

2014 IL App (3d) 130836WC-U  
No. 3-13-0836WC  
Order filed September 17, 2014

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

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PEORIA SCHOOL DISTRICT #150,	)	Appeal from the Circuit Court
	)	of Peoria County.
Petitioner-Appellant,	)	
	)	
v.	)	No. 13-MR-181
	)	
THE ILLINOIS WORKERS'	)	
COMPENSATION COMMISSION and	)	
FRANCISCO SERRANO,	)	Honorable
	)	David J. Dubicki,
Respondents-Appellees.	)	Judge, Presiding.

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

**ORDER**

¶ 1 *Held:* The Commission's finding that claimant's current condition of ill-being is causally related to his employment and its award of prospective medical treatment are not against the manifest weight of the evidence.

¶ 2 Respondent, Peoria School District #150, appeals from the judgment of the circuit court of Peoria County confirming a decision of the Illinois Workers' Compensation Commission (Commission) awarding benefits to claimant, Francisco Serrano, under the Workers'

Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2010)). On appeal, respondent challenges the Commission's findings with respect to causation and prospective medical treatment. We affirm.

¶ 3

#### I. BACKGROUND

¶ 4 On April 7, 2010, claimant filed an application for adjustment of claim (No. 10 WC 13484) alleging injuries to his right shoulder, right wrist, and back on January 22, 2010, while in respondent's employ. Claimant filed a second application for adjustment of claim (No. 11 WC 21363) on May 23, 2011, alleging that he injured his right shoulder on April 26, 2011, also while in respondent's employ. The two applications were consolidated for hearing and tried before an arbitrator on March 15, 2012. The principal issues in dispute were causal connection and prospective medical. The following evidence relevant to this appeal was presented at the arbitration hearing.

¶ 5 In November 2000, respondent hired claimant as a campus police officer. This position required claimant to ensure the safety of students, faculty, and the public at respondent's schools and provided claimant with arrest powers. Prior to being hired by respondent, claimant underwent a pre-employment physical, which he passed. Claimant testified that at no time prior to January 22, 2010, was he ever restricted with respect to his right arm during his employment with respondent.

¶ 6 With respect to the initial accident date, claimant testified that on January 22, 2010, while monitoring the halls in between classes, he encountered a fight among two students. Claimant tried to separate the students when he slipped on some books that were on the floor. Claimant testified that his right hand struck the ground as he extended it to break the fall. Shortly later,

claimant noticed some discomfort in his right shoulder, right wrist, and lower back. Claimant's pain worsened as the day progressed, so he reported the accident to respondent.

¶ 7 Respondent scheduled an appointment for claimant at Illinois Work Injury Resource Center (IWIRC). Claimant presented to IWIRC on February 2, 2010, with complaints of pinching right shoulder pain and pain when lifting his right arm. Claimant also noted weakness and shaking in his right hand. Claimant rated his pain as a 7 on a 10-point scale and reported that the pain awakens him at night. Claimant denied any low-back pain. Following an examination, claimant was assessed with a right shoulder strain, suspicious for rotator cuff involvement. An MRI of the right shoulder was ordered and claimant was prescribed an anti-inflammatory medication. Claimant was authorized to return to work light duty. Claimant underwent the MRI on February 3, 2010. The film showed (1) severe glenohumeral joint degenerative change with complete loss of the normal articulating cartilage, large osteophytes, and degeneration of the labrum and (2) acromioclavicular (AC) joint degenerative change and diffuse mild attenuation of the rotator cuff without focal rotator cuff tear.

¶ 8 Claimant returned to IWIRC on February 5, 2010, with continued complaints of pain in the entire shoulder, especially with movement and at night. Claimant was diagnosed with right shoulder strain with degenerative joint disease of the glenohumeral and AC joints. He was referred for physical therapy. Claimant was authorized to work medium-duty with occasional lifting up to 50 pounds, frequent lifting up to 25 pounds, and no above-the-shoulder work on the right. In addition, claimant was advised to avoid situations involving combat or altercation risks. Claimant returned to IWIRC on February 10, 2010, and reported no significant change in his condition. At that time, physical therapy was suspended and claimant was referred to an orthopaedic doctor, but his work restrictions remained the same.

