

2015 IL App (1st) 132843WC-U  
No. 1-13-2843WC  
Order filed: June 26, 2015

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

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DARLENE SHEILS,	)	Appeal from the
	)	Circuit Court of
	)	Cook County.
Appellant,	)	
	)	
v.	)	No. 13 L 050145
	)	
ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION, <i>et al.</i> ,	)	
	)	Honorable
	)	Eileen O'Neill Burke,
(Gatehouse Media, Appellee).	)	Judge, Presiding.

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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's finding that the claimant failed to prove that she sustained a repetitive trauma injury manifesting itself on June 10, 2009, was against the manifest weight of the evidence where she had intermittent symptoms as early as 2001, but they did not affect her job performance until June 2009, and it was not until June 10, 2009, that she was diagnosed with carpal tunnel syndrome and her diagnosis was linked to her work duties.

¶ 2 The claimant, Darlene Sheils, filed an application for adjustment of claim against her employer, Gatehouse Media, seeking workers' compensation benefits. She alleged repetitive trauma caused carpal tunnel syndrome in both wrists and hands with a manifestation date of June 10, 2009. The claim proceeded to an expedited arbitration hearing under section 19(b) of the Workers' Compensation Act (the Act) (820 ILCS 305/1 *et seq.* (West 2008)). The arbitrator found that the claimant failed to prove that she sustained a repetitive trauma injury manifesting on June 10, 2009.

¶ 3 The claimant appealed to the Illinois Workers' Compensation Commission (Commission). The Commission affirmed and adopted the arbitrator's decision. The claimant filed a timely petition for review in the circuit court of Cook County, which confirmed the Commission's decision. The claimant appeals.

¶ 4 **BACKGROUND**

¶ 5 The following factual recitation is taken from the evidence presented at the arbitration hearing conducted on January 31, 2012.

¶ 6 The claimant testified that she was the creative director of Liberty Publishing and its predecessor, Sun Publishing, which eventually was purchased by the employer. She had worked for the employer and its predecessors for 16 to 17 years, and her job duties were "pretty much the same" during that time. Her job duties involved the use of a computer mouse and keyboard to design newspaper ads and layouts. The claimant testified that she spent approximately eight hours per day using the keyboard and mouse. She is right hand dominant.

¶ 7 On September 25, 2008, rheumatologist Dr. Cory Conniff examined the claimant. The claimant testified that the purpose of the examination was to determine whether she had rheumatoid arthritis or some type of connective tissue disorder. He diagnosed her with elevated antinuclear antibody (ANA) and polyarthralgia and ordered a blood screen.

¶ 8 On October 16, 2008, Dr. Conniff examined the claimant and diagnosed her with diffuse disease of the connective tissue. He prescribed Plaquenil, which she continued to take until June 2011. He saw her again on January 15, 2009. She complained of finger tingling for the last couple of months, as well as color change in her fingertips when exposed to cold. He diagnosed her with diffuse disease of the connective tissue, Raynaud's phenomenon, polyarthralgia, and carpal tunnel syndrome. The claimant testified that Dr. Conniff told her to buy some wrist splints with steel shanks to wear at night.

¶ 9 Dr. Conniff referred the claimant to neurologist Dr. Kerry DiSanto. On May 28, 2009, Dr. DiSanto sent a letter to Dr. Conniff summarizing the results of his examination of the claimant. Dr. DiSanto noted that she had been experiencing tingling in her right hand for a little over a year. It spread to her left hand over the past six months. The claimant complained that the pain awakened her at night. She reported that she had been wearing carpal tunnel splints for five months, but they only provided minor help. He noted that she had a history of Raynaud's phenomenon and that she had been diagnosed with vasculitis one year prior and placed on Plaquenil. He conducted an EMG and nerve conduction study, which showed bilateral carpal tunnel syndrome, right greater than left. There was no evidence for peripheral neuropathy or cervical radiculopathy. He

diagnosed the claimant with bilateral carpal tunnel syndrome and explained to her that he felt she needed surgery on her right hand.

¶ 10 The claimant testified that on June 10, 2009, she received a telephone call from Dr. DiSanto telling her that she had carpal tunnel syndrome in both hands. Dr. DiSanto told her that the carpal tunnel syndrome was related to her job duties. The claimant testified that she went to the office of her immediate supervisor, Carol Gilbert, the production manager, that same day and told her that she needed to consult a surgeon about her hands. The claimant notified Ms. Gilbert that she was claiming it as a workers' compensation injury. Ms. Gilbert expressed concern about the timing of the surgery as it might interfere with upcoming project deadlines and stated she would let her manager and the publisher know about the claimant's workers' compensation claim.

