2019 IL App (1st) 182081WC-U
No. 1-18-2081WC
Order filed June 28, 2019

IN THE

APPELLATE COURT OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

JOHN ALYINOVICH,	)	Appeal from the Circuit Court
	)	of Cook County
Plaintiff-Appellant and	)	
Cross-Appellee,	)	
	)	
v.	)	No. 17-L-51036
	)	
THE ILLINOIS WORKERS'	)	
COMPENSATION COMMISSION,	)	
	)	
(Banner Wholesale Grocers,	)	Honorable
Defendant-Appellee and	)	Michael F. Otto,
Cross-Appellant).	)	Judge, Presiding.

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

ORDER

¶ 1 *Held*: (1) Even excluding the live testimony proffered by the employer of the physician whose deposition testimony and independent medical examination report were barred pursuant to *Ghere v. Industrial Comm'n*, 278 Ill. App. 3d 840 (1996), the Commission's finding that claimant failed to prove a causal connection between his employment and the condition of his cervical and lumbar spine was not against the manifest weight of the evidence where a video of the accident shows no obvious injury to claimant's back, claimant's contemporaneous reports to his

human resources manager did not mention injuries to claimant's neck or back, claimant's initial application for adjustment of claim failed to reference injuries to claimant's neck or back, and the causation opinions of claimant's physicians relied on histories which were inconsistent with other evidence; and (2) Respondent's cross-appeal would be dismissed where the Commission, whose decision was confirmed by the trial court, granted respondent all the relief it requested.

¶ 2 Claimant, John Alyinovich, appeals from the judgment of the circuit court of Cook County which confirmed a decision of the Illinois Workers' Compensation Commission (Commission) denying his claim for benefits pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq*. (West 2012)). Respondent, Banner Wholesale Grocers, has filed a cross-appeal. For the reasons set forth below, we affirm the judgment of the circuit court and dismiss respondent's cross appeal.

¶ 3 I. BACKGROUND

¶ 4 Respondent operates a wholesale grocery business. Claimant worked for respondent as an order filler. On September 24, 2013, during the course of his employment with respondent, claimant tripped over a double pallet. On October 29, 2013, claimant filed an application for adjustment of claim for injuries he allegedly sustained to his "right knee and right thumb" as a result of the September 24, 2013, incident. Claimant subsequently amended his application for adjustment of claim on two occasions. Claimant's first amended application for adjustment of claim reflected that the body parts affected included not only the right knee and right thumb, but also claimant's back.[1] Claimant's second amended application for adjustment of claim, filed on July 7, 2016, reflected that the body parts affected included not only the right knee, right thumb,

[1] It is not clear from the record when claimant filed the first amended application for adjustment of claim.

and back, but also claimant's neck. The matter proceeded to an arbitration hearing pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2012)) over several dates beginning on June 21, 2016.

¶ 5 Prior to taking testimony at the arbitration hearing, claimant's lawyer raised an objection pursuant to *Ghere v. Industrial Comm'n*, 278 Ill. App. 3d 840 (1996), to the deposition testimony of Dr. Jesse Butler. *Ghere* holds that section 12 of the Act (820 ILCS 305/12 (West 2012)) bars the opinion of a treating or examining physician who had not been disclosed to the opposing party at least 48 hours before the case is set for hearing. *Ghere*, 278 Ill. App. 3d at 844-46. The purpose of providing the physician's records within this time frame is to prevent springing surprise medical testimony on the other party. *Ghere*, 278 Ill. App. 3d at 845. Claimant visited Dr. Butler twice, once on November 20, 2013, and once on December 12, 2013. Claimant's attorney explained that until the day of Dr. Butler's evidence deposition, she had been provided only one note from his office, dated December 12, 2013. In that note, Dr. Butler recommended surgery "pending workers' comp clearance." Moreover, in a health insurance claim form prepared in relation to the December 12, 2013, visit, Dr. Butler's office checked a box to indicate that claimant's condition was related to his "employment." Despite her demand and subpoena, claimant's attorney asserted that she did not receive Dr. Butler's independent medical examination report dated November 20, 2013, until minutes before she walked into his deposition. In the November 20, 2013, report, Dr. Butler reached the conclusion that claimant's injuries were not related to the September 24, 2013, accident. Claimant's attorney acknowledged that she was able to review the November 20, 2013, report prior to cross-examining Dr. Butler at the deposition, but argued that she was unable to ask claimant's treating physicians to respond to Dr. Butler's report because she did not have the document at the time she deposed them. In

response, respondent's attorney asked for a continuance to retake Dr. Butler's deposition. The arbitrator sustained claimant's *Ghere* objection and excluded Dr. Butler's November 20, 2013, report and his deposition testimony on the ground that claimant's attorney did not timely receive Dr. Butler's November 20, 2013, report.