¶ 9 On February 16, 2010, claimant presented to Midwest Orthopaedic Center, where he saw Dr. Brent Johnson for an evaluation of his right shoulder. Claimant described a sharp, aching-type pain in his right shoulder that also bothered him at night. Claimant further reported tingling and numbness in his right arm. Following a physical examination and a review of diagnostic films, Dr. Johnson diagnosed right shoulder glenohumeral joint arthritis. Dr. Johnson offered a course of anti-inflammatory medication and an injection, but noted that if conservative treatment fails, a right shoulder arthroplasty should be considered. Dr. Johnson administered a corticosteroid injection into the right shoulder glenohumeral joint on February 22, 2010.

¶ 10 Also on February 22, 2010, claimant returned to IWIRC, where he was examined by Dr. Dru Hauter. At that time, claimant presented for an examination of the right wrist. Dr. Hauter noted full range of motion of the right wrist without pain. However, with relaxation of the hand there was a fine resting tremor that resolved “with intention.” Pain with extension and abduction of the right shoulder was also noted. Claimant was assessed with an improving right shoulder strain, degeneration of the shoulder unrelated to work, and a sprain of the right wrist. Claimant was continued on medium-duty work restrictions.

¶ 11 Claimant followed up with Dr. Dru Hauter at IWIRC on February 24, 2010. Claimant reported no relief from the shoulder injection administered by Dr. Johnson. Dr. Hauter’s diagnosis remained unchanged, and he continued claimant on medium-duty work restrictions. Thereafter, claimant continued to treat with Dr. Hauter on multiple occasions in March 2010 with no change in the condition of his right shoulder. Dr. Hauter referred claimant for an orthopaedic consultation and continued his medium-duty work restrictions.

¶ 12 In reference to Dr. Hauter’s referral, claimant saw Dr. John Mahoney on March 18, 2010. At that time, claimant complained of weakness of and a tremor in the right hand. A physical

examination revealed significant stiffness of the shoulder. Following an examination and record review, Dr. Mahoney's impression was shoulder arthritis. He found nothing wrong with claimant's elbow, wrist, or hand. He opined that the tremor was most likely a benign tremor coming from the central nervous system, and he referred claimant to a neurologist for that condition. Dr. Mahoney offered no restrictions with respect to claimant's elbow, wrist, or hand and referred him back to Dr. Johnson for his shoulder.

¶ 13 Claimant saw Dr. Johnson in follow up on March 22, 2010. Claimant continued to complain of pain in the right shoulder and difficulty sleeping at night. In addition, claimant told Dr. Johnson that he experienced only a few hours of relief from the injection. An X ray showed complete loss of glenohumeral joint space with significant flattening of the humeral head and osteophytes of the glenoid. Dr. Johnson diagnosed severe osteoarthritis of the right shoulder. Dr. Johnson again discussed continued conservative treatment versus right total shoulder arthroplasty. Claimant elected to proceed with the arthroplasty. However, respondent denied authorization for this procedure.

¶ 14 Claimant returned to IWIRC on April 5, 2010, to consult with Dr. Hauter. Claimant again reported that his condition was unchanged. He described a lot of pain with certain movements of the shoulder and with any lifting. He also complained of the shoulder pain waking him at night. An examination revealed right shoulder supination of 60% with pain at 45 degrees, and some obstruction at about 60 degrees. With respect to claimant's shoulder, Dr. Hauter's diagnosis was threefold: (1) resolved right shoulder strain with no restrictions related to the January 22, 2010, injury; (2) degeneration of the shoulder that was not work related; and (3) severe osteoarthritis of the shoulder that requires restrictions from full duty and a total shoulder replacement not related to work injury. Dr. Hauter released claimant from IWIRC and continued

his restrictions until released by his primary-care physician (PCP). The record does not indicate that claimant followed up with his PCP, but he returned to work full duty without restrictions per authorization from Dr. Johnson effective April 19, 2010.

