Workers' Compensation
Commission Division
FILED: January 3, 2011

No. 1-09-2684WC

IN THE

APPELLATE COURT OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

COMMONWEALTH EDISON,	)	Appeal from the Circuit Court
	)	of Cook County, Illinois
Appellant,	)	
	)	
v.	)	Nos. 08--L--50955
	)	
ILLINOIS WORKERS' COMPENSATION	)	Honorable
COMMISSION et al. (Robert Pucel, Appellee.)	)	Alexander P. White,
	)	Judge, Presiding

JUSTICE HOLDRIDGE delivered the judgment of the court.
Presiding Justice McCullough and Justices Hoffman, Hudson and Stewart concurred in the judgment.

ORDER

Held: The Commission's finding that the claimant proved a causal connection between the current condition of ill-being of his cervical spine and an industrial accident on January 19, 1998, was not against the manifest weight of the evidence.

The claimant, Robert Pucel, sought workers' compensation benefits from his employer, Commonwealth Edison, for injuries to his cervical spine/neck and his left shoulder arising out of and in the course of his employment as the result of an industrial accident on January 19, 1998. The employer stipulated to causation as to the left shoulder. The matter proceeded to an arbitration hearing on February 17, 2006, pursuant to section 19(b) of the Workers' Compensation Act (the Act) (820 ILCS 305/19(b) (West 2002)). On April 6, 2006, the arbitrator issued a decision finding that the claimant had failed to establish that he had sustained an injury to his cervical spine/neck that arose out of and in the course of his employment. The arbitrator thus denied all claims for disability benefits and medical expenses attributable to the condition of ill-being of the claimant's spine/neck. As to the claimant's shoulder injury, the arbitrator awarded 47 and 1/7th weeks of temporary total disability (TTD) benefits and permanent partial disability (PPD) benefits equal to 65% loss of the use of the right arm. No medical expenses were sought for the shoulder injury. The claimant appealed to the Illinois Workers' Compensation Commission (Commission), which modified the arbitrator's decision, finding that the claimant had established that he sustained an injury to his cervical spine/neck as well as his shoulder. The Commission, with one commissioner dissenting, increased the TTD award to 106 and 4/7ths weeks, awarded medical expenses in the amount of $94,456.26, and made an additional PPD award equal to 17.5% of the person-as-a-whole for spine/neck injury. The employer then sought review in the circuit court of Cook County, which confirmed the decision of the Commission. The employer then appealed to this court.

FACTS

The claimant testified that he worked for the employer as an electrical technician at the Commonwealth Edison Collins Station in Morris, Illinois. His job involved occasional heavy lifting and physical exertion including bending and installing pipes and conduit. He testified that on January 19, 1998, he felt fine when he started work that morning and was not subject to any physical restrictions. The claimant acknowledged that in November 1997 he had reported symptoms consistent with carpal tunnel syndrome and had received an injection in his right carpal tunnel to relieve the pain. He reported being free of carpal tunnel pain after the injection.

At the time of the undisputed accident on January 19, 1998, the claimant was attempting to work outside in blizzard and ice storm conditions. Early in the morning, before any plowing had taken place, he was walking down a slope in the direction of his truck to retrieve some tubing when his feet went out from underneath him. He testified that he fell backward at an angle and he grabbed the back of his truck with his right hand as he was falling. His "hard had went flying" and he hit the back of his head on the truck tailgate, almost losing consciousness in the process. The claimant testified that he felt a sharp pain in his shoulder and in the side of his neck. He continued working. At break time, he reported his fall to his foreman, who instructed the claimant to fill out an accident report. The claimant submitted the accident report, at which time the foreman requested the claimant return to work as they were in the midst of a crucial task. The claimant testified that he finished the work day but experienced right arm and neck pain throughout the remainder of his shift. He also testified to experiencing numbness in both hands.