¶ 6 The evidence presented at the arbitration hearing revealed that claimant was 64 years of age at the time of the alleged injury. Claimant testified that he worked as an order filler for respondent, with whom he had been employed for more than 45 years. At approximately 9:15 a.m. on September 24, 2013, while carrying materials, claimant tripped on a stack of two shipping pallets. Claimant testified that he was "jolted forward" and fell on his knee and thumb, breaking his fall with his right arm. Claimant later confirmed that he fell forward as a result of the accident. Claimant's accident was captured on video and the video was introduced into evidence. During his testimony, claimant agreed that the video shows him falling forward, catching himself on his hands, and striking his right knee and shin. Claimant further testified that after the fall, he turned to sit down and began rubbing his knee.

¶ 7 Claimant testified that he continued working initially, but at around 10:30 a.m., his back began to "tighten up" and his neck began to feel "crazy." At that time, he informed his supervisor, Frank Doman, who brought him to the human resources department. There, claimant spoke to Cindy Lopez, respondent's human resources manager at the time.

¶ 8 Lopez testified as a witness for respondent pursuant to subpoena. She noted that she no longer is an employee of respondent, her employment having been terminated on March 16, 2015, prior to the hearing in this case. Lopez testified that claimant came to see her at about 1 or 1:30 p.m. on September 24, 2013, complaining solely of pain in his right knee and shin. Lopez testified that claimant did not complain about any tightness or other problems involving his

lower back or cervical region. Lopez sent claimant to Concentra Occupational Health Center (Concentra), the facility to which all of respondent's employees are referred in the event of an injury.

¶ 9 At approximately 4 p.m. on September 24, 2013, claimant returned to see Lopez. During this second meeting, claimant complained only of his right knee and right shin being "a little sore." When Lopez specifically inquired if any other part of his body was injured or hurt, claimant responded, "no." Claimant then told Lopez he would "see her tomorrow," but Lopez informed claimant after reviewing the materials from Concentra that he could not return to work until a doctor released him to do so. According to Lopez, claimant was upset at not being allowed to return to work on the 25th, but he told Lopez that he had already scheduled time off on September 26 for a doctor's appointment regarding his back. Lopez testified that claimant had requested to take off September 26 for his appointment with his back doctor "weeks prior" to September 24. She did not know specifically why he had scheduled that appointment other than that he specified it was for his back. Similarly, claimant called Lopez on September 25, 2013, at which time he voiced a complaint of pain in his right knee and shin, but did not mention pain in any other part of his body.

¶ 10 Lopez identified respondent's exhibit No. 11, which was admitted into evidence, as the Employer's First Report of Injury form she completed after speaking with claimant on September 24, 2013. In the form, Lopez described the accident as claimant having "tripped over a pallet causing a knee contusion." In a space on the form for a description of the injury or illness and the body part affected, Lopez entered only "knee contusion."

¶ 11 Claimant testified that on September 24, 2013, he went to Concentra as directed by Lopez. At Concentra, claimant treated with Gia Eliason, P.A. Claimant told Eliason that he

"tripped over a double pallet and fell forward and went down hard on [his] right knee [and] shin breaking [his] fall with [his] right hand." Since the fall, claimant noticed pain in the right hand at the base of the right thumb and in the right knee. He also reported tightness in the neck and lumbar region. Eliason diagnosed claimant with a cervical strain, a lumbar strain, a right knee contusion, and a right hand sprain. She prescribed pain medication and placed him on light-duty restrictions. Eliason continued the restrictions when claimant saw her again on September 25, 2013.