¶ 15 At respondent's request, claimant underwent a section 12 examination (see 820 ILCS 305/12 (West 2010)) by Dr. Mitchell Rotman, a board-certified orthopaedic surgeon, on September 20, 2010. Claimant provided Dr. Rotman with a consistent history of the January 2010 accident. Claimant denied any problems with his right shoulder prior to January 22, 2010, but noted that he was involved in a motorcycle injury many years earlier. Claimant also related that he is active in softball, coaches wrestling, and works out. Dr. Rotman performed a record review and examined claimant. He noted that the diagnostic films of claimant's right shoulder showed that claimant's humeral head was flattened and had a "humungous" osteophyte. Dr. Rotman's impression was that claimant had advanced glenohumeral joint arthritis with significantly reduced motion. Dr. Rotman did not believe that claimant's arthritis was caused by the event of January 2010. He was also of the opinion that the etiology of claimant's glenohumeral joint arthritis may have been from his motorcycle accident. In addition, he felt that claimant's active lifestyle had not helped his arthritic condition. Dr. Rotman "highly doubt[ed]" that claimant was asymptomatic before the fall. He believed that with the type of arthritis claimant has, *i.e.*, bone-on-bone, claimant would have had a significant loss of joint motion and rotation, and there was "no way possible" that claimant would not have noticed it, even if he did not complain about it or see a physician for it. Dr. Rotman did not believe claimant's loss of motion had come from the fall, but rather from the bone-on-bone arthritis and the fact that he has a squared off humeral head and extremely large inferior osteophyte on the humeral head blocking any rotation. Dr. Rotman believed claimant would benefit from a

shoulder replacement, but that his condition is not work related. Dr. Rotman was of the opinion that claimant could continue his work activities because they do not involve heavy use of the right shoulder.

¶ 16 On March 4, 2011, at the request of his attorney, claimant underwent an independent medical examination (see 820 ILCS 305/12 (West 2010)) by Dr. Joseph Newcomer, a board-certified orthopaedic surgeon. Claimant told Dr. Newcomer about the accident at work on January 22, 2010, and reported that he still experienced right shoulder pain. Claimant denied any problems with his shoulder before January 22, 2010, although he did report occasional soreness from time to time after weightlifting. Following an examination and record review, Dr. Newcomer diagnosed severe glenohumeral arthrosis. He stated that many individuals can live with significant arthritis, but noted that, eventually, there comes a “point of no return” where the condition becomes symptomatic and stays symptomatic until definitive management takes place. Dr. Newcomer agreed that the arthritis preexisted the accident, but opined that the accident was certainly an aggravating factor that has precipitated the current need for surgical management.

¶ 17 Claimant testified that on April 26, 2011, he was involved in another event involving his right shoulder. Specifically, claimant explained that he went to assist a coworker with a student who was being disruptive. The situation resulted in the arrest of the student. As claimant was taking the student into custody, she resisted, and claimant injured his right shoulder. Claimant told respondent that he sustained an aggravation/strain to his right shoulder while making the arrest, and, on April 28, 2011, claimant sought treatment at IWIRC.

¶ 18 At IWIRC, claimant complained of increased right shoulder pain following the incident on April 26, 2011. He described deep shoulder pain, with painful grating, stiffness, and decreased motion. An examination of the right shoulder revealed minimal tenderness over the

AC joint, without effusion. An audible grating sound was heard with range of motion of the right shoulder. Claimant was assessed with right shoulder degenerative arthritis with exacerbation of pain following the work altercation. Claimant was instructed to take over-the-counter pain medication and to use hot and cold compresses as needed for comfort. Claimant was released to medium-duty work that included occasional lifting up to 50 pounds, frequent lifting up to 25 pounds, and the avoidance of combat or altercation risks.

