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2014 IL App (2d) 130471WC-U

Order filed November 13, 2014

IN THE
APPELLATE COURT OF ILLINOIS
SECOND DISTRICT
WORKERS' COMPENSATION COMMISSION DIVISION

FAHRIJA DULAN,)	Appeal from the Circuit Court
)	of the Eighteenth Judicial Circuit,
)	DuPage County, Illinois
Appellant,)	
)	
v.)	Appeal No. 2-13-0471WC
)	Circuit No. 12-MR-1185
)	
ILLINOIS WORKERS' COMPENSATION)	Honorable
COMMISSION, <i>et al.</i> , (Holiday Inn,)	Terence M. Sheen,
Appellant).)	Judge, Presiding.

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

ORDER

¶ 1 *Held:* (1) The Commission's finding that the claimant failed to prove that her current condition of ill-being is causally connected to a work-related accident was not against the manifest weight of the evidence; (2) the Commission's finding that the claimant failed to prove that she was temporarily totally disabled after the employer's independent medical examiner found that she had reached maximum medical improvement was not against the manifest weight of the evidence; and (3) the Commission's finding that the claimant failed to prove that she was entitled to reimbursement for medical expenses incurred after that date was not against the manifest weight of the evidence.

¶ 2 The claimant, Fahrija Dulan, filed an application for adjustment of claim under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2008)), seeking benefits for injuries she allegedly sustained on April 25, 2009, while she was working for Holiday Inn (employer). After conducting a hearing, an arbitrator found that the claimant had suffered "contusions" during a work-related accident and awarded 33 weeks of temporary total disability (TTD) benefits. However, the arbitrator found that the claimant had failed to prove a causal relationship between a work-related accident and her current condition of ill-being. The arbitrator found that the claimant reached MMI on December 14, 2009, and denied the claimant's claim for TTD benefits accruing after that date. The arbitrator also denied the claimant's claim for medical expenses.

¶ 3 The claimant appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (Commission). In a unanimous decision, the Commission modified the arbitrator's decision by: (1) awarding the claimant medical expenses incurred before December 14, 2009 (the date the arbitrator found the claimant had reached MMI); and (2) including additional findings supporting the arbitrator's causation finding. The Commission affirmed and adopted the arbitrator's decision in all other respects.

¶ 4 The claimant then sought judicial review of the Commission's decision in the circuit court of DuPage County, which affirmed the Commission's ruling. This appeal followed.

¶ 5 **FACTS**

¶ 6 The claimant worked for the employer as a housekeeper. She was expected to clean seventeen hotel rooms in an eight-hour shift. This schedule required her to work rapidly. On April 25, 2009, the claimant was making a bed in a hotel room when her feet became tangled in

bed linens on the floor, causing her to fall between the bed and the wall of a guest room. She fell on her left side and immediately felt pain extending through her whole left side, including her hip, back, and knee. Her knee began to swell immediately and she began to experience nausea and vomiting. She reported the incident to her supervisor, Cecelia, who sent her to Edward Hospital's emergency room.

¶ 7 At the hospital, the claimant gave a history of falling at work and striking her left knee, left hip, and lower back. The hospital took x-rays of the claimant's back and left leg and ran other tests. The claimant was diagnosed with contusions to her left knee and hip and back pain. She was released and advised to follow up at Edward Corporate Health during the next two to three days.

¶ 8 Thereafter, the claimant treated at Edward Corporate Health on several occasions complaining of continued pain in her left side. On April 28, 2009, she had a repeat x-ray of the left knee and was diagnosed with lumbar and left knee strains. On May 1, 2009, the claimant underwent an x-ray of her left hip and lumbar spine which showed mild arthritis. Due to the claimant's continued complaints, MRIs of the claimant's left hip and lumbar spine were ordered five days later. The MRI of the left hip showed no acute process and no significant degenerative changes. The MRI of the lumbar spine showed some postural and degenerative changes and an annular bulge at L4-5 and L5-S1, most pronounced at L4-5. However, because of the claimant's continued complaints of pain, she was referred to M&M Orthopedics for an orthopedic evaluation.