On January 30, 1998, over a week after the accident, the claimant sought medical treatment from his family physician, Dr. John Duffy. The claimant complained of pain in his right elbow and shoulder pain and numbness in the fourth and fifth fingers of his right hand. Dr. Duffy diagnosed right shoulder impingement and treated the claimant with a steroid injection to the right shoulder and pain medication. Dr. Duffy reexamined the claimant on February 2, 1998, due to the claimant's report of persistent right shoulder and back pain. Dr. Duffy ordered an MRI of the right shoulder, which was performed on February 9, 1998. The MRI revealed a partial right rotator cuff tear. Dr. Duffy prescribed physical therapy and pain medication in an attempt to conservatively treat the claimant. When he noted only limited symptomatic improvement, Dr. Duffy referred the claimant to his partner, Dr. Surender P. Dhiman, an orthopedic surgeon.

On March 24, 1998, Dr. Dhiman examined the claimant and diagnosed right shoulder subacromial (under the shoulder) impingement syndrome with a partial rotator cuff tear. Dr. Dhiman discussed decompression (surgery) on the right shoulder.

On April 11, 1998, Dr. Dhiman noted "painful tenderness in the cervical region," diagnosed possible cervical bursitis and tendonitis, and recommended surgery on the right shoulder. On April 18, 1998, Dr. Dhiman performed surgery on the claimant's right biceps and rotator cuff. The claimant testified that, following the surgery, he continued to have pain radiating down his arm and numbness in his hands. The claimant continued post-operative physical therapy and a regime of pain medication, but reported no improvement.

In August 1998, Dr. Dhiman released the claimant to return to full duty. However, he instructed the claimant to "take it easy" while at work. The claimant returned to work but noticed

that his symptoms--pain radiating down his right arm and numbness in both hands--were getting worse. Shortly after returning to work, the claimant requested, and was granted, permission to work half days, although his supervisor continued to record on the claimant's time sheets that he was working full days. The claimant did not object to being paid full wages despite working only half days because he claimed that he needed the money to support his family.

On November 18, 1998, the claimant was again examined by Dr. Dhiman. The claimant reported tingling and numbness in his right arm. Dr. Dhiman suspected possible carpal tunnel syndrome and referred the claimant to Dr. Surendra Gulati. On December 10, 1998, Dr. Gulati noted that the claimant reported injuring his neck as well as his shoulder. Dr. Gulati further noted that the claimant complained of "pain about the right side of the neck as well as a tingling sensation in the right hand." Dr. Gulati identified carpal tunnel syndrome as a possible diagnosis. However, he suggested that the claimant also be evaluated for cervical radiculopathy.

The claimant was next examined by Dr. Dhiman on February 19, 1999, at which time the claimant reported continuing pain in the right shoulder. Dr. Dhiman diagnosed a neuroma (growth of nerve cells) at the scar site of a previous surgery and prescribed a nerve block injection. The claimant reported that, following the injection, the pain decreased significantly but returned after a few days. On March 25, 1999, a second nerve block was performed with similar results. A third nerve block was performed with similar results on May 25, 1999. During this period of time, the claimant was able to continue with prescribed physical therapy.

On August 12, 1999, Darlene Carlson, the claimant's physical therapist, reported to Dr. Dhiman that she observed diminished sensation at C5 on the right and increased pain at C6 and

C7 on the right. In subsequent progress reports, Carlson informed Dr. Dhiman that the claimant's condition was worsening, that he was dropping objects, that his grip strength in the right hand was significantly less than in the left (120 pounds on the left, 16 pounds on the right), and that he had increasing pain radiating into the right hand.

On August 31, 1999, the claimant was again examined by Dr. Dhiman. The claimant reported a generalized aching numbness and tingling in his right arm. Dr. Dhiman dismissed carpal tunnel syndrome as the cause of the pain, suspecting instead a possible thoracic outlet compression syndrome (a symptom complex caused by conditions in which nerves or vessels are compressed in the neck or axilla--the condition can be confused with cervical disk damage, osteoarthritis of the cervical vertebrae or bursitis). Dr. Dhiman prescribed continuation of the claimant's pain medication.