¶ 19 Claimant followed up at IWIRC on May 5, 2011, and was examined by Dr. Hauter. At that time, claimant noted decreased discomfort of the right shoulder, but with poor range of motion. Dr. Hauter diagnosed a right shoulder strain and right shoulder degenerative arthritis. Dr. Hauter opined that claimant's arthritis was end stage and that he should therefore proceed with a total right-shoulder replacement as previously recommended. Claimant was referred back to Dr. Johnson for an orthopaedic consult and placed on light-duty work restrictions (occasional lifting up to 20 pounds, frequent lifting up to 10 pounds, no above-the-shoulder work, and avoidance of situations involving combat or altercation risks).

¶ 20 On September 12, 2011, claimant was reevaluated by Dr. Rotman for a second IME. Claimant told Dr. Rotman about the accident of April 26, 2011. Claimant further related that although he was taking naproxen and ibuprofen, he continued to experience pain and discomfort at night. Claimant also complained of limited range of motion of the right shoulder. Dr. Rotman performed a record review and a physical examination. He also took new X rays of the right shoulder. The X rays showed advanced end-stage glenohumeral joint arthritis with large inferior spurs, flattening, and some posterior subluxation. Dr. Rotman noted no changes since an X ray taken in March 2010. Dr. Rotman reiterated his diagnosis and recommendation for a right total arthroplasty. He was of the opinion that it was "absurd" to suggest that "either of [claimant's]

injuries are the significant aggravating factor in [claimant's] need for a shoulder replacement.” According to Dr. Rotman, claimant already had end-stage glenohumeral joint arthritis at the time of the two accidents. Dr. Rotman believed that claimant would have the same discomfort whether his arm was “wrenched” at work or at home with any stressful activities to his right shoulder.

¶ 21 Dr. Newcomer testified by evidence deposition that the fall of January 22, 2010, and related “jarring” led to the onset of symptoms of a condition that was previously asymptomatic. He acknowledged that absent the accident, claimant would definitively have become symptomatic at some point, but could not pinpoint a specific date. Dr. Newcomer opined that an arthroscopy would not give claimant any substantial relief, and he would ultimately require an arthroplasty. He further opined that the accident of January 22, 2010, aggravated claimant’s preexisting or deteriorating condition beyond normal progression. He based this opinion on the fact that claimant was asymptomatic before the fall, became symptomatic after the fall, and has remained symptomatic. Dr. Newcomer opined that any treatment claimant needs to return his right shoulder to baseline would be causally related to the accident on January 22, 2010.

¶ 22 On cross-examination, Dr. Newcomer opined that regardless of whether claimant was symptomatic prior to the accident on January 22, 2010, the fall on that date would have aggravated his preexisting condition. He nevertheless admitted that, based upon the radiological findings following the accident, it was surprising that claimant was not symptomatic prior to his claimed accident date given the significant amount of arthritis that he had. He further stated that causing arthritis that is as degenerative as what claimant has to come to a point of becoming symptomatic would not require a lot of trauma. In addition, Dr. Newcomer agreed that the need for shoulder arthroplasty is based solely on the pain associated with the arthritis in claimant’s

shoulder, and not the arthritis itself, since surgery would not be performed if the claimant's severe arthritis and was not symptomatic.

¶ 23 Dr. Rotman also testified by evidence deposition. According to Dr. Rotman, neither of the two accidents described by claimant was a causative or aggravating factor in the development of claimant's osteoarthritis of the right upper extremity. Dr. Rotman explained that, based on the advanced nature of claimant's arthritis as seen on the X rays following the accident on January 22, 2010, that condition would have predated the initial accident. As a result, he opined that it would be impossible to relate the need for a shoulder replacement to the incident at work. Dr. Rotman was also of the opinion that prior to the accident on January 22, 2010, claimant should have been aware of a loss of motion and strength. Dr. Rotman also believed that claimant would have noticed pain in his right shoulder after performing heavy weightlifting. Moreover, based on the lack of change in the X rays on September 12, 2011, Dr. Rotman was of the opinion that the April 2011 accident did not make the arthritis any worse.