¶ 9 Dr. Andrew Kim, a physician at M&M Orthopedics, initially evaluated the claimant on May 20, 2009. Dr. Kim reviewed the MRIs and x-rays taken at Edward Corporate Health. He noted that the MRI of the claimant's hip was "essentially negative" and that the x-rays of the

claimant's knee showed "no signs of any significant arthritis or any acute problem." He also noted that the x-ray of the claimant's hip was "negative" and that the x-ray of her lumbar spine "did not show any acute process." He concluded that the claimant's x-rays were "relatively benign-looking" overall. Upon examining the claimant, Dr. Kim "did not see anything significant" in the claimant's back, left hip or left knee, and he noted that the claimant had general pain that appeared out of the ordinary for the type of fall she sustained. Initially, Dr. Kim did not think that an MRI of the claimant's lumbar spine and knee was necessary at that time, and he prescribed Vicodin and a course of physical therapy.

¶ 10 After completing physical therapy, the claimant returned to Dr. Kim on June 12, 2009. At that time, Dr. Kim noted that the claimant continued to experience pain in her back, hip, left knee, and left foot, and a tingling sensation in her left leg. He noted that the claimant had previously had an MRI of her lumbar spine which showed some mild degeneration but "no findings consistent with any fracture or disc herniation" and "[n]othing to explain her left leg tingling sensation." The doctor also reviewed an MRI of her hip which was also negative. He ordered an MRI of the claimant's left knee, which was performed on June 23, 2009. That MRI showed mucinous degeneration of the posterior horn of the medial meniscus with no evidence of a tear. It also revealed trace joint effusion (commonly known as "water on the knee") and a "Baker's cyst" (a fluid-filled cyst that causes a bulge and a feeling of tightness behind the knee).

¶ 11 During a follow-up appointment on July 1, 2009, Dr. Kim noted that the physical therapy report stated that there "really has been no improvement or change in [the claimant's] level of pain." He noted that "[i]t is a very difficult situation because [the] MRI[s] of the back, the hip and the knee really do not suggest anything acute or significant, yet the pain is really, really out of proportion." Dr. Kim ordered a trial cortisone injection in the left knee. When he reevaluated

the claimant on July 9, 2009, she reported that, although the injection had provided some relief, she continued to experience pain in her knee, back, hip, and left leg running down to her left foot. Dr. Kim noted that the MRIs previously performed did not show any surgical or significant mechanical pathology. He referred the claimant to Drs. Dalip Pelinkovich and Ellen Voronov at M&M Orthopedics for further evaluation and treatment.

¶ 12 Dr. Pelinkovic initially examined the claimant on July 20, 2009. The doctor opined that the claimant had low back pain and left lower extremity radiculopathy and ordered an EMG/NCV to confirm radiculopathy. Two days later, the claimant saw Dr. Voronov for pain management. Dr. Voronov also recommended a EMG/NCV and gave the claimant trial prescriptions of Medrol Dosepak and Lyrica. On August 13, 2009, the claimant reported relief from the use of the Medrol, so Dr. Voronov gave the claimant an additional Medrol Dosepak plus Ultracet. The claimant underwent an EMG/NCV on August 24, 2009, that was read as normal. However, the claimant continued to complain of left leg and low back pain.

¶ 13 The claimant returned to Dr. Pelinkovich on September 4, 2009. Dr. Pelinkovich recommended that the claimant continue physical therapy and undergo epidural steroid injections.

¶ 14 On October 1, 2009, the claimant followed up with Dr. Voronov. At that time, Dr. Voronov diagnosed the claimant with degenerative disc disease. He agreed with Dr. Pelinkovich's recommendation of epidural steroid injections and recommended trigger point injections as an alternative. Dr. Voronov administered trigger point injections in the claimant's lumbar spine on October 22 and November 12, 2009. On November 19, 2009, the claimant underwent an MRI of the left hip which showed trace fluids but no tendon abnormalities or labral tears. The trigger point injections did not provide lasting relief. Accordingly, Dr. Voronov

referred the claimant to the Marianjoy Pain Clinic for evaluation and possible continued treatment.