On September 28, 1999, the claimant returned to Dr. Dhiman with complaints of neck and right shoulder pain and a persistent tingling sensation in the right arm. Dr. Dhiman ordered an MRI of the cervical spine. The MRI was administered on October 5, 1999. The test revealed a central disk protrusion at C5-C6 causing a slight impingement on the cervical cord consistent with a disk hernia, a mild disk protrusion at C6-C7, a small hernia at C4-C5, and a disk protrusion at T1-T2. Dr. Dhiman reviewed the MRI results on October 11, 1999, and opined that the disk damage reported therein might be a cause of the claimant's continuing right arm symptoms. Specifically, Dr. Dhiman noted that "significant changes in the cervical region would explain the pain in the right arm." Dr. Dhiman then referred the claimant to Dr. George DePhillips, a board certified neurosurgeon, for a neurological examination.

On October 15, 1999, Dr. DePhillips examined the claimant and reviewed his medical records. The claimant reported a history of neck and shoulder pain with radiating numbness and tingling in the right arm since a fall at work on January 19, 1998. Dr. DePhillips surmised that the herniated disk at C5-C6 was the chief cause of the claimant's symptoms and ordered a cervical epidural steroid injection, which was administered on October 26, 1999. The claimant reported little improvement following the injection and actually reported increased pain. On November 17, 1999, a second cervical epidural steroid injection was administered pursuant to Dr. DePhillips's instructions. The claimant reported temporary improvement. On December 15, 1999, Dr. DePhillips reexamined the claimant and ordered a third injection, which was administered on January 7, 2000, again with temporary results.

On February 22, 2000, the claimant underwent a cervical myelogram and CT scan prescribed by Dr. DePhillips. These tests revealed a small disk protrusion at C4-C5, a larger protrusion at C5-C6, and a disk protrusion at T1-T2. Based upon these results, Dr. DePhillips prescribed an cervical MRI scan, which was performed on March 9, 2000. This test revealed to Dr. DePhillips a herniated disk at C5-C6 and T1-T2, with mild cord impingement. Dr. DePhillips recommended surgery at C5-C6 as a possible action to relieve the symptoms.

On May 16, 2000, the claimant sought a second opinion from Dr. Thomas Hurley. Dr. Hurley noted that claimant's initial treatment had been directed toward the right shoulder, yet the claimant continued throughout to complain of neck pain and radiating right arm pain. Dr. Hurley recommended that the claimant consult with a physiatrist (a rehabilitative physician specializing in the diagnosis and treatment of pain).

On May 31, 2000, the claimant was examined by Dr. Arius Patolot, a physiatrist with Physical Medicine and Rehabilitation in Joliet, Illinois. The claimant treated with Dr. Patolot for approximately one year, until May 1, 2001. During that time, Dr. Patolot diagnosed multilevel disk hernias in the cervical spine, degenerative disk disease and right rotator cuff truama. Dr. Patolot pursued a conservative course of treatment, trigger point injections and physical therapy, which appeared to temporarily alleviate the severity of the claimant's symptoms.

On April 11, 2001, the claimant underwent MRI scans of the cervical area and the right shoulder. The cervical MRI revealed no changes from the March 9, 2000, scan, except that the C6-C7 protrusion had grown larger. The shoulder MRI showed that the partial tear of the rotator cuff had become a complete tear. On April 20, 2001, the claimant was examined by Dr. Dhiman, who recommended a repeat of the shoulder surgery.

On May 31, 2001, Dr. Dhiman performed a second surgery on the claimant's right shoulder. The claimant was examined postoperative on June 11, 2001, and some improvement was noted. The claimant received physical therapy until December 6, 2001, at which time Dr. Dhiman noted significant improvement in the claimant's shoulder symptoms. During this time period, the claimant also reported some improvement in his neck pain.

On October 9, 2001, the claimant reported left knee pain. In January 2002, Dr. Dhiman performed surgery on the clamant's left knee.

On April 18, 2002, the claimant returned to Dr. Patolot with complaints of neck pain and stiffness. Dr. Patolot diagnosed acute/subacute cervical strain and tightness and prescribed

conservative treatment, including physical therapy, pain medication and muscle relaxants. Dr. Patolot noted little symptomatic improvement.