¶ 24 On cross-examination, Dr. Rotman agreed that none of the medical records he reviewed dated between 1994 and January 21, 2010, reflect any complaints or treatment relative to the right shoulder. He also agreed that following the first accident date, claimant reported right shoulder pain and limited range of motion. In addition, Dr. Rotman admitted that the incident on January 22, 2010, would have caused pain.

¶ 25 At the arbitration hearing, claimant reported that he can only lift his arm to his chest level in the front or on the side. Claimant also testified that since the accident on January 22, 2010, he is unable to perform any shoulder work when he lifts weights and is limited as to the rest of his workout by pain and discomfort. Claimant denied having restricted range of motion in his right arm prior to January 22, 2010. In addition, he testified that he never had any pain in the right

shoulder prior to January 22, 2010, other than some temporary soreness after weightlifting. Further, claimant testified that prior to the initial date of accident, he had not taken any medications for his right shoulder, he had not consulted a physician regarding his right shoulder, and he had not undergone any diagnostic tests related to his right shoulder. Claimant indicated that he would like to have the right total arthroplasty performed. On cross-examination, claimant acknowledged that he was able to work for respondent from January 22, 2010, through the second accident date of April 26, 2011, with no restrictions of the right shoulder. Claimant further acknowledged that after the second accident, he was able to perform the normal job duties of his position with respondent.

¶ 26 Based on the foregoing evidence, the arbitrator concluded that claimant proved by a preponderance of the credible evidence that his current condition of ill-being as it related to his right shoulder is causally related to the work accidents of January 22, 2010, and April 26, 2011. In so finding, the arbitrator acknowledged that claimant had severe degenerative changes of the glenohumeral joint and degenerative changes of the labrum and AC joint that preexisted the event of January 22, 2010, and that he would eventually require a total arthroplasty of the right shoulder. However, the arbitrator concluded that the accidents at issue aggravated claimant's preexisting condition and accelerated the need for the shoulder-replacement surgery. The arbitrator noted that prior to January 22, 2010, claimant was fully functional, asymptomatic, had not voiced any complaints involving his right shoulder, and had not been scheduled for surgery. After that date, however, claimant's right shoulder became symptomatic, his right arm range of motion was significantly reduced, and surgery was recommended. In addition, the arbitrator adopted the causation opinion of Dr. Newcomer over that of Dr. Rotman. The arbitrator reasoned that the causation opinion of Dr. Rotman was not based upon the proper standard of

proof. In this regard, the arbitrator pointed out that Dr. Rotman was of the opinion that neither of claimant's injuries were "significant" aggravating factors with respect to his shoulder condition. Yet, the standard of proof requires only that the injury aggravate a preexisting condition and result in the need for treatment. In light of her finding on causal connection, the arbitrator also determined that the right shoulder arthroplasty constitutes reasonable and necessary medical treatment. The Commission affirmed and adopted the decision of the arbitrator and remanded the matter for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980). The circuit court of Peoria County confirmed the decision of the Commission. This timely appeal followed.

¶ 27

## II. ANALYSIS

¶ 28 On appeal, respondent contends the Commission's finding that claimant's two work accidents are causally connected to the current condition of his right shoulder is against the manifest weight of the evidence. According to respondent, claimant's right shoulder arthritis was so advanced prior to the initial accident date that any normal activity would have caused the condition to become symptomatic. Respondent further asserts that the need for a right-shoulder arthroplasty would have existed even absent the work accidents. As such, respondent maintains that the Commission's award of prospective medical care is also against the manifest weight of the evidence. Claimant disputes respondent's position and asserts that the Commission's decision on causation and prospective medical care was supported by ample evidence.

