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2014 IL App (3d) 130418WC

Order filed September 19, 2014

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

| | | |
|-------------------------------------|---|------------------------|
| GEORGINA MUNOZ, |) | Appeal from the |
| |) | Circuit Court of |
| |) | Peoria County. |
| Appellant, |) | |
| |) | Appeal No. 3-13-0418WC |
| v. |) | No. 12 MR 522 |
| |) | |
| ILLINOIS WORKERS' COMPENSATION |) | |
| COMMISSION, <i>et al.</i> , |) | |
| |) | Honorable |
| |) | Michael E. Brandt, |
| (Christian Buehler Home, Appellee). |) | Judge, Presiding. |

JUSTICE STEWART delivered the judgment of the court.

Presiding Justice Holdridge and Justices Hoffman, Hudson, and Harris concurred in the judgment.

ORDER

¶ 1 *Held:* The Commission did not err in overruling the claimant's objection, pursuant to section 12 of the Workers' Compensation Act (820 ILCS 305/1 *et seq.* (West 2010)) and *Ghere v. Industrial Comm'n*, 278 Ill. App. 3d 840, 663 N.E.2d 1046 (1996), to a doctor's testimony where the claimant's attorney was notified in writing that the doctor would testify as to causation and where his testimony was a natural continuation of the opinion expressed in his report. The Commission's determination that the claimant did not

sustain a repetitive trauma injury that arose out of and in the course of her employment was not against the manifest weight of the evidence where there was medical testimony that the claimant's job duties were not a causative or aggravating factor in the development of her carpal tunnel syndrome and that her condition was idiopathic.

¶ 2 The claimant, Georgina Munoz, filed two applications for adjustment of claim against her employer, Christian Buehler Home, seeking workers' compensation benefits. The first application alleged a repetitive trauma injury with a manifestation date of January 8, 2010. The second application alleged that on July 17, 2010, the claimant received an electrical shock at work and as a result sustained injuries to her right hand and arm. The claims were consolidated and proceeded to an expedited arbitration hearing under section 19(b) of the Workers' Compensation Act (the Act) (820 ILCS 305/19(b) (West 2010)). The arbitrator found that the claimant failed to prove that she sustained a repetitive trauma injury that arose out of and in the course of her employment. The arbitrator found that on July 17, 2010, the claimant sustained an accident which arose out of and in the course of her employment and that her condition of an electrical shock to her right hand was causally related to her work accident. The arbitrator ordered the employer to pay reasonable and necessary medical expenses in the amount of \$958.27. The claimant appealed to the Illinois Workers' Compensation Commission (Commission). The Commission affirmed the arbitrator's decision. The claimant filed a timely petition for review in the circuit court of Peoria County which confirmed the Commission's decision. The claimant appeals. We affirm.

¶ 3

BACKGROUND

¶ 4 The following factual recitation is taken from the evidence presented at the arbitration hearing conducted on February 29, 2012.

¶ 5 The claimant testified that on August 14, 2008, she started working for the employer as a housekeeper at its senior independent living facility. She testified that her job duties included cleaning the 27 one and two room apartments at the facility. The apartments are cleaned on a rotating basis so the claimant only cleaned five apartments per day. The claimant completed a job description form which was admitted into evidence. On the form she described her duties as scrubbing floors, dusting, vacuuming, mopping, sweeping, cleaning windows, and cleaning toilets. She wrote that each of these activities required the use of her hands. A job description from the employer was also admitted into evidence. It listed the claimant's job duties as cleaning assigned apartments at a scheduled time by cleaning the bathroom, vacuuming, dusting, changing the bed, sweeping, mopping, emptying wastebaskets, and stocking supplies of paper towels, toilet tissue, can liners, and soap.

¶ 6 On December 17, 2009, the claimant was examined by Dr. Angela Timm, her family physician, for complaints of numbness in both hands radiating to her shoulders. Dr. Timm recommended that the claimant have an electromyogram (EMG).

¶ 7 Dr. Jeffrey Stedwill performed electrodiagnostic testing on the claimant on January 8, 2010. In his report he wrote that, based on the tests, the claimant showed evidence of bilateral median neuropathy at the carpal tunnels. He noted it was moderate to severe on the right side and mild on the left side.