¶ 12 On September 26, 2013, claimant attended an appointment with Dr. George Charuk at Bone & Joint Physicians. Claimant's medical records from this medical practice indicate he had been receiving treatment for back pain and related complaints since April 2008. Treatment records reflect that claimant underwent an MRI, which revealed severe acquired spinal stenosis, a series of lumbar epidural injections, and other medical care through a treatment date of December 13, 2012. The records from Bone & Joint Physicians include a notation from Dr. George Miz dated December 29, 2009, in which he recommended surgical intervention for claimant's back consisting of an L2 to L5 decompression. As of December 13, 2012, Dr. Charuk's diagnoses included neuropathy of the bilateral lower extremities, balance dysfunction, and central spinal stenosis L3 to L5.

¶ 13 Dr. Charuk testified via evidence deposition that he is a board-certified physician specializing in physical medicine and rehabilitation. When Dr. Charuk saw claimant on September 26, 2013, claimant described the accident as a "violent" fall during which claimant "hit his right knee and fell on his back." Dr. Charuk noted that there is a videotape of the accident and that claimant's supervisor apparently watched the video and concurred that the fall was violent. (Claimant disputed this in his testimony, conceding that he may have described the

fall as "violent," but denying that he told Dr. Charuk he had fallen on his back.) Claimant reported pain in the neck bilaterally as well as down the left arm and in the lower back. Dr. Charuk ordered MRIs of the cervical and lumbar spine. Those films showed multilevel cervical degenerative disc disease with severe spinal stenosis at C4-C5 and C6-C7 and spinal stenosis at L2-L3 and L3-L4. Dr. Charuk diagnosed a lumbar strain and a cervical strain post fall, central spinal stenosis, and sensory motor polyneuropathy to the bilateral lower extremities. Dr. Charuk testified that the fall caused claimant's back and neck injuries, but agreed that he relied on claimant's description of the accident in forming his opinion as to causation. Nevertheless, Dr. Charuk stated that his opinion on causal relationship would "[n]ot necessarily" change if the evidence did not show that claimant fell on his back.

¶ 14 After receiving an epidural steroid injection from Dr. Charuk, which, in claimant's opinion, worsened his pain instead of providing relief, claimant sought a second opinion with Dr. Kern Singh, a board-certified orthopedic surgeon specializing in spinal surgery. Dr. Singh also testified by evidence deposition. Dr. Singh initially examined claimant on May 12, 2014. At that time, claimant reported that while at work for respondent on September 24, 2013, he tripped over a two-stack pallet and fell forward. Claimant reported that he was "relatively asymptomatic" prior to the fall, but experienced the immediate onset of neck and low back pain as well as tingling and numbness in the left upper extremity and in the lower extremities. Dr. Singh noted that a cervical MRI dated November 6, 2013, revealed "severe and critical" spinal stenosis at multiple levels from C3 to C7, most severe at C3-C4, C4-C5, and C5-C6. A lumbar MRI of the same date showed severe spinal stenosis from L3 to S1 with severe cauda equina compression. Dr. Singh diagnosed cervical spondylosis with myelopathy and lumbosacral spinal stenosis. Dr. Singh recommended a C2 dome laminectomy, a C3 to C7 laminoplasty with

instrumentation, and a lumbar laminectomy from L3 to S1. Dr. Singh believed that claimant's conditions were rendered symptomatic at the time of the work-related accident based on the history provided by claimant. On cross-examination, Dr. Singh testified that claimant's condition was worsened by his fall because his spinal stenosis was so severe that "he would be at risk for any particular event causing him to be symptomatic." Noting the severity of claimant's condition, Dr. Singh described claimant's condition as "fragile egg or Humpty Dumpty syndrome." Dr. Singh noted that the stenosis itself was not caused by the events of September 24, 2013, but that the preexisting stenosis could have been aggravated by the fall, just as it could have been aggravated by "almost any normal daily activity" including reaching for something above claimant's shoulder, taking a gallon of milk out of the refrigerator, bending over to pick up a piece of paper, or tying his shoes. Dr. Singh nonetheless concluded that claimant's condition was worsened by the September 24, 2013, fall, in part because claimant reported to Dr. Singh that he felt pain in the affected regions immediately after the fall.