¶ 29 In a proceeding under the Act, the employee has the burden of proving by a preponderance of the evidence all of the elements of his or her claim. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). Among other things, the employee must establish that his or her condition of ill-being is causally connected to a work-related injury. *Elgin Board of*

*Education School District U-46 v. Illinois Workers' Compensation Comm'n*, 409 Ill. App. 3d 943, 948-49 (2011). In cases involving a preexisting condition, recovery will depend on the employee's ability to establish that a work-related accidental injury aggravated or accelerated the preexisting disease such that the employee's current condition of ill-being can be said to be causally connected to the work-related injury. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 204-05 (2003); *Elgin Board of Education School District U-46*, 409 Ill. App. 3d at 949. The accidental injury need not be the sole causative factor or even the primary causative factor, as long as it was a causative factor in the resulting condition of ill-being. *Sisbro, Inc.*, 207 Ill. 2d at 205; *Tower Automotive v. Illinois Workers' Compensation Comm'n*, 407 Ill. App. 3d 427, 434 (2011). "Thus, even though an employee has a preexisting condition that may make him or her more vulnerable to injury, recovery will not be denied where the employee can show that a work-related condition aggravated or accelerated the preexisting disease such that the employee's current condition of ill-being can be said to be causally related to conditions in the workplace and not merely the result of a normal degenerative process of the preexisting condition." *Bernardoni v. Industrial Comm'n*, 362 Ill. App. 3d 582, 596-97 (2005).

¶ 30 Whether a causal connection exists between an employee's condition of ill-being and his or her employment is a question of fact for the Commission. *Bernardoni*, 362 Ill. App. 3d at 597. It is the function of the Commission to decide questions of fact and causation, to judge the credibility of witnesses, and to resolve conflicting medical evidence. *Teska v. Industrial Comm'n*, 266 Ill. App. 3d 740, 741 (1994). The Commission's factual findings will not be disturbed on review unless they are against the manifest weight of the evidence. *Ming Auto Body/Ming of Decatur, Inc. v. Industrial Comm'n*, 387 Ill. App. 3d 244, 257 (2008). A decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent.

*Will County Forest Preserve District v. Illinois Workers' Compensation Comm'n*, 2012 IL App (3d) 110077WC, ¶ 15.

¶ 31 Here, the record undoubtedly establishes that claimant had advanced arthritis of the right shoulder prior to the initial accident date of January 22, 2010. The record also establishes that claimant would eventually need to undergo a right-shoulder arthroplasty. Thus, the Commission was tasked with deciding whether the two work accidents described by claimant aggravated or accelerated his preexisting disease such that his current condition of ill-being can be said to be causally related to conditions in the workplace and not merely the result of a normal degenerative process of the preexisting condition. The Commission, in affirming and adopting the decision of the arbitrator, concluded that there was a link between claimant's current condition of ill-being and his work accidents. Based on our review of the record, we cannot say that the Commission's finding is against the manifest weight of the evidence.

¶ 32 Significantly, the record reveals that before January 22, 2010, claimant did not experience any symptoms related to the right shoulder. Claimant testified that prior to the initial accident date, he did not have a restricted range of motion in his right arm and he did not have any pain in the right shoulder other than some temporary soreness after weightlifting. In addition, claimant testified that prior to January 22, 2010, he had not seen a physician for any right shoulder complaints, he had not taken any medications for his right shoulder, and he had not undergone any diagnostic tests related to his right shoulder. However, shortly after the event of January 22, 2010, claimant began to experience shoulder pain that gradually worsened over the course of the day. Claimant eventually consulted a physician about his condition. The medical records reflect that claimant reported severe pain of the right shoulder and restricted range of motion. As noted above, claimant was eventually diagnosed with degenerative joint

disease of the glenohumeral and AC joints. Following the failure of conservative treatment, including physical therapy and steroid injections, a right-shoulder arthroplasty was recommended. Further, claimant reported increased right shoulder pain following the incident on April 26, 2011.