¶ 8 On January 13, 2010, Dr. Timm referred the claimant to orthopedic surgeon Dr. Gregory Adamson for an evaluation of her bilateral carpal tunnel syndrome. On February 25, 2010, Dr. Adamson wrote to Dr. Timm outlining the results of his examination of the claimant. Dr. Adamson assessed the claimant with bilateral carpal tunnel syndrome which was greater on the right than the left. Surgery was discussed. The claimant indicated that she wanted to defer surgery. She was given bilateral carpal tunnel steroid injections and told to continue wearing her night braces.

¶ 9 The claimant testified that, while at work, on July 17, 2010, she plugged in the vacuum cleaner and as she "walked away from the plug to start the vacuum cleaner[,] [] it started to spark and smoke." She grabbed the plug and received an electrical shock. The power went off in the entire hallway. She went to the emergency room.

¶ 10 The emergency room report shows that the claimant was shocked when trying to unplug a vacuum cleaner. The claimant complained of right arm pain. Emergency room personnel noted that there were no abrasions, lacerations, significant bruising, rash, burns, or entry or exit wounds. The claimant was discharged.

¶ 11 On July 19, 2010, the claimant presented to the Illinois Work Injury Resource Center of Peoria for initial evaluation of an injury to her right upper extremity that occurred when she was shocked while vacuuming at work. She was examined by physician assistant Jane Kalmes. The claimant complained of throbbing, tingling, and numbness. An exam revealed no wounds on her fingers, hands, arms, shoulder, or back. Ms. Kalmes assessed the claimant with "electrocution – no entrance or exit wounds or burns, muscle fatigue present." She was allowed to return to work without restrictions.

¶ 12 On July 20, 2010, the claimant was examined by Dr. Timm. She presented for right arm pain after "getting electrocuted 3 days ago." An examination revealed no burn marks, erythema, or swelling. Dr. Timm diagnosed the claimant with bilateral carpal tunnel that was severe and that may have been exacerbated by the electrical shock. She was taken off work for two weeks. Dr. Timm referred the claimant to Dr. John Mahoney.

¶ 13 On August 6, 2010, Dr. Mahoney sent Dr. Timm a letter updating her on the results of his consultation with the claimant. The claimant reported to Dr. Mahoney that her carpal tunnel syndrome symptoms were manageable prior to her July 17, 2010, accident. Since the accident, the claimant reported that her numbness and tingling had become more constant and that she had increased pain. He wrote: "The injury itself sounds trivial and brief. It is hard for me to imagine how the brief contact that she would have had with 100 volts of alternating current with no external sign of injury could have caused any significant change in her overall neurologic function." He went on to state: "Again, I am concerned that she has become so disabled from a simple brief shock of electricity at work without any external sign of injury."

¶ 14 Dr. Blair Rhode, a board certified orthopedic surgeon and sports medicine doctor, testified by evidence deposition. He testified that he first examined the claimant on August 18, 2010. The claimant provided a history of a work-related injury. In his patient notes, Dr. Rhode wrote that the claimant informed him that she developed bilateral palmar wrist pain with radiation to the thumb, index, and long finger secondary to her work exposure as a cleaner. The claimant described her work duties as "cleaning, scrubbing, vacuuming, washing windows and walls." The claimant reported that on July

17, 2010, she sustained a right upper extremity electrical shock that made her symptomatology significantly worse. The claimant denied a prior wrist injury, and denied a history of diabetes or thyroid dysfunction. The claimant attempted to use braces without relief, gabapentin with some relief, and underwent physical therapy without relief. After reviewing the history with the claimant, Dr. Rhode testified that he performed an upper extremity evaluation and determined that the claimant had work-related carpal tunnel syndrome secondary to repetitive exposure as a cleaner. Surgery was discussed. The claimant expressed a desire to proceed with surgery, and Dr. Rhode indicated that proceeding with surgical intervention was appropriate. Dr. Rhode took the claimant off work.

¶ 15 Dr. Michael Cohen, an orthopedic surgeon with a certificate of added qualification in hand surgery, testified by evidence deposition. He stated that on September 1, 2010, he performed an independent medical examination of the claimant at the request of the employer. In his report he noted that the claimant complained of numbness and tingling in both hands, no sensation at all in the right hand, and wrist, elbow, and shoulder pain. He wrote: "At this time based on the history and physical exam performed, I have no objective evidence to support a specific diagnosis as her subjective symptoms far outweigh the objective findings and the objective findings that she does have are inconsistent and nonphysiologic." He testified that it was hard to form a diagnosis of the claimant because her examination was inconsistent and nonphysiologic. He wrote that an electric shock to the hand could cause discomfort which would resolve in a short period of time, no longer than two to three months. He stated that he did not believe that the

shock would have any significant effect on the course of her preexisting carpal tunnel syndrome. He further indicated that it would have no effect on the claimant's elbow or shoulder. He stated that in addition to examining the claimant and reviewing her medical records, he reviewed the job description provided by the employer and the one generated by the claimant. Dr. Cohen felt that there were no surgical indications and recommended a repeat EMG to consider surgical management of her potential carpal tunnel syndrome which he felt was not work related and predated her injury.