Following recovery from the left knee surgery, Dr. Dhiman released the claimant to return to work in August 2002. The release stated: "Robert may return to full work duty but must wear a brace at all times. He wants to see if he is able to perform his full work duties. He will determine whether or not he has limitations. He is also currently continuing with physical therapy sessions 3 times a week for 4 more weeks."

On May 1, 2003, the claimant was examined at the request of the employer by Dr. Alexander Ghanayem. Dr. Ghanayem noted that the claimant had undergone two shoulder surgeries and reported residual pain in the right shoulder. He also noted the claimant's complaints of neck pain and radiating numbness down both arms. Dr. Ghanayem opined that the claimant likely injured his right shoulder in the work-related fall. However, he attributed all of the claimant's cervical pain and related symptoms to a degenerative condition completely unrelated to the fall. After returning to work, the claimant continued to report neck pain, along with tingling and numbness in the arms. Dr. Dhiman referred the claimant to Dr. Purnendu Gupta, a surgeon at the University of Chicago Medical Center.

On March 4, 2004, Dr. Gupta examined the claimant and reviewed his medical records. The claimant underwent a fourth cervical spine MRI and a cervical spine CT scan. On March 29, 2004, Dr. Gupta performed a discectomy at C5-C6 and an anterior fusion at the same level. The claimant later testified that, after the surgery, the numbness in his hands began to abate. However, shortly after surgery, the claimant reported left side pain and paralysis-like symptoms

in the left arm. Dr. Gupta referred the claimant to Dr. Sudershan Dershi Saxena, a pain management specialist at the Center For Pain Treatment in Palos Heights, Illinois.

On August 26, 2004, Dr. Saxena examined the claimant, who complained primarily of severe stabbing and burning pain in his neck which radiated into both arms. Dr. Saxena then provided pain treatment which included medication and trigger point injections. The claimant returned to Dr. Gupta in October of 2004, still complaining of neck pain radiating into both arms.

On October 12, 2004, the claimant underwent another MRI scan of the lower cervical and upper thoracic spine at the request of Dr. Gupta, who interpreted the scan to reveal a moderately large left-sided herniated disk at T1-T2 which might be causing the pain. Dr. Gupta did not recommend surgery, instead prescribing epidural steroid injections, which were administered by Dr. Saxena on November 9, 2004, and January 14, 2005.

On November 16, 2004, the claimant was examined at the request of his attorney by Dr. Jeffery Coe, a board-certified specialist in occupational medicine. Dr. Coe received a detailed history of the nature of the accident and the subsequent treatment. Dr. Coe also reviewed the extensive medical records regarding the treatment the claimant received. Dr. Coe opined that the claimant's condition of ill-being was causally related to the January 19, 1998, accident. Dr. Coe was of the opinion that the fall had aggravated and accelerated the claimant's preexisting degenerative disk disease and degenerative arthritis in his lower cervical spine. He further noted that, initially, all of the treatment had been directed toward the shoulder even though the claimant had complained very early on of tingling and numbness in the right hand. Dr. Coe noted that

tingling in the arms and hands is an indication of cervical or spinal radiculopathy (nerve damage). He opined that, during the initial phases of treatment, the right-hand tingling was written off as a symptom of carpal tunnel syndrome. According to Dr. Coe, it was not until after the two surgeries on the right shoulder did not alleviate the radiating pain and tingling that the treating physicians began to look for other possible causes. After ruling out carpal tunnel and thoracic outlet syndrome, the treating physicians then focused their attention upon the neck and spine. Although it took almost two years, according to Dr. Coe, the treaters ultimately located the problem in the cervical spine which culminated in the surgery performed by Dr. Gupta. Dr. Coe also found it to be significant that the right hand tingling and numbness abated after Dr. Gupta's surgery.

On April 28, 2005, the claimant was reexamined at the employer's request by Dr. Ghanayem, who opined that the claimant's condition of ill-being which resulted in Dr. Gupta's surgery was not causally related to the industrial accident on January 19, 1998. He commented that the records did not contain symptoms consistent with a cervical injury. He further commented that he considered the surgery performed by Dr. Gupta to have been unnecessary.