¶ 15 On December 14, 2009, the claimant was evaluated by Dr. Theodore Suchy, the employer's independent medical examiner. Dr. Suchy performed a physical examination and reviewed all of the diagnostic tests that had been performed on the claimant up to that time. Dr. Suchy noted that the claimant walked with an exaggerated limp favoring the left side of her body. Although the claimant reported significant subjective complaints of pain with light palpitation to the lumbar spine, Dr. Suchy noted that she did not have the same level of pain when distracted. An MRI of the lumbar spine showed only very minimal degenerative changes without obvious herniation or foraminal stenosis. Following his examination, Dr. Suchy diagnosed the claimant with contusions to her left knee and hip. Because the claimant's subjective complaints outweighed the objective findings, Dr. Suchy concluded that she was apparently magnifying her symptoms. Dr. Suchy opined that the claimant was at maximum medical improvement (MMI) from the accident of April 25, 2009, and needed no further medical treatment. He concluded that the claimant could work her regular job without restriction and that no further diagnostic testing or treatment was indicated in light of the objective findings.

¶ 16 On January 19, 2010, the claimant treated with Dr. Jeffrey Oken at the Marianjoy Pain Clinic. The claimant complained of ongoing pain in her left knee, left hip, and lower back beginning on April 25, 2009. She told Dr. Oken that her "function[ing] [was] limited due to the pain" in various respects, including "housekeeping, outdoor activity, shopping, gardening, jogging, exercising, [and] stair climbing." Dr. Oken diagnosed the claimant with chronic pain, insomnia, myofascial pain syndrome, loss of function, lower back pain, quadratus lumborum strain, left knee strain, and muscle spasms. Dr. Oken kept the claimant off work, prescribed

Flexeril, and recommended that the claimant undergo a full-day comprehensive pain program.

¶ 17 On May 7, 2010, Dr. Oken prepared a report in which he opined that the claimant suffered from chronic pain, insomnia, myofascial pain syndrome, muscle spasticity, and osteoarthritis in her left hip and knee, and loss of function. He further opined that the claimant's current condition and chronic pain were related to her April 2009 work injury.

¶ 18 Dr. Suchy evaluated the claimant a second time on October 4, 2010. At that time, Dr. Suchy reexamined the claimant and reviewed additional medical records concerning the claimant's ongoing treatment. Dr. Suchy noted that, during the examination, the claimant "complain[ed] of intermittent numbness and tingling going down her left leg, which really does not follow any dermatomal pattern."¹ Dr. Suchy also noted that the claimant exhibited "conflicting objective findings" during the examination. For example, although the claimant complained of severe pain during an attempted 30 degree leg raise, she was able to sit at a 90 degree angle with her torso to her extended leg and touch her ankles. Moreover, Dr. Suchy concluded that the claimant's complaints of pain in her left knee, left side, and lower back "outweigh[ed] [the] objective findings." He opined based upon a reasonable degree of medical certainty that: (1) the claimant continued to magnify her symptoms; (2) she continued to be at MMI as of December 14, 2009; (3) there were no objective findings in the October 4, 2010, examination or in any of the information Dr. Suchy reviewed that would "prevent [the claimant] from doing her regular activities"; and (4) any diagnostic studies or treatments performed after December 14, 2009, were not causally related to the April 25, 2009, work accident.

¹ A "dermatome" is an area of skin that is mainly supplied by a single spinal nerve. Each of the spinal nerves provides sensation to a predictable area of skin. Thus, damage to (or pressure on) a particular spinal nerve should produce pain in the particular dermatome supplied by that nerve.

¶ 19 The claimant continued to treat with Dr. Oken throughout 2010 and 2011. She experienced no relief in her symptoms despite conservative care. The claimant was authorized off work by her treating physicians from April 29, 2010, through the date of the arbitration hearing on September 8, 2011. None of her treating physicians ever released her to return to work, and she has not worked anywhere since April 29, 2009. The employer paid the claimant TTD benefits from April 29, 2009, through December 14, 2009.