¶ 16 On September 9, 2010, Dr. Rhode performed a right open carpal tunnel release on the claimant. On October 15, 2010, Mike Mahoney, chief operating officer for the employer, sent the claimant a letter indicating that her medical leave under the Family and Medical Leave Act expired that day. He stated that because she could not comply with their request for a medical release to return to work, they were "showing [her] employment with [the employer] as a self-termination." On November 13, 2010, Dr. Rhode performed a left open carpal tunnel release on the claimant.

¶ 17 On January 12, 2011, Dr. Rhode examined the claimant. The claimant complained of mild palmar wrist pain. Dr. Rhode wrote in his patient notes that he believed that the claimant had plateaued. He wrote that, due to the claimant's mild symptomatology and risk for recurrent symptomatology, he believed that the claimant would require modified duty in the form of "medium heavy" tasks. He limited the claimant's use of vibratory tools with frequent repetitive grasp. He indicated that the restrictions were permanent. Dr. Rhode testified that he felt that the claimant could return to work if the job was modified within the restrictions that he delineated, but that if the job was not modified

and the claimant went back to the same job as before, she would be at risk for recurrence. Dr. Rhode testified that the claimant had a period of temporary total disability from August 18, 2010, through January 12, 2011.

¶ 18 Dr. Rhode testified that he thought that the claimant had symptomatology consistent with bilateral carpal tunnel syndrome prior to her electrical shock. He opined that the shock was an aggravating event relative to the claimant's right carpal tunnel syndrome. He testified that he did not know the type of amperage or the duration of the shock the claimant received on July 17, 2010. He did not know if there were wounds, swelling, red marks, or bruising in the area affected by the electrical jolt. Dr. Rhode averred that the job exposure as described by the claimant was a causative factor in her bilateral carpal tunnel syndrome. He stated that even assuming that the claimant had a preexisting condition in her hands and/or wrists, her job activities over the course of her employment constituted an aggravation to her preexisting condition. Dr. Rhode testified that each and every one of the claimant's job duties could be causative for carpal tunnel.

¶ 19 On May 27, 2011, Dr. Cohen provided another evaluation of the claimant based on a review of extensive medical records concerning the claimant's condition starting with Dr. Timm's records of December 17, 2009. He noted that he had no records from Dr. Rhode. He opined that based on his review of the additional records he maintained his original opinion that the electric shock that the claimant received on July 17, 2010, did not change her overall medical condition. He concluded that because the claimant's job duties included a variety of activities each of which were performed for a short period of time, they would not constitute a risk factor for carpal tunnel syndrome.

¶ 20 Dr. Cohen testified by evidence deposition that since his last report he reviewed the records from Dr. Rhode. He testified that based on the claimant's job description as provided by the employer and the claimant herself, he did not believe that her job activities were a causative or aggravating factor in her development of carpal tunnel syndrome. He based this on the fact that the claimant performed a variety of activities, each for a brief duration. He stated that "recent literature would support that that variety of activities would actually be a protective factor of carpal tunnel, not a causative factor." He explained that the greater the variety of activities a person engages in with her hands, the lower the risk she has for carpal tunnel syndrome, regardless of the activities performed. Dr. Cohen stated that the majority of carpal tunnel syndrome cases are idiopathic, meaning that there is no identifiable cause. He opined that while the claimant's gender and weight were risk factors associated with carpal tunnel syndrome, he considered her condition idiopathic.

¶ 21 The claimant testified that she was no longer able to perform normal housecleaning and that she could hardly vacuum. She stated that while the surgery helped, she is not completely better.