¶ 11 The claimant admitted having problems with her hands on and off since February 2001. She testified that on June 10, 2009, her symptoms had developed to the point that she "couldn't stand it anymore."

¶ 12 Dr. Michael Bednar, a hand specialist at Loyola University Medical Center, examined the claimant on June 30, 2009, for complaints of bilateral hand pain and numbness, right greater than left. In his patient notes, he wrote that the claimant informed him that, in October 2007, she began having problems with her hands and that her fingertips would turn white. The pain awakened her from sleep and had become worse during the day. She reported difficulty gripping objects and difficulties secondary to driving and reading. She told Dr. Bednar that bedtime splints no longer helped nor did anti-inflammatory medicines. Dr. Bednar noted that the claimant's EMG nerve

conduction study performed on May 28, 2009, showed bilateral carpal tunnel syndrome affecting the right greater than the left side. He noted that past medical history was noncontributory to her current problems. He recommended right carpal tunnel release surgery.

¶ 13 Dr. Conniff examined the claimant on July 21, 2009. He noted that the claimant had been to a neurologist for evaluation of the numbness and pain in her right and left hands. He assessed her with diffuse disease of connective tissue, Raynaud's phenomenon, polyarthralgia, and carpal tunnel syndrome. He noted that she had been wearing night splints since February 2001, without relief of her symptoms.

¶ 14 On August 3, 2009, the claimant had right carpal tunnel release surgery. Post-operatively, the claimant attended routine follow-up appointments with Dr. Bednar. At the appointment on August 13, 2009, the claimant reported good relief from symptoms, and Dr. Bednar released her to light duty work with no use of the right arm. The employer could not accommodate that restriction, so the claimant remained off work. At her appointment on September 10, 2009, the claimant requested that she be allowed to return to work as of September 14, 2009. Dr. Bednar authorized her to return to work without any restrictions.

¶ 15 Once back at work, the claimant engaged in the same type of activities as she had performed prior to the surgery using the same intensity and the same amount of time devoted to keyboarding and using the mouse. The claimant testified that after she returned to work her right thumb became very painful.

¶ 16 Dr. Michael Vender performed an independent medical evaluation of the claimant on September 18, 2009, at the employer's request. In his report dated September 30, 2009, he wrote that she presented with symptoms of numbness and tingling and night symptoms consistent with carpal tunnel syndrome. He noted that the claimant developed symptoms in both upper extremities in October 2007. He diagnosed her with status post right carpal tunnel release and left carpal tunnel syndrome. He noted that the claimant had some residual numbness and tingling after her right carpal tunnel release but that it would continue to improve with time. He averred that she was a candidate for left carpal tunnel release. He wrote that the claimant had risk factors for the development of carpal tunnel syndrome including her age, gender, and significantly increased body mass index. He felt that the diagnosis of vasculitis, her laboratory evaluations that demonstrated ANA positive, and her treatment with Plaquenil indicated a systemic inflammatory condition. He felt that this could contribute to the development of carpal tunnel syndrome. He wrote that the claimant described her work activities as a graphic artist. He felt that the computer work utilizing a mouse with intermittent typing was an office-based sedentary activity and would not contribute to the development of carpal tunnel syndrome. He opined that the claimant was able to perform her normal work activities.

¶ 17 On November 19, 2009, Dr. Bednar examined the claimant. She complained of pain at the right carpometacarpal (CMC) joint, which was particularly severe with her work activities. He diagnosed her with thumb CMC arthritis, administered a Kenalog and lidocaine injection, and gave her a hand-based thumb spica splint.

¶ 18 Dr. Bednar examined the claimant on December 1, 2009. She complained of right thumb CMC joint pain. He noted that the claimant had two problems: persistent left carpal tunnel symptoms as well as right thumb CMC arthritis. X-rays were taken, which showed severe thumb CMC arthritis. He recommended proceeding with a left carpal tunnel release surgery. Dr. Bednar wrote in his patient notes that the claimant asked him if her symptoms were related to her job as a graphic artist. She told him that she spent 7 ½ to 8 hours per day on the keyboard and that the only time during the day that she was not on the keyboard was at lunch or during the occasional break during the day. She told him that she worked for the same company for about 15 years doing the same activities. Dr. Bednar wrote that it was his opinion to a reasonable degree of medical and surgical certainty that her symptoms were at least aggravated by her position at work. She was taken off work.