¶ 20 During the arbitration hearing, the claimant testified² that she continues to experience constant pain, including shooting pains in her entire left side extending from her neck to her leg and down to her big toe. She stated that she also experiences numbness and tingling in her left leg and low back pain. She testified that she had never injured her lower back or left leg prior to the April 25, 2009, work accident, and has not suffered any such injuries since the April 2009 accident. She claimed that the pain has gotten worse since the April 2009 accident and that none of the treatments she received really helped.

¶ 21 The claimant testified that, ever since the accident, she has had the same pain in her back, hip, and leg, and has not been able to sleep or function. She stated that, due to the ongoing pain in her spine, she is unable to bend. She also asserted that she is unable to care for her grandchildren and that she has problems holding objects while standing (although she stated that she could pick up a gallon of milk). When asked whether she does any gardening or yard work, the claimant replied that she had flowers outside but that her husband "is watering and take care of that." She also testified that she is unable to do laundry, put away groceries, or do any household cleaning beyond wiping some surfaces in the kitchen.

¶ 22 Two investigators, Martin McGeever and Adam McCall, testified on behalf of the

² The claimant testified through a translator because she speaks limited English.

employer. McGeever testified that he observed and obtained video surveillance of the claimant outside her home on September 16, 2009. The video showed the claimant holding a child in her left hand. It also showed her bending at the waist, carrying a garden hose, and watering the lawn and the flower beds. The video also showed the claimant watering bushes as well as bending and reaching with her right hand while repeatedly picking weeds. McCall testified that he observed the claimant on March 24 and March 26, 2010. On the latter date, McCall obtained video surveillance footage of the claimant walking around her house with an unknown male.

¶ 23 Following this testimony, the claimant was recalled to testify. She admitted that it was she who was depicted in the surveillance videos described above. The claimant testified that she had received a DepoMedrol and Lidocaine injection in her knee on July 1, 2009, Medrol Dosepacks on July 22 and August 13, 2009, and other injections on September 9, 2009. She stated that she had experienced some temporary pain relief after these treatments. She further testified that, at the time the September 16, 2009, surveillance video was taken, she was holding her one-year-old granddaughter because her daughter-in-law was in the shower, and the claimant was taking prescription pain medication at the time.

¶ 24 The arbitrator found that the claimant had "proven causation to contusions, but ha[d] failed to prove causation relative to any claim of myofascial symptoms, psychological trauma or chronic pain." After reviewing the medical records, the arbitrator concluded that the claimant's "subjective complaints far exceeded any objective study" and were "thoroughly contradicted by her behavior when she was observed without her knowledge." Accordingly, the arbitrator found that the claimant had "failed to prove a causal connection to any condition requiring ongoing disability or medical care."

¶ 25 Moreover, the arbitrator found that the medical services provided to the claimant were

"excessive and not medically necessary." The arbitrator noted that "[t]he initial MRI scans were suggested by the [claimant's] own treating orthopedist to be likely unnecessary." Based on this observation, the arbitrator denied all of the medical bills submitted by the claimant, including bills for treatment and tests done prior to December 14, 2009. The arbitrator also denied any "[f]uture medical expenses" "due to the lack of a causal relationship."

¶ 26 The arbitrator awarded the claimant TTD benefits from April 29, through December 14, 2009, "when Dr. Suchy opined the [claimant] would be able to work without restrictions." The arbitrator denied TTD benefits after that date. The arbitrator found that Dr. Suchy's examination of the claimant and his review of the claimant's medical records was "thorough and complete," and the arbitrator "deem[ed] [Dr. Suchy's] opinion to be reliable." The arbitrator further noted that, although no medical provider had deemed the claimant able to work as of September 16, 2009, (the date of McGeever's video surveillance), the claimant "certainly appeared by visual observation only to have no apparent, demonstrable physical impairment" as of that date. The arbitrator also indicated that his causation finding "coincide[d] with" his finding that the claimant was not disabled, and therefore not entitled to TTD benefits, after December 14, 2009.

¶ 27 The claimant appealed the arbitrator's decision to the Commission. After considering the entire record, the Commission unanimously affirmed and adopted the arbitrator's findings with respect to causal connection and temporary disability and included additional findings supporting the arbitrator's causation finding.