¶ 22 The arbitrator held that the claimant failed to prove that she sustained a repetitive trauma injury that arose out of and in the course of her employment and that manifested itself on January 8, 2010. The arbitrator found that the opinion of Dr. Cohen was persuasive. He found that Dr. Cohen works exclusively with treating arm conditions. He concluded that the claimant's job duties were varied and not repetitive by their nature. The arbitrator found that Dr. Rhode did not have a clear understanding of the exact duties

the claimant performed for the employer. The arbitrator found that the claimant sustained a shock on July 17, 2010, that arose out of and in the course of her employment. He found that her condition of an electrical shock to the right hand was causally connected to her accident. The arbitrator ordered the employer to pay reasonable and necessary medical expenses in the sum of \$958.27.

¶ 23 The claimant sought review of this decision before the Commission. The Commission affirmed and adopted the arbitrator's decision. The claimant sought judicial review of the Commission's decision in the circuit court of Peoria County. The circuit court confirmed the Commission's decision. The claimant appealed.

¶ 24 **ANALYSIS**

¶ 25 The claimant argues that the Commission erred in overruling her objection, pursuant to section 12 of the Act and *Ghere v. Industrial Comm'n*, 278 Ill. App. 3d 840, 663 N.E.2d 1046 (1996), made during Dr. Cohen's deposition. The claimant objected to Dr. Cohen's opinions as they related to the issue of causal connection between her job duties and her condition of ill-being because she argued that Dr. Cohen's reports did not reference anything about the cause of her carpal tunnel syndrome. The claimant argues that Dr. Cohen's report did not state, nor was it disclosed, that Dr. Cohen would testify that her job duties were not a causative factor of her bilateral carpal tunnel syndrome.

¶ 26 "Evidentiary rulings made during the course of a workers' compensation case will not be disturbed on review absent an abuse of discretion." *Certified Testing v. Industrial Comm'n*, 367 Ill. App. 3d 938, 947, 856 N.E.2d 602, 610 (2006).

¶ 27 Section 12 of the Act provides, in relevant part:

"In all cases where the examination is made by a surgeon engaged by the employer, and the injured employee has no surgeon present at such examination, it shall be the duty of the surgeon making the examination at the instance of the employer to deliver to the injured employee, or his representative, a statement in writing of the condition and extent of the injury to the same extent that said surgeon reports to the employer and the same shall be an exact copy of that furnished to the employer, said copy to be furnished to the employee, or his representative as soon as practicable but not later than 48 hours before the time the case is set for hearing. * * * If such surgeon refuses to furnish the employee with such statement to the same extent as that furnished the employer said surgeon shall not be permitted to testify at the hearing next following said examination." 820 ILCS 305/12 (West 2010).

The purpose of having the claimant's physician send a copy of his or her records to the employer no later than 48 hours prior to the arbitration hearing is to prevent the claimant from springing surprise medical testimony on the employer. *Ghere v. Industrial Comm'n*, 278 Ill. App. 3d 840, 845, 663 N.E.2d 1046, 1050 (1996).

¶ 28 In *Ghere* the employee died of a heart attack while working as a flagman for the employer. *Id.* at 841, 663 N.E.2d at 1048. The employee's doctor testified that he treated the employee on several occasions, but never treated him for heart problems. *Id.* at 842, 663 N.E.2d at 1048. The arbitrator sustained the employer's objection to the physician giving any opinions regarding the cause of the employee's death or whether the employee's work activities or the work environment was causally related to his death

because his opinions on these matters were not furnished to the employer 48 hours before the arbitration hearing. *Id.* On appeal the court found that the physician's causation opinion went well beyond what was in his report because there was no mention in the report that the physician ever treated the employee for a heart condition. *Id.* at 846, 663 N.E.2d at 1051. The court held that there was nothing in the physician's records to put the employer on notice that the physician had an opinion regarding causal connection. *Id.* The court held that the arbitrator correctly sustained the employer's objection to the physician's testimony. *Id.* The court in *Ghere* did not set forth a bright-line rule or presumption that undisclosed opinion testimony constitutes surprise. *Homebrite Ace Hardware v. Industrial Comm'n*, 351 Ill. App. 3d 333, 339, 814 N.E.2d 126, 132 (2004).

¶ 29 In the instant case, Dr. Cohen wrote in his report dated May 27, 2011, that "The job description and duties of a floorperson at [the employer] show a large variety of activities each of which are performed for a short period of time and therefore would not constitute a risk factor for carpal tunnel syndrome."

¶ 30 During Dr. Cohen's deposition, the claimant's counsel made the following objection to Dr. Cohen's opinion:

"MR. JENNETTEN [attorney for the employer]: Doctor, you had the opportunity to review additional medical records wherein the [claimant] eventually had carpal tunnel surgery performed by Dr. Rhode, correct?"