¶ 19 The claimant had left carpal tunnel release surgery on December 2, 2009. Post-operatively, she continued to see Dr. Bednar for follow up. On December 15, 2009, Dr. Bednar released her to return to work with no use of the left arm. The employer could not provide an accommodated position, so the claimant remained off work.

¶ 20 Dr. Bednar examined the claimant on January 12, 2010, as a follow up to her carpal tunnel release surgery. She complained of pain at the thumb CMC joint. He recommended conservative treatment. If the pain worsened, he recommended an injection into the thumb CMC joint. On that day, he released the claimant to work with no restrictions.

¶ 21 The claimant resumed her regular work duties on January 18, 2010. At that time, the employer had reduced the work staff, and the claimant took on color correction duties. This resulted in her working longer hours and spending more time doing keyboarding and using the mouse.

¶ 22 By spring 2010, the claimant testified that her right hand "was really bothering" her. Her thumb would throb, and it would not stop even with anti-inflammatory medicine. The throbbing prevented her from sleeping at night. Dr. Bednar examined the claimant on May 25, 2010. She complained of persistent pain of the thumb CMC joint. He injected the thumb CMC joint on the right side with Celestone and Xylocaine. The claimant testified that the injection provided relief for about two weeks.

¶ 23 The claimant did not return to Dr. Bednar until December 7, 2010. Between the time of her injection and the December appointment, her right hand kept her up at night, and it hurt all the time. By this time, she could no longer tolerate the pain. Dr. Bednar wrote in his patient notes that she was status-post injections for right thumb CMC arthritis. Because her pain had returned, the claimant requested another injection. Dr. Bednar gave her an injection but discussed with her that he felt she needed to consider surgery. He informed her that repeated injections would not be a long-term treatment for her problem. He scheduled a right thumb arthroplasty with flexor carpi radialis (FCR) tendon interposition.

¶ 24 On January 19, 2011, Dr. Bednar performed a right thumb arthroplasty of the carpal-metacarpal joint and a tendon transfer of the flexor carpal radialis at the carpal-metacarpal area. The claimant began missing work as of that date.



¶ 25 Post-operatively, the claimant developed severe pain and was treated by Dr. Bednar.

¶ 26 On February 17, 2011, the claimant was laid off due to a downturn in business, which caused the employer to reorganize her department and outsource much of the work to another country.

¶ 27 On March 10, 2011, the claimant was released to return to light duty work with no use of her right arm. The claimant testified that Dr. Bednar did not know that she had been laid off from her job. The claimant began looking for work. She telephoned business contacts and looked online and in newspapers. She stated that, because the market was poor for graphic design work, she also searched for clerical and receptionist jobs. She had not had any interviews. The claimant diligently tried to maintain her skill set, learning new upgrades, functions, and shortcuts in the latest graphic design software. She testified that doing this computer work caused her hands to cramp up after 20 to 30 minutes, but she persisted with the tutorials, only stopping when her right hand began to throb and she could not move it.

¶ 28 Dr. Bednar examined the claimant again on April 21, 2011. She complained of pain especially when trying to grasp, pinch, or hold objects. She was given a neoprene thumb spica splint to wear on an as-needed basis. She was to continue the occupational therapy she started on February 21, 2011.

¶ 29 On May 12, 2011, Dr. Bednar examined the claimant for continued complaints of thumb pain. She told Dr. Bednar that she did not feel she could return to her full duty

work. She was given a note that allowed her to return to work with a restriction from using her right arm.

¶ 30 Dr. Bednar examined the claimant on May 26, 2011. She complained of pain at the thumb CMC joint. She told him that the pain was better than before she had the surgery but that she continued to have difficulties with activities such as using the mouse, which was a key element in her job. He noted that the pain was isolated to the CMC joint. The claimant reported that she was unable to perform her job duties. He gave her a note restricting her from duties that involved the use of her arm.