¶ 28 However, the Commission modified the arbitrator's findings regarding medical expenses by awarding the claimant medical expenses incurred before December 14, 2009, the date Dr. Suchy (and the arbitrator) found the claimant had reached MMI. The arbitrator had found all the medical expenses submitted to be excessive and not medically necessary based upon Dr. Kim's

opinion that the MRI scans performed were unnecessary. However, the Commission found that this opinion was not supported by the evidence. The Commission noted that "the first doctor to find [the claimant] at [MMI] and in need of no further medical treatment from her accident of April 25, 2009 [was] Dr. Suchy on December 14, 2009, and "[p]rior to that date, there is no indication that any treatment she received was not reasonable and related to cure and relieve her of the effects of her work injury." Accordingly, the Commission awarded the claimant medical expenses for treatment and tests performed prior to December 14, 2009. The Commission affirmed and adopted the arbitrator's decision in all other respects.

¶ 29 The claimant then sought judicial review of the Commission's decision in the circuit court of DuPage County, which affirmed the Commission's ruling. This appeal followed.

¶ 30 **ANALYSIS**

¶ 31 1. Causation

¶ 32 The claimant argues that the Commission erred in finding that she failed to prove that her current condition of ill-being was causally related to the April 25, 2009, work accident. We disagree.

¶ 33 To obtain compensation under the Act, a claimant must prove that some act or phase of her employment was a causative factor in her ensuing injuries. *Land and Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d 582, 592 (2005). This presents a factual question to be decided by the Commission. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 206 (2003). In resolving disputed issues of fact, including issues related to causation, it is the Commission's province to assess the credibility of witnesses, draw reasonable inferences from the evidence, determine what weight to give testimony, and resolve conflicts in the evidence, particularly medical opinion evidence. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 675 (2009);

Fickas v. Industrial Comm'n, 308 Ill. App. 3d 1037, 1041 (1999). A reviewing court may not substitute its judgment for that of the Commission on these issues merely because other inferences from the evidence may be drawn. *Berry v. Industrial Comm'n*, 99 Ill. 2d 401, 407 (1984). We will overturn the Commission's causation finding only when it is against the manifest weight of the evidence, *i.e.*, only when the opposite conclusion is "clearly apparent." *Swartz v. Illinois Industrial Comm'n*, 359 Ill. App. 3d 1083, 1086 (2005). The test is whether the evidence is sufficient to support the Commission's finding, not whether this court or any other tribunal might reach an opposite conclusion. *Pietrzak v. Industrial Comm'n*, 329 Ill. App. 3d 828, 833 (2002). When the evidence is sufficient to support the Commission's causation finding, we will affirm. *Id.*

¶ 34 There was ample evidence supporting Commission's causation finding in this case. After examining the claimant twice and reviewing the claimant's medical records, Dr. Suchy found that the claimant's complaints of pain in her left knee, left side, and lower back "outweigh[ed] [the] objective findings" and that the claimant was magnifying her symptoms. Dr. Suchy concluded that an MRI of the claimant's lumbar spine showed only very minimal degenerative changes without obvious herniation or foraminal stenosis. During the first examination, Dr. Suchy noted that the claimant walked with an exaggerated limp. In addition, although the claimant reported significant subjective complaints of pain with light palpitation to the lumbar spine, she did not have the same level of pain when distracted. During the second examination, Dr. Suchy noted that the claimant's complaints of numbness and tingling going down her left leg did "not follow any dermatomal pattern" and that the claimant exhibited "conflicting objective findings" during the examination. For example, although the claimant complained of severe pain during an attempted 30 degree leg raise, she was able to sit at a 90 degree angle with her torso to her

extended leg and touch her ankles. Accordingly, Dr. Suchy concluded that there were no objective findings in the examination or in any of the information he reviewed that would "prevent [the claimant] from doing her regular activities," and that any treatment for the claimant's alleged symptoms after December 14, 2009, was not causally related to the April 25, 2009, work accident.