¶ 15 In addition to Dr. Charuk and Dr. Singh, claimant also underwent an independent medical examination, at respondent's request, by Dr. Butler. Claimant visited Dr. Butler twice, once on November 20, 2013, and once on December 12, 2013. Like Dr. Charuk and Dr. Singh, Dr. Butler also gave an evidence deposition, but, as noted above, the arbitrator excluded that deposition from evidence before the hearing began pursuant to *Ghere*. Following the testimony of claimant and Lopez, respondent requested that the hearing be continued so that it could present Dr. Butler's live testimony. The arbitrator noted that there was some conflict between claimant's and Lopez's testimony regarding when claimant began experiencing back symptoms. Moreover, at the hearing, claimant testified that during his November 20, 2013, examination, Dr. Butler told him that he believed claimant's injury was caused by the September 24, 2013,

accident. Accordingly, the arbitrator granted respondent's request and continued the hearing to allow Dr. Butler to testify live. The arbitrator ruled, however, that Dr. Butler's testimony would be limited to his conversations with claimant and the medical history claimant had provided him. The arbitrator indicated that Dr. Butler would not be permitted to testify as to causation, "because it's the very causation opinion that's being kept out" by the arbitrator's previous ruling sustaining claimant's *Ghere* objection.

¶ 16 In his live testimony, Dr. Butler testified that he told claimant that he required surgery on both the lumbar and cervical spine. Dr. Butler also conceded that when he first examined claimant on November 20, 2013, Dr. Butler told claimant that, based on the history claimant related to him, the injury may have been causally related to the September 24, 2013, incident. Dr. Butler explained that at that time, he had not yet viewed the video of the incident. He did view the video thereafter, before he saw claimant again on December 12, 2013. Accordingly, he advised claimant on December 12, 2013, that after having viewed the video, he no longer believed that the September 24, 2013, incident had caused the condition which required surgery. Dr. Butler also told claimant that the cord compression in his neck spine and the stenosis in his lumbar spine were of such severity that even normal activities of everyday living could create symptoms and dysfunction. Ultimately, Dr. Butler conceded surgery was still required, but did not believe that workers' compensation would cover it. Dr. Butler allowed that claimant's case was submitted to workers' compensation for approval of the surgery, but explained that he "kn[ew] full and well, it was going to be denied, and then we could move on and get it authorized and go forward."

¶ 17 Based on the foregoing evidence, the arbitrator found that claimant sustained an accident that arose out of and in the course of his employment with respondent. Further, citing the

opinions of Dr. Singh and Dr. Charuk, the arbitrator concluded that the condition of ill-being of claimant's cervical and lumbar regions is causally related to the September 24, 2013, accident. As such, the arbitrator awarded claimant reasonable and necessary medical services, prospective medical treatment, and temporary total disability benefits.

¶ 18 Thereafter, respondent sought review of the arbitrator's decision before the Commission. In a decision dated November 17, 2017, a majority of the Commission reversed, finding that claimant had failed to prove causation. In particular, the Commission concluded that the accident did not cause any structural change in claimant's condition and that claimant's current condition represents the natural progression of his underlying degenerative disc disease for which surgery was contemplated four years previously. In support of this conclusion, the Commission cited the "extensive preexisting spinal condition for which surgery was contemplated since 2009," the testimony of Dr. Singh and Dr. Butler that, at the time of the accident, claimant's spinal condition was so severe that any activity of everyday life could aggravate his condition, and the video of the accident. With respect to the latter, the Commission noted that the video does not corroborate the history claimant gave to his treating physicians or Dr. Butler. In this regard, the fall was not "violent," claimant did not strike his back, and there is no obvious bending, twisting, or torqueing of the spine. The Commission also pointed out that there was no evidence that Dr. Singh or Dr. Charuk actually viewed the video of the accident.

¶ 19 Both parties sought judicial review in the circuit court of Cook County, which appeals were consolidated. The circuit court of Cook County confirmed the decision of the Commission. Claimant then filed an appeal to this court and respondent filed a cross-appeal.

¶ 20 II. ANALYSIS

¶ 21 A. Claimant's Appeal

¶ 22 On appeal, claimant raises three arguments. First, he argues that Dr. Butler should not have been allowed to testify at all as his testimony had been previously barred pursuant to *Ghere*. Second, claimant argues that even it were acceptable to permit Dr. Butler to testify on a limited basis, any testimony he may have provided related to causation should have been barred because it was "not sufficient opinion testimony." Finally, claimant argues that the circuit court's decision regarding causation is against the manifest weight of the evidence. On appeal from a judgment of the circuit court in an action for judicial review of a Commission's decision, we review the decision of the Commission, not the judgment of the circuit court. *S & C Electric Co. v. Illinois Workers' Compensation Comm'n*, 2015 IL App (1st) 141057WC, ¶ 30; *Dodaro v. Illinois Workers' Compensation Comm'n*, 403 Ill. App. 3d 538, 543 (2010). Nevertheless, as the assignment of error which claimant asserts would also apply to the Commission's decision, we will address it in that context. We need not address the evidentiary issues raised by claimant for we find that there is ample evidence to support the Commission's decision that claimant failed to prove that the condition of ill-being relative to his cervical and lumbar regions is causally related to his work accident of September 24, 2013, even excluding any testimony or other evidence from Dr. Butler.

