his forearms were facing upwards, using both hands to push the pieces into place. Once the two air extractors were installed, he and a co-worker would then lift the rear bumper fascia off a hanger and slide it in place on the rear of the vehicle. Once the bumper fascia was in place, the claimant then used a pneumatic socket wrench to install three bolts and one grade screw to secure the fascia to the bumper. The claimant also testified that, in order to install the bolts, he had to bend his neck over the trunk to see that he was properly installing the bolts. In order to operate the socket wrench claimant flexed his right wrist in a downward and inward motion. He averaged 1,680 bolt installations per day. The claimant demonstrated this process at the arbitration hearing.

¶ 12 The claimant testified that, on September 20, 2006, he was performing his usual duties on the rear bumper assembly line, but he was not working with his usual coworker. The claimant

testified that at one point while carrying the fascia assembly the coworker was not in sync with his movements and pulled the fascia too much to one side causing the claimant to twist his upper body in an unusual manner. The claimant testified that he immediately felt a sharp pain shoot through both his hands and down his arms into much of his body. The claimant reported this incident to the employer.

¶ 13 Ford's medical records for that particular date show that the claimant reported pain in several different parts of his body, including both wrists. The records indicate the claimant was assessed with sprains and strains of both wrists and sprain and strain of the left hip. The records do not indicate any complaints of neck pain.

¶ 14 The claimant testified that he continued to work on the rear fascia bumper assembly line after the September 20, 2006, incident. He testified that he continued to have pain in both his hands and arms which he described as tingling and throbbing. He further testified that he continued to have a sore neck. The claimant did not initially seek additional medical care because he had been told by the physician at Ford that it was just a sprain.

¶ 15 On February 1, 2007, the claimant left his employment at Ford in accordance with a buyout agreement.

¶ 16 On March 27, 2007, the claimant began working at L&B Steel as a machinist. The claimant had no experience as a machinist, so his first six weeks of employment were spent in training which included a week of job shadowing and four weeks of classroom activities. During the first week of actual work as a machinist, the new employer removed the claimant from the job when it became apparent that he was not physically able to perform the work. The claimant testified that he was unable to manually tighten parts on the machine. The claimant continued employment at L&B Steel, but his duties consisted mainly of light janitorial duties.

¶ 17 The claimant testified that, On June 7, 2007, he sought treatment from his primary care physician, Dr. Shashikant Rane, because he wanted to ask him about his hands and why they were tingling and hurting. Dr. Rane did not provide an answer at that time. Rather, he ordered certain diagnostic tests to be performed. The claimant further testified that he believed Dr. Rane suggested that the claimant might have carpal tunnel syndrome. The record also established that the claimant had treated with Dr. Rane on three prior occasions (January 17, 2007, February 23, 2007; and May 22, 2007) for other issues and did not report any wrist or neck pain at that time.

¶ 18 On June 27, 2007, at the suggestion of Dr. Rane, an EMG diagnostic test was performed, from which Dr. Rane confirmed his diagnosis of bilateral carpal tunnel syndrome. At this time, Dr. Rane also diagnosed bilateral C6 radiculitis.

¶ 19 On July 18, 2007, a cervical MRI was performed at the request of Dr. Rane. Dr. Rane interpreted the results to show a broad based protrusion/extrusion at C5-C6 impinging on the left C6 nerve and producing left foraminal stenosis. The claimant testified that Dr. Rane referred him to Dr. Kirnjot Singh at the Omni Spine Institute.

¶ 20 On September 5, 2007, the claimant was examined by Dr. Singh. The claimant gave a history of numbness in the hands since 2002. Dr. Singh ultimately diagnosed bilateral carpal tunnel syndrome and disc herniation at C5-C6. Dr. Singh referred the claimant to Dr. Gene Fedor, an orthopedic surgeon. The claimant testified that he was unable to treat with Dr. Fedor, as he lacked an authorization from Ford.

¶ 21 On September 12, 2008, the claimant sought treatment at PainNet Medical Group from Dr. Ellis Nam, a board certified orthopedic surgeon. Dr. Nam diagnosed bilateral carpal tunnel syndrome and cervical radiculopathy. Dr. Nam ordered a new EMG, which was performed on September 23, 2008. Dr. Bassam Osman, a neurologist in Dr. Nam's practice group, read the

EMG and reported mild bilateral carpal tunnel syndrome and mild left C5-C6-C7 radiculopathy.