At the hearing on cross-examination, the claimant was asked about an injury to his left elbow that he sustained while working on his house in December 1998. The claimant testified that he was building a new house at the time but only acted as the general contractor and did not perform any physical activities. Also, at the hearing, the claimant testified that he was instructed by Dr. Gupta to wear the cervical collar as he deemed necessary for the pain.

The arbitrator found that the claimant had failed to establish that his cervical/spine condition and the resulting surgery performed by Dr. Gupta six years after the accident were causally related to his employment. The arbitrator noted a lack of history of complaint of neck pain immediately after the accident. The arbitrator also found the opinion of Dr. Ghanayem to be of more weight than Dr. Coe's opinion. Additionally, the arbitrator found that any post-accident manifestation of cervical or neck pain was due entirely to the claimant's existing cervical degeneration. Additionally, the arbitrator noted that the claimant testified while wearing a cervical collar, yet there appeared to be no documentation that, at the time of the hearing, a cervical collar was prescribed.

The claimant then appealed to the Commission, a majority of which reversed the arbitrator's findings. The Commission, in its own words, "viewed the evidence differently." While agreeing that the immediate post-accident records did not document any complaints of neck pain, the Commission observed that Dr. Duffy's initial post-accident treatment notes of January 30, 1998, reflected that the claimant described numbness in two fingers in the right hand. Where the arbitrator saw this numbness as a symptom of carpal tunnel syndrome, the Commission, adopting the analysis of Dr. Coe, saw the numbness as consistent with a cervical injury. Also, the Commission observed that Dr. Dhiman's note for April 11, 1998, refers to "painful tenderness in the cervical region," and on December 10, 1998, Dr. Gulati reported the claimant's complaint of neck pain and suggested that he be evaluated for cervical radiculopathy. Additionally, the Commission noted physical therapist Darlene Carlson's observation on August 12, 1999, that the claimant was exhibiting symptoms consistent with cervical injury. The

Commission also noted that it was Carlson's observations that motivated Dr. Dhiman to order the first cervical spine MRI. It was following that initial MRI that Dr. Dhiman, on October 11, 1999, first began to view the claimant's injuries as including neck, as well as shoulder, damage, writing in his notes that "significant changes in the cervical region would explain the pain in the right arm." In addition, Dr. DePhillips's report of his first examination of the claimant noted the claimant told him that he had been experiencing neck and shoulder pain, as well as radiating arm pain, since the January 19, 1998, accident.

Unlike the arbitrator, the Commission credited Dr. Coe's opinion that the January 19, 1998, fall at work aggravated an underlying degenerative spine condition, caused his arm and neck pain, and ultimately brought about the need for the surgery performed by Dr. Gupta.

The Commission recognized that the claimant had shoulder and hand symptoms prior to the January 19, 1998, accident. However, it noted that, where a preexisting condition is present, the employment need not be the sole or principal cause of the claimant's condition of ill-being as long as the employment is a causative factor in the resulting condition of ill-being, citing *Vogel v. Industrial Comm'n*, 354 Ill. App. 3d 780, 786 (1995). The Commission noted that, prior to the fall at work, the claimant had managed to perform a rather strenuous job without the symptoms which appeared and intensified after the accident. The Commission also noted that Dr. Ghanayem had conceded that it was possible for a person to injure both his shoulder and his neck in a single accident, and that the fall and impact described by the claimant could have caused a previously asymptomatic condition to become symptomatic.

The dissenting Commissioner agreed with the arbitrator's view that the record did not sufficiently support a conclusion that the claimant had complained of neck pain immediately after the accident. The dissent also noted that the Commission majority had given too much credibility to the claimant given his unnecessary use of the cervical collar at the hearing and the controversy regarding the claimant receiving full pay for less than full-time work. The dissent also disagreed with the majority's review of the medical records, finding that it attributed too much significance to the reports of neck pain or cervical tenderness contained in Dr. Dhiman's initial report and Dr. Gulati's report. The dissent disagreed with the majority's conclusion that the claimant's complaint of numbness and tingling in his hands was sufficient to establish that he had suffered a cervical or spinal injury in the January 19, 1998, accident. The dissent ascribed more credence to Dr. Ghanayem's opinion that the claimant's current condition of ill-being was completely degenerative in nature and that the accident was not a causative factor of the claimant's current condition of ill-being.