DR. COHEN: Correct.

MR. JENNETTEN: And you were asked to comment on causal connection to any job activities, as well as the alleged electrical shock?

MR. STRONG [attorney for the claimant]: I would just object, neither one of his reports comment on his opinions on causal connection for job duties.

He has expressed his opinion on causal connection with respect to the electrical shock, but not as to the job duties.

Neither one of these reports express any opinions about the job duties.

MR. JENNETTEN: Todd, if you look at the third paragraph down on page two, it specifically says the job description, duties would not constitute a risk factor for carpal tunnel syndrome.

MR. STRONG: I agree that the doctor can testify to that statement, however, that statement in and of itself is an opinion on causation.

What this statement only states, that the job duties are not a risk factor. And I believe it would be improper for - - to request this doctor to expound on that on a basis of Ghere. That's not a full disclosure of his opinions.

MR. JENNETTEN: So you're saying this isn't an opinion, and it can't be expounded on?

MR. STRONG: Well, there's lots of risk factors for carpal tunnel; diabetes, thyroidism. If a person is a female, there's a higher risk factor. There's idiopathic causes. There's exposure to vibratory tools. That's well documented in the medical literature.

The doctor has simply opined in this report that these job duties are not a risk factor. He does not express an opinion as to whether there's a causal

connection. Therefore, to ask this doctor to clarify, expound upon, or restate, or reiterate his opinion is a violation of Ghere and move to strike."

¶ 31 The instant case is similar to *Certified Testing*. In *Certified Testing* the claimant was awarded temporary total disability benefits and medical expenses for injuries that arose out of and in the course of his employment. *Certified Tasting*, 367 Ill. App. 3d at 939, 856 N.E.2d at 604. The employer appealed arguing that the Commission erred in overruling its objection, pursuant to section 12 of the Act, made during a physician's deposition. *Id.* at 946-47, 856 N.E.2d at 610. The employer admitted receiving a written report from the physician more than 48 hours prior to the hearing, but contended that the physician's opinion whether he would restrict the claimant's employment went beyond the opinions rendered in his report. *Id.* at 947, 856 N.E.2d at 610. The physician examined the claimant and opined in his report that the claimant's condition was severe and expressed doubt as to whether the claimant would be able to perform specific aspects of his job. *Id.* at 947, 856 N.E.2d at 610-11. In his deposition, the physician was asked whether, based on his assessment of the claimant, he would recommend that the claimant's work be restricted. *Id.* at 948, 856 N.E.2d at 611. The appellate court held that it was reasonable for the Commission to find that the physician's deposition testimony was a natural continuation of the opinion in his narrative report and that his opinion, that the claimant's condition would restrict his ability to perform his job, did not come as a surprise to the employer. *Id.*

¶ 32 In the instant case, Dr. Cohen wrote in his report that the job description and the duties of a floorperson for the employer include a variety of activities, each performed for

a short period of time, and that they would therefore, not constitute a risk factor for carpal tunnel syndrome. It was reasonable for the Commission to determine that Dr. Cohen's deposition testimony that there was no causal connection between the claimant's work activities and her carpal tunnel syndrome was a natural continuation of the opinion in his report. As such, it would not have surprised the claimant's counsel.

¶ 33 Additionally, in a letter to the claimant's attorney dated July 15, 2011, the employer's attorney wrote:

"Please further note by this letter, Dr. Cohen is going to review the job description that you discussed during Dr. Rhode's deposition. Dr. Cohen will be reviewing the job description of [the claimant] prepared by [the claimant's] employer.

I anticipate, but could be wrong, that Dr. Cohen will indicate that the enclosed job descriptions did not contribute, or cause, or aggravate the [claimant's] carpal tunnel syndrome condition. I further anticipate, but could be wrong, that Dr. Cohen will testify that he disagrees with Dr. Rhode's opinions as relates to causation and off work issues, in addition to medical expenses."

In a letter to the claimant's attorney dated August 11, 2011, the employer's attorney wrote:

"As you are aware, Dr. Cohen's deposition testimony is coming up in the above matter. I enclose for you a copy of the job description Dr. Cohen will testify to in the above matter. Please note Dr. Cohen is going to review this job

description and I expect him to give an opinion that the [claimant's] condition of ill being is not related to these work activities."