The claimant had a follow up appointment with Dr. Nam on September 26, 2008. Dr. Nam noted that surgical intervention was not currently necessary for the claimant's cervical issues, but the claimant was currently a candidate for carpal tunnel release surgery to the left hand.

¶ 22 On November 20, 2008, the claimant was examined at the request of Ford by Dr. Bryan Neal, a board certified orthopedic surgeon associated with Arlington Orthopedic and Hand Surgery Specialists. The claimant testified that he gave Dr. Neal a detailed job history of his work at Ford as well as demonstrating for Dr. Neal the activities on the rear bumper assembly line. The claimant also described his current job duties at L&B Steel.

¶ 23 Dr. Neal diagnosed right carpal tunnel syndrome, left carpal tunnel syndrome, cervical spondylosis, herniated cervical disc disease, left-sided cervical radiculopathy, and left upper extremity double crush syndrome. Dr. Neal opined that the bilateral carpal tunnel syndrome was not causally related to any event or onset on September 20, 2006. He recommended carpal tunnel injection or open release surgery. He further opined that the claimant had not reached maximum medical improvement (MMI) since further medical treatment was necessary.

¶ 24 On November 7, 2008, the claimant again met with Dr. Nam to discuss further treatment. Dr. Nam's treatment records from that date confirm that the claimant described his work on the assembly line at Ford. The claimant testified that he gave a detailed job description of his work at Ford and included a demonstration of that work. He also gave Dr. Nam a description of his work at L&B Steel.

¶ 25 Dr. Nan's notes from the November 7, 2008, appointment stated:

"[Claimant] states that he was working on an assembly line that involved multiple, repetitive motions of his bilateral wrists when he developed a neck pain as well as bilateral hand numbness approximately 1 ½ years ago. I did discuss with [him] that his physical examination and clinical history does correlate with his work activities being a significant cause of his current symptoms of bilateral carpal tunnel syndrome with his left worse than his right, as well as a cervical radiculopathy. Thus I do feel that his need for surgical intervention involving his left carpal tunnel release is directly related to his prior work on the assembly line.

[Claimant] still has these significant symptoms and numbness in his left hand. He would like to proceed. Once again, we went over the risks and benefits of surgery. His physical examination is unchanged. He feels it is worse. We will thus plan on proceeding with a left carpal tunnel release. After he is cleared he will contact me, or if he has any other problems or concerns."

¶ 26 The second section 19(b) hearing was held on March 29, 2011.

¶ 27 The claimant testified that he continued to follow up with treatment from Dr. Nam until Dr. Nam left PainNet. After Dr. Nam left, the claimant came under the treatment of Dr. Ingas Labanauskas, a board certified orthopedic surgeon. Dr. Labanauskas first examined the claimant on April 22, 2009. Dr. Labanauskas's treatment notes from that consultation indicated that the claimant had worked on an assembly line for eight years. He also noted that currently the left wrist was more painful than the right wrist and that the claimant expressed a desire to undergo release surgery on the left wrist. Dr. Labanauskas informed the claimant that if the left wrist

surgery was successful in reducing the pain, surgery on the right wrist could be accomplished after the left had healed. Dr. Labauskas also noted his concern with the claimant's "significant cervical radiculopathy" and referred the claimant to his colleague at PainNet, Dr. Kevin Jackson, a board certified neurosurgeon.

¶ 28 On April 24, 2009, the claimant first treated with Dr. Jackson who immediately ordered a new cervical spine MRI, which was performed on May 2, 2009. Dr. Jackson reviewed the MRI results on May 8, 2009, and noted a disc protrusion at C6-C7 that he opined explained the claimant's neck pain. Dr. Jackson also noted a protrusion at C5-C6 that he opined also contributed to the claimant's neck pain. Dr. Jackson noted that the claimant would be a likely candidate for a cervical discectomy and fusion.

¶ 29 On June 9, 2010, the claimant was examined again by Dr. Labauskas at PainNet, which had undergone a name change to Prime Care Medical Center. Dr. Labauskas recommended a new EMG/NCV test to track the progress of the claimant's carpal tunnel syndrome. The tests, which were performed on July 22, 2010, showed continuing mild bilateral carpal tunnel syndrome, as well as mild left C5-C6-C7 radiculopathy.

¶ 30 On June 30, 2010, the claimant was seen again by Dr. Labauskas, who recommended left carpal tunnel release surgery. The procedure was scheduled for July 22, 2010. Dr. Labauskas released the claimant to work July 1, 2010, to July 14, 2010, and to be off from work July 15, 2010, to July 28, 2010.