¶ 31 Dr. Vender performed a second independent medical evaluation of the claimant on June 15, 2011. He noted that since the prior evaluation, the claimant had undergone a left carpal tunnel release surgery and a right thumb CMC arthroplasty. She complained of pain in the radial aspect of her right hand. He opined that, with respect to the left carpal tunnel syndrome, the claimant was at maximum medical improvement. She had residual complaints following her right thumb surgery. Dr. Vender averred that degenerative arthritis of the thumb carpal-metacarpal joint is a very common degenerative process seen in the hands and upper extremities and is more common in women than men. He stated that certain activities aggravate this pre-existing condition, especially those involving forceful use of the thumb. He opined that the claimant's use of a mouse would not be considered a forceful activity and would not be contributory to the progression of the underlying condition.

¶ 32 The claimant testified that she was examined twice by Dr. Vender at the employer's request. Dr. Vender asked her what she did for a living and what she "did on

the computer," and he examined her hands. He did not ask her details about the duration of the activities or how many hours she worked per day. The claimant testified that both of Dr. Vender's examinations lasted only three to four minutes.

¶ 33 The claimant continued treatment with Dr. Bednar in June, July, and August 2011. She complained of right hand pain, particularly in the region of the first dorsal compartment. He injected the tendons of the first compartment with Celestone and Xylocaine, which gave the claimant temporary relief of her symptoms. On September 1, 2011, Dr. Bednar recommended a release of the first dorsal compartment. The surgery was performed on October 19, 2011, and the diagnosis was right deQuervain's stenosing tenosynovitis.

¶ 34 Dr. Bednar examined the claimant on October 25 and November 18, 2011, for a follow up to her right thumb surgery. She told Dr. Bednar that the surgery significantly improved her pain but that she felt she needed more time for her hand to become stronger before returning to work. Dr. Bednar gave her a note releasing her to return to work with no restrictions as of November 28, 2011. At the time of release to regular full duty work, Dr. Bednar was unaware that the claimant no longer worked for the employer. When he learned of this, he ordered a functional capacity evaluation.

¶ 35 On January 4, 2012, the claimant underwent a functional capacity evaluation. Based on the evaluation, the functional assessment specialist determined that the claimant's functional capabilities were at the light physical demand level. The claimant's job capabilities met or exceeded the level of demand required by a graphic designer. The specialist noted that the claimant's right wrist pain reports increased with activity during

the assessment. The claimant reported concern to the specialist about her ability to perform her job due to fine motor skills involved with holding graphic art tools at work.

¶ 36 On January 10, 2012, Dr. Bednar met with the claimant to discuss the functional capacity evaluation findings. He released the claimant from his care and informed her that she should return on an as needed basis. Dr. Bednar gave the claimant a return to work note dated January 16, 2012, that stated that she was able to return to work per the functional capacity evaluation findings at the light physical demand level.

¶ 37 The arbitrator found that the claimant did not sustain an accident that arose out of and in the course of her employment. The arbitrator found that the claimant's "direct testimony established a *prima facie* case of repetitive trauma with an accident date of June 10, 2009." He further found that the *prima facie* case "was eroded by but survived cross examination." He found, however, that the sequence of events was not consistent with the alleged "onset date" of June 10, 2009. The arbitrator found that the claimant wore "night splints without relief of her symptoms since February 2001, while she had been keyboarding, using a mouse, and writing at work since 1992 or 1993." He further found that she had been "keyboarding using a mouse, and writing at home." The arbitrator found that the "medical records do not corroborate repetitive trauma that would have manifested itself to a reasonable person for the first time on June 10, 2009." He found that Dr. Conniff examined the claimant on September 25, 2008, and assessed her with diffuse disease of connective tissue and polyarthralgia. On July 21, 2009, Dr. Conniff examined the claimant and noted that she had been wearing night splints since February 2001, without relief of her symptoms. The arbitrator noted that on June 30,

2009, 20 days after the alleged manifestation date, the claimant was examined by Dr. Bednar and gave a history of being treated for an autoimmune problem, prior treatment since October 2007 for symptoms of bilateral hand numbness, fingertips turning white, and pain during the day. The arbitrator noted that there was a medical opinion consistent with causal connection. He found that, despite the claimant's testimony, Dr. DiSanto did not chart that her condition was job related. Dr. Bednar first charted that the claimant's symptoms were aggravated by her work duties on December 1, 2009, when he responded to the claimant's inquiry. Dr. Vender opined that there was no causal connection. The arbitrator found that "Dr. Bednar's opinion is persuasive on the issue of causation. However, that is not the same thing as establishing causation for a specific legal date of accident." The arbitrator held that the claimant had not met her burden of proving that she sustained a repetitive trauma accident on June 10, 2009.