¶ 33 The Commission was presented with two principal medical opinions regarding whether claimant's condition of ill-being was causally related to his employment or merely constituted a normal degenerative process.<sup>1</sup> Dr. Newcomer testified that the accident of January 22, 2010, aggravated claimant's preexisting condition beyond normal progression. Dr. Newcomer acknowledged that absent the accident, claimant would have become symptomatic at some unknown time in the future and that he would eventually require a right-shoulder arthroplasty. However, Dr. Newcomer based his causation opinion on the fact that claimant was asymptomatic prior to the fall, became symptomatic after the fall, and has remained symptomatic. In contrast, Dr. Rotman testified that claimant already had end-stage osteoarthritis of the right shoulder prior to either of his two accidents. As such, Dr. Rotman did not find credible that claimant was asymptomatic prior to January 22, 2010, and he opined that it is "absurd" to suggest that "either of [claimant's] injuries are the significant aggravating factor in [claimant's] need for a shoulder replacement." According to Dr. Rotman, claimant could have become symptomatic whether his arm was "wrenched" at work or at home with any stressful activities to his right shoulder. Thus, Dr. Rotman concluded that neither of the two accidents described by claimant was a causative or aggravating factor in the development of claimant's right-shoulder arthritis.

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<sup>1</sup> Dr. Hauter also suggested that claimant's condition was not related to his employment accidents, although he never expressly provided a rationale for his opinion.

¶ 34 As the foregoing suggests, the Commission was presented with conflicting medical opinions regarding the cause of claimant's current condition of ill-being. The Commission adopted the causation opinion of Dr. Newcomer over that of Dr. Rotman. In so holding, the Commission found significant that Dr. Rotman, when discussing the effect of the accidents on claimant's current condition of ill-being, opined that the accidents were not a "significant" aggravating factor in claimant's condition of ill-being. As the Commission correctly noted, this is not the standard of proof that is necessary for proving a causal connection. Rather, as noted above, a claimant need only establish that the accidental injury was *a* causative factor in the resulting condition of ill-being. *Sisbro, Inc.*, 207 Ill. 2d at 205; *Tower Automotive*, 407 Ill. App. 3d at 434. Thus, given the Commission's role as fact finder, coupled with the dubious premise of Dr. Rotman's opinion testimony, we cannot say that a conclusion opposite to that of the Commission is clearly apparent. Accordingly, we affirm the decision of the Commission on causation.

¶ 35 In so holding, we reject respondent's reliance on *Board of Trustees of the University of Illinois v. Industrial Comm'n*, 44 Ill. 2d 207 (1969) and *Greater Peoria Mass Transit v. Industrial Comm'n*, 81 Ill. 2d 38 (1980). Respondent cites these cases for the proposition that claimant's condition was such that any activity could have caused the condition of ill-being and necessitated the shoulder-replacement surgery. However, there was no evidence in either of those cases that the employees experienced a deterioration, aggravation, or acceleration of their physical conditions as a result of a work-related accident. Rather, the medical evidence was unrebutted that because of the advanced nature of the employees' condition, any simple and normal activity could have caused their injuries. *Board of Trustees of the University of Illinois*, 44 Ill. 2d at 215; *Greater Peoria Mass Transit*, 81 Ill. 2d at 42-43. Here, in contrast, while Dr.

Rotman suggested that any normal activity could have caused claimant's condition of ill-being, Dr. Newcomer was of the opinion that the work accidents aggravated claimant's degenerative arthritis. Accordingly, claimant's reliance on these two cases is misplaced.

¶ 36 Finally, we note that respondent's argument with respect to prospective medical treatment is premised on the absence of causation. Having rejected respondent's position on that issue, we also find that the Commission's award of prospective medical treatment, including the total right-shoulder arthroplasty, is not against the manifest weight of the evidence.

¶ 37

### III. CONCLUSION

¶ 38 For the reasons set forth above, we affirm the judgment of the circuit court of Peoria County, which confirmed the decision of the Commission. This cause is remanded to the Commission for further proceedings pursuant to *Thomas*, 78 Ill. 2d 327.

¶ 39 Affirmed and remanded.