¶ 31 On July 22, 2010, Dr. Labauskas performed left carpal tunnel release surgery. Dr. Labauskas restricted the claimant from all work post-operatively until November 9, 2010. On September 1, 2010, Dr. Labauskas noted that the claimant no longer the degree of pain and numbness that had persisted prior to the surgery. He further reported that the claimant wished to

have release surgery on his right wrist, but he would need to get authorization to proceed. On September 29, 2010, Dr. Labanauskas noted that the claimant was unable to perform work until after the right release surgery was performed.

¶ 32 On October 29, 2010, Dr. Jackson noted that the claimant was a candidate for anterior cervical discectomy and fusion, and that the surgery could be scheduled if the claimant received authorization for Ford. Dr. Jackson also noted medically intractable neck pain resulting from work injuries.

¶ 33 On November 9, 2010, Dr. Labanauskas noted claimant still reported right wrist/hand and neck pain. He discharged the claimant "as far as the left hand is concerned." He further reported that the claimant should avoid repetitive heavy labor for at least two months.

¶ 34 On November 12, 2010, Dr. Jackson reviewed the claimant's treatment records and continued to recommend cervical surgery. Dr. Jackson placed the claimant on a no-work restriction pending authorization of the cervical surgery.

¶ 35 On November 4, 2010, the claimant was again examined at the request of Ford by Dr. Neal. Dr. Neal diagnosed right carpal tunnel syndrome, resolved left carpal tunnel syndrome following left carpal tunnel release surgery, cervical spondylosis and herniated cervical disc disease. Dr. Neal opined that the claimant's right carpal tunnel syndrome was "not secondary to any event of September 20, 2006."

¶ 36 On January 24, 2011, the claimant was examined at the request of Ford by Dr. Quinn Regan, a board certified orthopedic surgeon with the Illinois Bone and Joint Institute. Dr. Regan prepared a written report in which he disagreed with Dr. Jackson's recommendation that the claimant undergo cervical spinal surgery. Dr. Regan recommended physical therapy, an exercise program, pain management and/or cervical epidural shots. Dr. Regan suggested a functional

capacity evaluation (FCE) to be performed three months after right carpal tunnel release surgery. Dr. Regan also noted that he lacked sufficient information to determine whether the claimant's cervical neck pain was related to his employment at Ford without reviewing medical records from 2006. After receiving additional medical documentation, Dr. Regan prepared an addendum in which he reiterated his opinion that cervical spine/neck surgery was not warranted and that he was unable to opine as to the causation of the neck pain.

¶ 37 On March 17, 2011, the claimant was again examined by Dr. Jackson, who continued to maintain that the claimant would benefit from cervical spine surgery. Dr. Jackson noted his disagreement with Dr. Regan on this issue, however, he agreed to try physical therapy prior to surgery. As of the date of the hearing, March 29, 2011, Ford had not authorized the physical therapy.

¶ 38 The arbitrator found that the issue of causation as it related to both the claimant's right carpal tunnel syndrome and cervical spine/neck injury had already been determined by the Commission in its April 22, 2010, decision. Specifically, the arbitrator observed that it was:

"the unreversed Commission decision that on September 20, 2006, [claimant] sustained injuries arising out of and in the course of employment with [Ford] and that [claimant's] present condition of ill-being [on the Commission decision date] was causally related to the injury of September 20, 2006. The prior trial testimonial evidence and documentary evidence referred to bilateral carpal tunnel symptoms and cervical spine symptoms. The issue of causation for [the claimant's] bilateral carpal tunnel symptoms and cervical spine symptoms has been litigated, decided, and settled for all subsequent stages of this case.

Therefore, it is the law of the case that [the claimant's] condition of ill-being is causally related to the accident of September 20, 2006."

¶ 39 The arbitrator awarded prospective medical treatment for the claimant's right carpal tunnel symptoms as recommended by Dr. Labanauskas. The arbitrator rejected Ford's argument that the Commission had previously found no causal connection between the claimant's right carpal tunnel symptoms and the accident on September 20, 2006, when it found that Dr. Nam's opinion did not support an award of prospective medical treatment regarding the claimant's right wrist/arm. Specifically, the arbitrator noted:

"It [was] the Commission['s] [ruling] that Dr. Nam did not address the *necessity* of right carpal tunnel surgery in his report. That *necessity* has now explicitly been addressed by Dr. Labanauskas and Dr. Neal. They both agree that [the claimant] is a surgical candidate for right hand carpal tunnel release. Furthermore, Dr. Labanauskas has successfully surgically relieved the left hand symptoms, while the un-operated right hand remains symptomatic." [Emphasis in original.]