¶ 38 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 Cook County. The circuit court confirmed the Commission's decision. The claimant appealed.

¶ 39 **ANALYSIS**

¶ 40 The claimant argues that the Commission's decision that she failed to meet her burden of proving that she sustained a repetitive trauma accident on June 10, 2009, was against the manifest weight of the evidence.

¶ 41 Dr. Vender and Dr. Bednar gave conflicting opinions on the issue of causation. "It is the Commission's province to judge the credibility of witnesses, to draw reasonable

inferences from the testimony and to determine what weight the testimony is to be given." *Setzekorn v. Industrial Comm'n*, 353 Ill. App. 3d 1049, 1055, 820 N.E.2d 586, 591 (2004). The Commission is to resolve conflicts in medical evidence. *Id.* The Commission found that Dr. Bednar provided a medical opinion consistent with causal connection and that his "opinion is persuasive on the issue of causation." Thus, the issue is whether the Commission's determination that the claimant failed to prove her repetitive trauma accident manifested on June 10, 2009, is against the weight of the evidence.

¶ 42 A reviewing court will not reverse the Commission unless its decision is contrary to law or its fact determinations are against the manifest weight of the evidence. *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64, 862 N.E.2d 918, 924 (2006). Fact determinations are against the manifest weight of the evidence only where an opposite conclusion is clearly apparent. *Id.* "A reviewing court will not reweigh the evidence, or reject reasonable inferences drawn from it by the Commission, simply because other reasonable inferences could have been drawn." *Id.* While a reviewing court is reluctant to set aside a Commission's decision on a factual question, it must do so when the clearly evident, plain and indisputable weight of the evidence compels an apparent, opposite conclusion. *Fierke v. Industrial Comm'n*, 309 Ill. App. 3d 1037, 1040, 723 N.E.2d 846, 849 (2000).

¶ 43 "To obtain compensation under the Act, [a] claimant bears the burden of showing, by a preponderance of the evidence, that he has suffered a disabling injury which arose out of and in the course of his employment." *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203, 797 N.E.2d 665, 671 (2003). An employee who suffers a repetitive-trauma

injury must meet the same standard of proof as an employee who suffers a sudden injury.

*Durand*, 224 Ill. 2d at 64, 862 N.E.2d at 924.

¶ 44 "The categorization of an injury as due to repetitive trauma and the corresponding establishment of an injury date are necessary to fulfill the purpose of the Act to compensate workers who have been injured as a result of their employment." *Edward Hines Precision Components v. Industrial Comm'n*, 356 Ill. App. 3d 186, 194, 825 N.E.2d 773, 780 (2005). "In repetitive-trauma cases, the manifestation date is significant in fixing the legal relationships between the parties." *A.C. & S. v. Industrial Comm'n*, 304 Ill. App. 3d 875, 880, 710 N.E.2d 837, 841 (1999). The recognition of a manifestation date allows an employee to be compensated for injuries that develop gradually, without requiring the employee to push her body to the precise moment of collapse. *Edward Hines Precision Components*, 356 Ill. App. 3d at 194, 825 N.E.2d at 780.

¶ 45 In a repetitive-trauma case, the date of the accidental injury is the date on which the injury manifests itself. *A.C. & S.*, 304 Ill. App. 3d at 879, 710 N.E.2d at 840. "The manifestation date is the date on which both the fact of the injury and the causal relationship of the injury to the claimant's employment would have become plainly apparent to a reasonable person." *Id.* Setting the manifestation date is a fact determination for the Commission. *Durand*, 224 Ill. 2d at 65, 862 N.E.2d at 925.

¶ 46 The manifestation date is not necessarily the date the employee became aware of the physical condition and its clear relationship to her employment. *Zion-Benton Township High School District 126 v. Industrial Comm'n*, 242 Ill. App. 3d 109, 114, 609

N.E.2d 974, 978 (1993). "A date based purely on discovery would penalize those employees who continue to work without significant medical complications when the eventual breakdown of the physical structure occurs beyond the statute of limitations period." *Id.* Where an employee continues to work until the date her body collapses or surgery is required, that can reasonably be considered the date of accident. *Id.*

¶ 47 Because repetitive-trauma injuries are progressive, the employee's medical treatment, the severity of the injury, and how the injury affects the employee's performance, are all relevant in determining when a reasonable person would have plainly recognized the injury and its relation to work. *Durand*, 224 Ill. 2d at 72, 862 N.E.2d at 929. The court will not penalize an employee who diligently works through progressive pain until it affects her ability to perform her job and requires medical treatment. *Id.* at 74, 862 N.E.2d at 930.