The employer then sought review in the Cook County circuit court, which confirmed the decision of the Commission. The employer then filed a timely appeal to this court.

DISCUSSION

The sole issue on appeal is whether the Commission erred in finding that the claimant proved that a causal connection existed between the current condition of ill-being of his cervical spine and an industrial accident on January 19, 1998. Whether a causal connection exists between an industrial accident and the claimant's subsequent condition of ill-being is a question of fact which will only be reversed if it is against the manifest weight of the evidence. *Caterpillar Tractor Co. v. Industrial Comm'n*, 129 Ill. 2d 52, 58 (1989). In deciding whether a factual finding is against the manifest weight of the evidence, the applicable test is "whether there was sufficient factual evidence in the record to support the Commission's determination." *Beattie v. Industrial Comm'n*, 276 Ill. App. 3d 446, 450 (1995); see also *Greene v. Industrial Comm'n*, 87 Ill. 2d 1 (1981) (a reviewing court may not disregard or reject permissible inferences drawn by the Commission merely because the court would have drawn other inferences). In resolving any questions of fact, it is the province of the Commission to assess the credibility of witnesses, resolve conflicts in the evidence, and assign weight to be accorded the evidence. *Modern Drop Forge v. Industrial Comm'n*, 284 Ill. App. 3d 259, 267 (1996). A factual decision is against the manifest weight of the evidence only when the opposite conclusion is clearly apparent from the record. *D.J. Masonry Co. v. Industrial Comm'n*, 295 Ill. App. 3d 924 (1998).

Here, the Commission found that the claimant had established that his cervical spine injury was causally related to the accident on January 19, 1998. The employer maintains that no rational trier of fact could have reached that conclusion. It maintains that the Commission was

wrong in finding evidence that the claimant showed symptoms of cervical injury shortly after the accident. It maintains that the record contained only one reference to a cervical component of the claimant's injuries, *i.e.*, Dr. Dhiman's notations on April 11, 1998, of "painful tenderness in the cervical region" and "cervical bursitis and tendonitis." The employer further maintains that this notation is nonsensical, as it maintains there is no such thing as "cervical bursitis." The employer posits that the notation more likely an error in transcription, since the note was dictated but not signed by Dr. Dhiman. It claims that if this one isolated and erroneous reference to a cervical injury is dismissed, there was no evidence in the record to support a finding that the claimant suffered a cervical injury on January 19, 1998.

The employer's theory regarding Dr. Dhiman's notation is certainly plausible. It is plausible that the notation was made in error. However, the question here is simply whether the Commission could presume that the notation was accurate and that Dr. Dhiman was accurately noting an observation of cervical distress. We find nothing to indicate that the Commission was irrational in assuming that the notation was accurate and accurately reflected Dr. Dhiman's observations. Our research reveals that there is such a condition as "cervical bursitis," and we see no reason to accept the employer's supposition that Dr. Dhiman's notation was in error.[1]

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[1] See Miguel A Gonzalez-Gay, *The Clinical Implication of Cervical Interspinous Bursitis in the Diagnosis of Polymyalgia Rheumatica* Annals of the Rheumatic Diseases, 67:733-734 (2008); (cervical bursitis at C6-C7) available at http://ard.bmj.com/content/67/6/733.full.

Given that the notation could be presumed to be accurate, it does establish that Dr. Dhiman noted cervical distress the first time he examined the claimant.

Additionally, the employer's observation that Dr. Dhiman's April 11, 1998, notation was the only recorded reference to cervical distress is incorrect. As the Commission noted, in his initial examination following the accident, Dr. Duffy recorded that the claimant complained of numbness in the fingers of his right hand. Also, in December 1998, Dr. Gulati reported the claimant's complaint of neck pain and suggested that he be evaluated for cervical radiculopathy. The Commission also placed great weight on the observations of the physical therapist in August 1999 that the claimant was exhibiting symptoms consistent with cervical nerve damage. The employer dismisses these observations as the result of the claimant's deception. However, this position presumes a finding that the claimant was not credible.