¶ 35 Dr. Suchy's opinions are supported by the claimant's medical records. During his initial examination of the claimant in May 2009, Dr. Kim noted that the MRI of the claimant's hip was "essentially negative," the x-rays of the claimant's knee showed "no signs of any significant arthritis or any acute problem," and the x-ray of her lumbar spine "did not show any acute process." Upon examining the claimant, Dr. Kim "did not see anything significant" in the claimant's back, left hip or left knee, and he noted that the claimant had reported pain that appeared out of the ordinary for the type of fall she sustained. During a follow-up examination on June 12, 2009, Dr. Kim noted that the claimant had previously had an MRI of her lumbar spine which showed some mild degeneration but "no findings consistent with any fracture or disc herniation" and "[n]othing to explain her left leg tingling sensation." The doctor also reviewed an MRI of her hip which was also negative. He ordered an MRI of the claimant's left knee which showed mucinous degeneration of the medial meniscus but no evidence of a tear. On July 1, 2009, Dr. Kim concluded that "[the] MRI[s] of the back, the hip and the knee really do not suggest anything acute or significant" and that the pain the claimant was reporting was "really, really out of proportion." A subsequent MRI of the claimant's left hip performed on November 19, 2009, showed trace fluids but no tendon abnormalities or labral tears.

¶ 36 Moreover, the claimant's testimony regarding her continued pain and disability was impeached by the surveillance video of the claimant taken on September 16, 2009. The claimant

testified that, due to the ongoing pain in with her spine, she is unable to bend or to care for her grandchildren and she has problems holding objects while standing. She also suggested that she is unable to do the gardening. However, the September 16, 2009, surveillance video showed the claimant holding a child in her left hand, bending at the waist, carrying a garden hose, and watering the lawn and the flower beds. The video also showed the claimant watering bushes as well as bending and reaching with her right hand while repeatedly picking weeds. The claimant testified that she was able to perform those activities because she was taking pain medication and had recently received injections that gave her temporary relief from her symptoms. She claimed she was holding her granddaughter because her daughter was in the shower. The Commission found that the claimant's testimony on these matters was not credible. We cannot say that this finding was against the manifest weight of the evidence.

¶ 37 Dr. Oken diagnosed the claimant with several medical conditions (including "chronic pain," "myofascial pain syndrome," and "loss of function") and opined that the claimant's current condition and chronic pain were related to her April 2009 work injury. The claimant argues that the Commission erred in placing greater weight on Dr. Suchy's opinion, especially considering that Dr. Suchy was the claimant's independent medical examiner while Dr. Oken was a treating physician who was chosen by the employer. However, it is the Commission's province to determine what weight to give testimony and to resolve conflicts in the evidence, particularly medical opinion evidence. *Hosteny*, 397 Ill. App. 3d at 675 (2009); *Fickas*, 308 Ill. App. 3d at 1041. Moreover, the Commission is not required to give more weight to a treating physician's opinion than to the opinion of an examining physician. *Prairie Farms Dairy v. Industrial Comm'n*, 279 Ill. App. 3d 546, 550 (1996). Here, the Commission found that Dr. Suchy's examination of the claimant and his review of the claimant's medical records was thorough and

complete and found his opinion to be reliable. Accordingly, it chose to credit Dr. Suchy's opinion over Dr. Oken's opinion and over the claimant's testimony (which was impeached by the surveillance video). These findings were not against the manifest weight of the evidence.³

¶ 38 2. TTD Benefits After December 14, 2009

¶ 39 The Commission concluded that the claimant was entitled to TTD benefits from the date of his work accident through December 14, 2009, the date on which the Commission found he had reached MMI and was able to return to work without restriction. The Commission found that the claimant was not entitled to receive any TTD benefits after that date. That finding was not against the manifest weight of the evidence.

¶ 40 A claimant is temporarily and totally disabled from the time an injury incapacitates her from work until such time as she is as far recovered or restored as the permanent character of her injury will permit. *Archer Daniels Midland Co. v. Industrial Comm'n*, 138 Ill. 2d 107, 149 (1990). To be entitled to TTD benefits, it is a claimant's burden to prove not only that she did not work, but also that she was unable to work. *Interstate Scaffolding, Inc. v. Illinois Workers' Compensation Comm'n*, 236 Ill. 2d 132, 148 (2010); *Shafer*, 2011 IL App (4th) 100505WC, ¶ 45.