¶ 48 In the instant case, the Commission noted that, in his patient notes, Dr. Conniff wrote that the claimant had been wearing night splints since February 2001; that in May 2009, the claimant told Dr. DiSanto that she had been experiencing tingling in her hands for a little over a year; and that the claimant told Dr. Bednar on June 30, 2009, that she had prior treatment since October 2007. It found that "[t]he medical records do not corroborate repetitive trauma that would have manifested itself to a reasonable person for the first time on June 10, 2009."

¶ 49 Repetitive trauma injuries, by their very nature, may take years to develop to the point of severity precluding the employee from performing in the workplace. *Oscar Mayer & Co. v. Industrial Comm'n*, 176 Ill. App. 3d 607, 611, 531 N.E.2d 174, 176



(1988). "The date of disablement, be it for reason of medical treatments such as surgery, or actual collapse of the physical structure, is but one aspect of the proof the parties may bring to bear on the issue of manifestation of the injury." *Id.*, 531 N.E.2d at 177. Requiring an employee to inform an employer within 45 days of a definite diagnosis of the repetitive trauma condition and its connection to her job may prejudice an employee because it cannot be presumed the initial condition will degenerate to a point at which it impairs the employee's ability to perform her job. *Id.*, 531 N.E.2d at 176. It may also prejudice an employee who discovers the onset of symptoms and their relationship to her employment, but who continues to work faithfully for a number of years without significant medical complications or lost working time, if the actual breakdown of the physical structure occurs beyond the period of limitation set by statute. *Id.*

¶ 50 The claimant admitted experiencing intermittent difficulties with her hands and wrists as early as 2001. However, she was able to continue performing her job without significant medical complications, lost working time, or the need to be reassigned to different work. She testified that it was not until June 2009 that her symptoms became so bad that she "couldn't stand it anymore," and she had to seek medical treatment. Prior to this time, the claimant experienced symptoms, but she was able to perform her job duties and did not know whether her condition would degenerate to a point where it would impact her ability to do her job. The claimant continued to work until the breakdown of her physical structure. The Act was intended to compensate workers who have been injured as a result of their employment, and to deny an employee benefits for a work-related injury that is not the result of a sudden mishap or completely disabling penalizes

the employee who faithfully performs her job duties despite bodily discomfort and damage. *Peoria County Belwood Nursing Home v. Industrial Comm'n*, 115 Ill. 2d 524, 529-30, 505 N.E.2d 1026, 1028 (1987).

¶ 51 The record is devoid of any discussion of a relationship between the claimant's work activities and her complaints until June 2009. The claimant testified that she discussed her job duties with Dr. DiSanto. She stated that on June 10, 2009, Dr. DiSanto told her that she had carpal tunnel syndrome and that it was work related. The claimant's symptoms did not affect her job performance until June 2009, and it was not until June 10, 2009, that she was diagnosed with carpal tunnel syndrome and her diagnosis was linked to her work duties. It was not until that date that the causal relationship between the claimant's symptoms and her work duties became plainly apparent to her. We will not penalize the claimant for working diligently through her pain until it affected her ability to perform her job and required medical treatment. The Commission's determination that the claimant failed to prove a manifestation date of June 10, 2009, is contrary to the manifest weight of the evidence.

¶ 52 Based on its finding that the claimant failed to prove she sustained a repetitive-trauma accident manifesting on June 10, 2009, the Commission deemed all other issues moot and did not consider the issues of temporary total disability benefits, maintenance benefits, a vocational rehabilitation assessment, or medical expenses. The claimant argues that the record contains sufficient undisputed facts to resolve these issues. We will not usurp this function of the Commission, based on the paper record before us. We therefore remand this cause to the Commission to determine these issues.

**CONCLUSION**

¶ 54 For the foregoing reasons the judgment of the circuit court of Cook County is reversed, the decision of the Commission is reversed, and the matter is remanded to the Commission for further proceedings consistent with this decision.

¶ 55 Reversed and remanded.