¶ 23 In a proceeding under the Act, the employee seeking benefits has the burden of proving all elements of his or her claim. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). Among other things, the employee must establish a causal connection between the employment and the injury for which he or she seeks benefits. *Elgin Board of Education School District U-46 v. Illinois Workers' Compensation Comm'n*, 409 Ill. App. 3d 943, 948 (2011). In cases involving a preexisting condition, recovery will depend on the employee's ability to establish

that a work-related accidental injury aggravated or accelerated the preexisting condition such that the employee's current condition of ill-being can be said to be causally connected to the work-related injury. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 204-05 (1993); *Elgin Board of Education School District U-46*, 409 Ill. App. 3d at 949. The work-related injury need not be the sole causative factor or even the principal causative factor, as long as it was *a* causative factor in the resulting condition of ill-being. *Sisbro, Inc.*, 207 Ill. 2d at 205; *Tower Automotive v. Illinois Workers' Compensation Comm'n*, 407 Ill. App. 3d 427, 434 (2011). "Thus, even though an employee has a preexisting condition that may make him or her more vulnerable to injury, recovery will not be denied where the employee can show that a work-related condition aggravated or accelerated the preexisting [condition] such that the employee's current condition of ill-being can be said to be causally related to conditions in the workplace and not merely the result of a normal degenerative process of the preexisting condition." *Bernardoni v. Industrial Comm'n*, 362 Ill. App. 3d 582, 596-97 (2005).

¶ 24 Causation presents an issue of fact. *Bernardoni*, 362 Ill. App. 3d at 597. In resolving factual matters, it is the function of the Commission to assess the credibility of the witnesses, resolve conflicts in the evidence, assign weight to be accorded the evidence, and draw reasonable inferences therefrom. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). This is especially true with respect to medical issues, where we owe heightened deference to the Commission due to the expertise it has long been recognized to possess in the medical arena. *Long v. Industrial Comm'n*, 76 Ill. 2d 561, 566 (1979). A reviewing court may not substitute its judgment for that of the Commission on factual matters merely because other inferences from the evidence may be reasonably drawn. *Berry v. Industrial Comm'n*, 99 Ill. 2d 401, 407 (1984). We review the Commission's factual determinations under the manifest-

weight-of-the-evidence standard. *Ming Auto Body/Ming of Decatur, Inc. v. Industrial Comm'n*, 387 Ill. App. 3d 244, 257 (2008). A decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent. *Mlynarczyk v. Illinois Workers' Compensation Comm'n*, 2013 IL App (3d) 120411WC, ¶ 17. Stated another way, if there is sufficient factual evidence in the record to support the Commission's decision, we must uphold it, regardless of whether this court, or any other tribunal, might reach an opposite conclusion. *Pietrzak v. Industrial Comm'n*, 329 Ill. App. 3d 828, 833 (2002). Moreover, we will affirm a decision of the Commission if there is any basis in the record to do so, regardless of whether the Commission's reasoning is sound or correct. *Freeman United Coal Co. v. Industrial Comm'n*, 283 Ill. App. 3d 785, 793 (1996).

¶ 25 Applying these standards, we find ample evidence to support the Commission's finding that claimant failed to establish a causal connection between his work-related accident of September 24, 2013, and the current condition of ill-being involving his cervical and lumbar regions. Setting aside any testimony or other evidence from Dr. Butler, the principal pieces of evidence supporting the Commission's decision are the video of the accident and claimant's contemporaneous reports to Lopez. As described by the Commission, the video shows claimant trip, lean forward with his arms extended to the pallet, sit on the pallet, and rub his knee. The Commission noted that the fall was not "violent" and that nowhere on the video is claimant seen striking his back. The Commission further observed that there is no obvious bending, twisting, or torqueing of the spine. Moreover, when claimant first spoke to Lopez, he did not reference any neck or back pain resulting from the fall. Instead, he complained only of soreness in his knee and shin. Similarly, hours later, when claimant returned to see Lopez after seeking treatment at Concentra, he only mentioned his leg and did not complain of any pain or

discomfort of the neck or back. The same was true when Lopez spoke to claimant by telephone on September 25, the day after the accident. As a result, Lopez only referenced an injury to claimant's knee when she completed the Employer's First Report of Injury form. In addition, we observe that Lopez also testified that claimant had requested time off of work to see his doctor for a back problem *before* the accident occurred.