Both letters were admitted into evidence without objection.

¶ 34 In *Kishwaukee Community Hospital v. Industrial Comm'n*, 356 Ill. App. 3d 915, 828 N.E.2d 283 (2005), the employer appealed an award of benefits for a repetitive trauma injury, arguing that the Commission erred in overruling its objection to a physician's causation testimony based on *Ghere* because no report was issued notifying the employer as to what the physician's opinions would be on the issue of causal connection. *Id.* at 922-23, 828 N.E.2d at 290-91. The employer contended that the claimant's attorney's letter notifying the employer's attorney that the physician would render opinions regarding causal connection was too broad. *Id.* at 923, 828 N.E.2d at 291. The appellate court found that the employer could not have been surprised by the physician's opinions regarding causation because the claimant's attorney provided the employer's attorney with a letter indicating that he intended to inquire into the issue of causal connection with regard to the claimant's conditions of ill-being. *Id.* at 923-24, 828 N.E.2d at 291. The court found that there was no error in allowing the physician to offer opinion testimony regarding causation. *Id.* at 924, 828 N.E.2d at 291.

¶ 35 Similarly in the instant case, the claimant could not have been surprised by Dr. Cohen's causation opinion. The claimant's attorney received two letters that specifically stated that Dr. Cohen would be testifying as to causation. The employer's attorney sent the claimant's attorney a copy of the job description that Dr. Cohen used to form his opinion about whether the claimant's job activities caused, contributed to, or aggravated

her condition of ill-being. The claimant's attorney had notice that Dr. Cohen would be asked to give an opinion about causal connection between the claimant's job duties and her condition of ill-being.

¶ 36 Because the claimant's attorney was notified in two letters that Dr. Cohen would be testifying as to causation, and because his causation testimony was a natural continuation of the opinion expressed in his report, the Commission did not err in overruling the claimant's *Ghere* objection.

¶ 37 The claimant argues that the Commission erred in finding that she did not sustain a repetitive trauma injury that arose out of and in the course of her employment. She argues that because Dr. Cohen's causation opinion testimony should have been stricken, Dr. Rhode's opinion testimony that the claimant's job duties were causative to her bilateral carpal tunnel syndrome was the only medical opinion.

¶ 38 Generally, the question of whether an injury arose out of or in the course of a claimant's employment is a question of fact to be resolved by the Commission, and its determination will not be disturbed on review unless it is against the manifest weight of the evidence. *Certified Testing*, 367 Ill. App. 3d at 944, 856 N.E.2d at 608. A finding is not against the manifest weight of the evidence if there is sufficient evidence in the record to support the Commission's decision. *Id.* at 944-45, 856 N.E.2d at 608. It is within the Commission's province to resolve conflicts in the evidence, especially as they relate to medical opinion evidence. *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 538, 865 N.E.2d 342, 353 (2007).

¶ 39 Because Dr. Cohen's causation testimony was properly allowed, the Commission had to weigh conflicting medical evidence. Dr. Cohen reviewed the job description provided by the employer as well as a handwritten job description generated by the claimant. He opined that because the claimant's job duties were varied and were each performed for only a short duration of time, they did not constitute a risk factor for carpal tunnel syndrome. He testified that recent literature supported the opinion that performing a variety of activities is a protective factor, not a causative factor for carpal tunnel syndrome. He stated that the greater the variety of activities a person engaged in with her hands, the lower her risk of developing carpal tunnel syndrome, regardless of the activities performed. Dr. Cohen testified that he did not believe the claimant's job duties were a causative or aggravating factor in the development of her carpal tunnel syndrome. Dr. Cohen further opined that the electrical shock the claimant received on July 17, 2010, did not change her overall medical condition. He stated that he felt the claimant's condition was idiopathic.

¶ 40 The Commission found that Dr. Cohen's opinion was persuasive. It is the function of the Commission to judge the credibility of witnesses, resolve conflicts in the evidence, assign weight to be accorded the evidence, and draw reasonable inferences from the evidence. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674, 928 N.E.2d 474, 482 (2009). We cannot say based upon the record before us that the Commission's decision is contrary to the manifest weight of the evidence.

¶ 41

CONCLUSION

¶ 42 For the foregoing reasons, we affirm the circuit court's judgment, that confirmed the decision of the Commission, and remand the case to the Commission for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399, N.E.2d 1322 (1980).

¶ 43 Affirmed and remanded.