³ Throughout her argument on causation, the claimant urges us to review the Commission's causation finding under the manifest weight of the evidence standard. That is the proper standard of review because, as the claimant acknowledges, Dr. Suchy's and Dr. Oken's causation opinions are in conflict, thereby creating a factual dispute. However, at times the claimant contradicts herself by asserting that the Commission "committed an error of law" when it found no causation and that the Commission's causation finding is "contrary to the undisputed evidence." Both assertions are mistaken. This case involves the resolution of a factual dispute by the Commission, which we review under the manifest weight standard.

The dispositive question is whether the claimant's condition has stabilized, *i.e.*, whether she has reached MMI. *Land and Lakes Co.*, 359 Ill. App. 3d at 594.

¶ 41 The factors to consider in assessing whether a claimant has reached MMI include a release to return to work, medical testimony or evidence concerning the claimant's injury, and the extent of the injury. *Id.* Once an injured claimant has reached MMI, the disabling condition has become permanent and she is no longer eligible for TTD benefits. *Nascote Industries v. Industrial Comm'n*, 353 Ill. App. 3d 1067, 1072 (2004).

¶ 42 The determination whether a claimant was unable to work and the period of time during which a claimant is temporarily and totally disabled are questions of fact to be determined by the Commission, and the Commission's resolution of these issues will not be disturbed on appeal unless it is against the manifest weight of the evidence. *Archer Daniels Midland*, 138 Ill. 2d at 119–20; *Pietrzak*, 329 Ill. App. 3d at 832–33.

¶ 43 In this case, Dr. Suchy opined that the claimant had reached MMI and was able to return to work without restriction by December 14, 2009. Dr. Okun disagreed and prescribed additional treatment after that date, but the Commission found Dr. Suchy's opinion more credible. Diagnostic tests performed on the claimant as well as Dr. Kim's medical records support Dr. Suchy's opinion. Moreover, the Commission found the claimant's testimony regarding her ongoing pain and disability after December 14, 2009, incredible in light of the surveillance video. In sum, there was ample evidence supporting the Commission's conclusion that the claimant's condition had stabilized by December 14, 2009, and that she was not entitled to TTD benefits after that date. An opposite conclusion was not "clearly apparent." Accordingly, the Commission's decision to deny TTD benefits after December 14, 2009, was not against the manifest weight of the evidence.

¶ 44

3. Medical Expenses

¶ 45 The claimant argues that the Commission's denial of medical expenses incurred by the claimant after October 17, 2007, was against the manifest weight of the evidence. We disagree. Section 8(a) of the Act entitles a claimant "to recover reasonable medical expenses, the incurrence of which are *causally related to an accident arising out of and in the scope of her employment* and which are necessary to diagnose, relieve, or cure the effects of the claimant's injury." (Emphasis added.) 820 ILCS 305/8(a) (West 2006); see also *Absolute Cleaning/SVML v. Illinois Workers' Compensation Comm'n*, 409 Ill. App. 3d 463, 470 (2011); *University of Illinois v. Industrial Comm'n*, 232 Ill. App. 3d 154, 164 (1992) ("Under section 8(a) of the Act, an employee is only entitled to recover reasonable medical expenses which are causally related to the accident."). Whether medical treatment is necessary to cure or treat an injury that is causally related to a work-related accident is a question of fact for the Commission, and the Commission's determination of that issue will not be overturned unless it is against the manifest weight of the evidence. *Zarley v. Industrial Comm'n*, 84 Ill. 2d 380, 389 (1982); *Shafer v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶ 51.

¶ 46 In this case, the Commission found that the claimant had proved that she suffered "contusions" during the April 25, 2009, work accident but failed to prove that her other alleged conditions of ill-being were related to the accident. As noted above, that finding was not against the manifest weight of the evidence. The Commission also found that the claimant's condition had resolved and she was able to return to work full duty as of December 14, 2009. That finding also finds support in the evidence. Thus, the Commission properly denied all medical expenses associated with any alleged medical conditions incurred after that date.

¶ 47

CONCLUSION

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

¶ 49 Affirmed.