¶ 40 The arbitrator also ordered Ford to pay for cervical spine physical therapy as recommended by Dr. Regan and agreed to by Dr. Jackson. Again, the arbitrator stated his finding that the previous decision of the Commission conclusively determined that the claimant's condition of ill-being as it related to his cervical spine and neck was causally related to the industrial accident of September 20, 2006. He found that physical therapy was warranted based upon the opinions of Drs. Regan and Jackson, noting Dr. Regan's opinion that an FCE should be conducted three months after the right carpal tunnel release surgery would suggest a similar time frame for physical therapy.

¶ 41 The arbitrator observed that TTD benefits had not been at issue in the first hearing, but were at issue in the second hearing. He noted that the claimant was taken off work by Dr. Labanauskas on July 15, 2010, and had not been released to return to work at the time of the second hearing. The arbitrator awarded TTD benefits to cover that period.

¶ 42 The employer sought review before the Commission, which affirmed and adopted the arbitrator's award. The employer then sought judicial review of the Commission's decision in the circuit court of Cook County, which reversed the Commission's decision. The court ruled that the law of the case doctrine applied, but the court applied the doctrine in such a manner as to preclude the claimant from presenting any evidence regarding his right carpal tunnel syndrome and his cervical spine/neck pain. The court held that the Commission had misapplied the doctrine of law of the case. According to the court, the Commission, in its April 22, 2010, decision found that the claimant had failed to establish causal connection between his industrial accident on September 20, 2006, and his right carpal tunnel symptoms as well as his cervical spine/neck pain. The court held that the only issues to be addressed by the arbitrator on remand were temporary and permanent disability benefits and medical expenses for the claimant's left carpal tunnel syndrome. The claimant then filed a timely appeal to this court.

¶ 43

#### ANALYSIS

¶ 44

##### 1. Law of the Case Doctrine

¶ 45 At issue is whether the Commission's award of benefits for the claimant's right carpal tunnel symptoms and cervical spine/neck symptoms was erroneous under the law of the case doctrine. The Commission adopted the arbitrator's interpretation that the law of the case doctrine mandated a finding that the claimant's right carpal tunnel symptoms and cervical spine/neck symptoms were causally connected to his industrial accident on September 20, 2006. The circuit

court held that the Commission was precluded under the law of the case doctrine from awarding benefits for those injuries. Simply put, we must decide whether the Commission's award is proper under the law of the case doctrine.

¶ 46 The doctrine of the law of the case provides that once an issue is litigated and decided, that ends the matter and the unreversed decision on a question of law or fact made during the course of litigation settles that question for all subsequent stages of the suit. *Irizarry v. Industrial Comm'n*, 337 Ill. App. 3d 598, 606 (2003). The principles of the law of the case doctrine are applicable to matters resolved in proceedings before the Commission. *Ming AutoBody/Ming of Decatur, Inc. v. Industrial Comm'n*, 387 Ill. App. 3d 244, 252 (2008).

¶ 47 Generally, we review the application of the law of the case doctrine using the *de novo* standard of review. *In re Christopher K.*, 217 Ill. 2d 348, 363-64 (2005). However, in the instant matter, the correct application of the doctrine depends upon the resolution of key factual determinations, namely whether the causal relationship between the claimant's industrial accident and the condition of ill-being as to his right carpal tunnel symptoms and cervical spine/neck was actually litigated and decided by the Commission in the 2009 hearing. More specifically, it is not the application of the law of the case doctrine that is at issue here, but whether the Commission properly applied that doctrine to its factual findings. In other words, the Commission's factual findings as to causation are undeniably preclusive under the law of the case doctrine. The question before this court, however, is what factual determinations were made by the Commission regarding causation of those conditions of ill-being. We must determine from the record whether the Commission held that causation had been established or not. The claimant maintains that in its 2010 decision the Commission found that a causal connection existed between the industrial accident of September 20, 2006, and his condition of