The employer also disagrees with the Commission's supposition that numbness and tingling in the hands is a symptom of cervical distress. While this is an inference, it is an inference that is supported by the record. There were several instances in the record where medical providers linked numbness and tingling in the hands with cervical distress. After the claimant's physical therapist reported numbness and weakness of grip in the right hand, Dr. Dhiman responded by ordering a cervical spine MRI. Following that MRI, Dr. Dhiman made an entry in his treatment notes that "significant changes in the cervical region would explain the pain in the right arm." Additionally, Dr. Coe specifically opined that the claimant's numbness and pain in his right arm was caused by cervical injury. The Commission is permitted to make

reasonable inferences from these facts, and we cannot say that these inferences were not supported by the record.

Moreover, Dr. Coe's opinion articulates a plausible theory for why it took over two years for the treating physicians to determine that the claimant's numbness and tingling in his hands was caused by a cervical injury resulting from the accident. While it is possible to reject Dr. Coe's opinion, the Commission was free to accept his opinion, both as to the link between the claimant's reported symptoms and a cervical injury, as well as his explanation that the treating physicians were too slow to discard the carpal tunnel syndrome diagnosis.

The employer also takes issue with the Commission's inference from the claimant's ability to perform strenuous work immediately prior to the accident and the manifestation of his neck pain shortly after the accident that the accident was a causative factor of the claimant's cervical spine and neck symptoms. See *International Harvester v. Industrial Comm'n*, 93 Ill. 2d 59, 63-64 (1982) ("a chain of events which demonstrates a previous condition of good health, an accident, and a subsequent injury resulting in disability may be sufficient circumstantial evidence to prove a causal nexus between an accident and the employee's injury."). The employer remarks that the claimant's "previous good health" was dubious, noting that the claimant's condition was deteriorating in the months prior to the accident. That would be one interpretation of the record. However, as the Commission noted, at the time of the accident, the claimant's preexisting degenerative disk condition was asymptomatic, but after the accident symptoms reasonably attributable to degenerative disk disease began to occur. From this fact, the Commission inferred that the accident was a cause of the claimant's asymptomatic degenerative disk disease becoming

symptomatic. The Commission's adoption of that inference is not contrary to the manifest weight of the evidence.

The employer next maintains that the Commission's finding that the claimant was a credible witness was against the manifest weight of the evidence. The employer posits that the claimant simply and repeatedly lied. He lied to his treating physicians, to his employer, and to the arbitrator. That may be. However, it is also possible that he told the truth, or at least that he did not lie about his symptoms or his description of the accident. Credibility is uniquely within the province of the Commission. *American Electric Cordsets v. Industrial Comm'n*, 198 Ill. App. 87, 89 (1990). The employer points out, as evidence of the claimant's dishonesty, that he apparently worked part-time hours, yet received full-time pay. The claimant explained that he reported his part-time hours to his supervisor, yet his supervisor chose to report the claimant's hours as full-time. If the employer had called the supervisor to testify, the record might have established whether the claimant was dishonest or merely the recipient of the largess of his supervisor. Without the supervisor's testimony, we cannot say whether the record established the claimant's lack of credibility. As to the significance of the claimant's appearance at the hearing in a cervical collar, we would leave any inference regarding its evidence of the claimant's credibility to the Commission. Thus, despite the employer's protestation to the contrary, it simply cannot be said that the Commission's determination as to the claimant's credibility was against the manifest weight of the evidence.

CONCLUSION

There are two plausible ways to interpret this record. One, adopted by the arbitrator and the dissenting commissioner, would find that the claimant had failed to establish that his cervical spine and neck condition was causally connected to the accident, while the other, adopted by the two majority commissioners, would find that the claimant had established causation. To say that both are plausible is to say that the conclusion adopted by the Commission majority was not against the manifest weight of the evidence.

For the foregoing reasons, we find that the decision of the Commission was not against the manifest weight of the evidence. The order of the circuit court of Cook County confirming the Commission's decision is affirmed.

Affirmed.