¶ 26 Further support for the Commission's conclusion is found in claimant's original application for adjustment of claim. Claimant filed his initial application for adjustment of claim on October 29, 2013, or 35 days after the accident at issue. In the initial application for adjustment of claim, claimant specified that the only body parts affected by the accident were his right knee and right thumb. Claimant makes no mention of any spine injury. Although claimant later amended his application to reflect injuries to his back and neck, the fact that claimant did not reference any injury to the cervical or lumbar region in his initial application is relevant evidence in support of the Commission's decision.

¶ 27 We recognize that both Dr. Charuk and Dr. Singh concluded that claimant's neck and back injuries were caused by the accident of September 24, 2013. However, the Commission was entitled to disregard their opinions given that both doctors relied on histories which were inconsistent with other evidence. For instance, Dr. Charuk relied in part on a history that claimant sustained a "violent" fall during which he "hit his right knee and fell on his back." However, this description of the fall was inconsistent with the video, which Dr. Charuk did not view, claimant's account of the fall at the arbitration hearing, and the histories claimant provided to every other medical provider. Moreover, Dr. Singh relied on claimant's statement that he had immediate-onset pain in his neck and lower back after the fall. This was inconsistent with Lopez's testimony that claimant never complained to her of neck or back pain resulting from the

accident and claimant's initial application for adjustment of claim, which fails to reference any cervical or lumbar spine pain.

¶ 28 In short, even excluding from consideration any testimony or other evidence from Dr. Butler, the Commission's conclusion that claimant failed to establish that the conditions of ill-being involving his neck and back were not causally related to his work accident of September 24, 2013, is not against the manifest weight of the evidence. The video of the accident as described by the Commission shows no obvious injury to claimant's back, claimant's contemporaneous reports to Lopez did not mention injuries to claimant's neck or back, claimant's initial application for adjustment of claim failed to reference injuries to claimant's neck or back, and the causation opinions of Dr. Charuk and Dr. Singh relied on histories which were inconsistent with other evidence. Because a conclusion opposite that of the Commission is not clearly apparent, we affirm the judgment of the circuit court of Cook County which confirmed the decision of the Commission.

¶ 29 B. Respondent's Cross-Appeal

¶ 30 In its cross-appeal, respondent maintains that the Commission's causation finding was correct, but asks that the Commission's finding that claimant failed to prove causation be upheld on alternative grounds, *i.e.*, the "no greater risk" doctrine. However, as explained by our supreme court, "[a] party cannot complain of error which does not prejudicially affect it, and one who has obtained by judgment all that has been asked for in the trial court cannot appeal from the judgment." *Material Service Corp. v. Department of Revenue*, 98 Ill. 2d 382, 386 (1983). "It is fundamental that the forum of courts of appeal should not be afforded to successful parties who may not agree with the reasons, conclusion or findings below." *Illinois Bell Telephone Co. v. Illinois Commerce Comm'n*, 414 Ill. 275, 282-83 (1953). In this case, the arbitrator found that

claimant sustained a compensable industrial accident and that his condition of ill-being was causally related to that accident. Respondent appealed and the Commission reversed, concluding that claimant failed to sustain his burden on the issue of causation. On judicial review, the circuit court confirmed the decision of the Commission. Since respondent prevailed below and was granted all the relief it requested, we must dismiss its cross appeal and strike any arguments in support thereof. *Chicago Tribune v. College of DuPage*, 2017 IL App (2d) 160274, ¶ 28; *Rosenberger v. United Community Bancshares, Inc.*, 2017 IL App (1st) 161102, ¶ 21.

¶ 31 III. CONCLUSION

¶ 32 For the reasons set forth above, we affirm the judgment of the circuit court of Cook County, which confirmed the decision of the Commission and dismiss respondent's cross-appeal.

¶ 33 Affirmed; cross-appeal dismissed.