ill-being as it related to his right carpal tunnel symptoms and his cervical spine/neck symptoms. The employer maintains that the Commission decision found that the claimant had failed to establish the need for prospective or future medical treatment for those injuries. In other words, both parties read the same decision of the Commission as reaching completely opposite *factual* conclusions. We review the Commission's factual findings as to causation, the weight it assigns to medical evidence, and inferences to be drawn from that evidence using the manifest weight of the evidence standard of review. *Keller v. Industrial Comm'n*, 125 Ill. App. 3d 486, 487 (1984). Questions of the causal relationship of medical care to a work related injury are questions of fact to be resolved by the Commission. *Ingalls Memorial Hospital v. Industrial Comm'n*, 241 Ill. App. 3d 710, 717 (1993). Under these circumstances, we will uphold the Commission's decision on appeal unless it is against the manifest weight of the evidence, *i.e.*, unless the opposite conclusion is clearly apparent. *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill.App.3d 288, 291, 591 N.E.2d 894 (1992)

¶ 48 The Commission adopted the arbitrator's finding that the issue of causation of the claimant's right carpal tunnel and cervical spine/neck symptoms had been determined in the Commission's first decision. The arbitrator noted that, in vacating the award of prospective surgery for the right carpal tunnel symptoms, the Commission noted that Dr. Nam's opinion did not address the *necessity* of the surgical procedure. Thus, the arbitrator noted, it was not the causal connection that was being addressed by the Commission in vacating the award but merely whether surgery was medically necessary at that time of the first 19(b) hearing. Support for this factual conclusion is found in Dr. Nam's notes from November 7, 2008, which was presented in evidence in the first hearing. In those notes, Dr. Nam clearly opined as to causation: "his physical examination and clinical history does correlate with his work activities being a

significant cause of his current symptoms of bilateral carpal tunnel syndrome with his left worse than his right, as well as a cervical radiculopathy." Moreover, there is nothing in the record from the first hearing which would support a finding that the left carpal tunnel symptoms alone were causally related to the claimant's September 20, 2006, accident. Given the record from the first hearing, the Commission's finding that a causal connection existed between all the claimant's alleged conditions of ill-being and the 2006 accident was not against the manifest weight of the evidence.

¶ 49 Having determined that the Commission made a causation determination regarding the right carpal tunnel and cervical spine/neck symptoms in the first hearing, we are able, as a matter of law, to find that the Commission's application of the law of the case doctrine in the second hearing was correct. We find that the Commission did not err in finding that the law of the case doctrine established that the claimant's conditions of ill-being relating to his right carpal tunnel and cervical spine/neck symptoms were causally related to the 2006 accident.

¶ 50 2. Additional Evidence of Medical Necessity

¶ 51 We next address the issue of whether the claimant was barred from presenting additional evidence regarding medical expenses and TTD benefits. Since the Commission previously determined that the claimant's bilateral carpal tunnel and cervical spine/neck symptoms were causally related to his employment, the claimant was entitled to seek additional benefits related to those conditions in the subsequent hearing. Section 8(a) of the Act (820 ILCS 305/8(a) (West 2004)) provides that an employer shall provide and pay for all necessary medical treatment reasonably required to cure or relieve the effects of an accidental injury. Medical care under section 8(a) of the Act is continuous so long as such care is required to relieve the effects of the injury. *Freeman United Coal Mining v. Industrial Comm'n*, 81 Ill. 2d 335 (1980). There are no

time limits on the right to receive medical care under section 8(a) of the Act. *Efengee Electrical Supply Co. v. Industrial Comm'n*, 86 Ill. 2d 450, 452-53 (1967).

¶ 52 Here, the claimant was able to present additional evidence of the need for further medical treatment, and the Commission's decision to allow the evidence was not against the manifest weight of the evidence.

¶ 53 Likewise, the Commission's award of TTD benefits was not against the manifest weight of the evidence. The awarding of TTD benefits is a question of fact and the Commission's award of those benefits will not be overturned on appeal unless it is against the manifest weight of the evidence. *Ingalls Memorial Hospital*, 241 Ill. App. 3d at 716. Here, the record established that the issue of TTD was not addressed in the first hearing. However, it is well-settled that TTD benefits can be addressed in subsequent hearings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980). Here, the Commission noted that the claimant was restricted from working by Dr. Labanauskas on July 15, 2010, and had not been released to return to work at the time of the second hearing. Given this evidence, it was not against the manifest weight of the evidence for the Commission to award TTD benefits for that period.

¶ 54 CONCLUSION

¶ 55 The judgment of the circuit court of Cook County is reversed. The decision of the Commission is reinstated and the matter is remanded to the Commission for further proceedings.

¶ 56 Circuit Court reversed; Commission decision reinstated; cause remanded to the Commission.