2011 IL App (2d) 110088WC-U
No. 2-11-0088WC
Order filed December 15, 2011

IN THE

APPELLATE COURT OF ILLINOIS

SECOND DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

DHL EXPRESS, Plaintiff-Appellant, v. ILLINOIS WORKERS' COMPENSATION COMMISSION and GERALD E. LEAHY, Defendants-Appellees.	))))))))))	Appeal from the Circuit Court of Du Page County. No. 10-MR-684 Honorable Bonnie M. Wheaton, Judge, Presiding

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

ORDER

Held: (1) Commission's decision that condition of ill-being of claimant's left knee is causally related to his employment is not against the manifest weight of the evidence where evidence supported Commission's finding that medical histories and complaints described in medical records corroborated claimant's testimony that he twisted his left knee on date of accident and where chain of events supported finding of causation; and (2) given that Commission's causation finding regarding claimant's left-leg injury would not be overturned, employer's challenge to Commission's award of medical expenses and permanent partial disability benefits for that injury would also be rejected.

¶ 1 Claimant, Gerald E. Leahy, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq*. (West 2004)) alleging that he injured his back and left knee on December 20, 2004, while working as a delivery driver for respondent, DHL Express. Following a hearing, the arbitrator determined that there was a causal connection between claimant's employment and the condition of both his back and his left knee. The arbitrator awarded claimant 105-6/7 weeks of temporary total disability (TTD) benefits (see 820 ILCS 305/8(b) (West 2004)), 215 weeks of permanent partial disability (PPD) benefits (see 820 ILCS 305/8(d)2, 8(e)12 (West 2004)), and medical expenses totaling $13,204.26 (see 820 ILCS 305/8(a), 8.2 (West 2004)). The Illinois Workers' Compensation Commission (Commission) affirmed the decision of the arbitrator, and the circuit court of Du Page County confirmed the decision of the Commission. On appeal, respondent argues that the Commission erred in finding a causal connection between claimant's employment and the condition of his left knee. In addition, respondent challenges the Commission's award of medical expenses and PPD benefits related to claimant's left knee. We affirm.

¶ 2 I. BACKGROUND

¶ 3 The following relevant facts were established by the testimony presented and the exhibits admitted into evidence at the hearing on claimant's application for adjustment of claim, which was held on March 12, 2009. Claimant worked for respondent as a delivery driver. Claimant testified that on December 20, 2004, he was attempting to move a box of liquor that was wedged inside his delivery truck when he hurt his back and twisted his left knee. Claimant continued to work, but noted "quite a bit of pain going down [his] left leg." He eventually reported the incident to his supervisor, who referred him to Advocate Occupational Health (Advocate) for treatment. Claimant presented to Advocate on December 23, 2004, and reported left-sided sciatica-type pain after lifting

a 30-pound case of liquor, with pain in his left buttock/hip radiating down to his left knee as well as to his left foot and ankle. The pain was noted to be a 10 on a 10-point scale, and it was characterized as "sharp." The diagnosis was "back strain/rule out sciatica," and claimant was instructed to undergo an MRI of the lumbar spine. Claimant was released to light duty with lifting limited to five pounds, no climbing, and no driving of company vehicles. Because there was no light-duty work available within these restrictions, claimant did not return to work.

¶ 4 Claimant underwent the MRI on December 28, 2004. It revealed significant degenerative disc disease at the L4-5 and L5-S1 levels with disc bulging and posterior osteophytes, moderate left foraminal narrowing at L5-S1, moderate right foraminal narrowing at L4-5, and mild to moderate central spinal canal narrowing at L4-5. At his follow-up visit to Advocate on December 30, 2004, claimant complained of "persistent severe pain in the left lower leg and to a lesser extent the left lower lumbar region and left buttock." The diagnosis was left radiculopathy. On January 3, 2005, during his final visit to Advocate, claimant again reported the onset of low back pain and pain radiating into the left foot and ankle area while maneuvering freight in the back of his truck. Claimant also complained of left knee pain as the result of a strain occurring "at the time that he hurt his back." Claimant indicated that the left knee pain was not problematic, although claimant reported some mild swelling about the peripatellar area. Examination of the left knee revealed mild crepitance with patellofemoral motion and equivocal apprehension, but no other significant pathology. In addition, a McMurray test was "unremarkable."[1] The diagnosis was internal derangement of the left knee, sciatica, and degenerative and acute changes of the spine. The

[1] A McMurray test is used to determine injury to meniscal structures. Steadman's Medical Dictionary 1805 (27th ed. 2000).

physician at Advocate recommended that claimant return for a follow-up check of the left knee and noted that if the knee continued to bother him, X rays would be obtained. Claimant did not return to Advocate and subsequently came under the care of Dr. Andrew Zelby.

¶ 5 The initial consultation with Dr. Zelby took place on January 13, 2005. Dr. Zelby documented a history of claimant twisting and jerking his back while lifting a box, resulting in the immediate onset of left buttock and left anterior foreleg and foot pain. Claimant acknowledged at the arbitration hearing that he did not complain specifically about his left knee to Dr. Zelby and that Dr. Zelby did not treat his left knee. Dr. Zelby diagnosed lumbosacral spondylosis and possibly a herniated disc. He recommended a repeat lumbar MRI as well as physical therapy. The MRI revealed desiccation of the discs with narrowing at L4-5 and L5-S1, as well as hypertrophy of the articular facets and ligamentum flavum moderately narrowing the central canal of both neural foramina.

¶ 6 Physical therapy commenced on January 19, 2005. On the patient history sheet claimant completed during his initial visit, he indicated that the reason for his treatment was back pain. Claimant also marked a diagram indicating that the areas involved in his condition included the left lower back and the front of the left leg from the knee to the foot. In a report dated January 24, 2005, the therapist recorded a history of claimant "twist[ing] his *right* knee and his back" on December 20, 2004, while trying to pick up a box on his truck. (Emphasis added.)

¶ 7 Claimant continued to treat with Dr. Zelby, initially reporting improvement with physical therapy. However, on March 16, 2005, claimant told Dr. Zelby that he felt that his condition had worsened. Claimant also reported that his left leg was getting weaker and that he had been unable to participate in physical therapy for the past two weeks because of pain. Dr. Zelby concluded that claimant's leg pain was "very radicular," although a cause for his symptoms was not readily

apparent on his MRI. Dr. Zelby recommended a series of epidural steroid injections. Meanwhile, claimant saw his primary-care physician, Dr. Steven Schmitz, on March 29, 2005. Dr. Schmitz recorded a history of claimant twisting his left knee and straining his back while bending and lifting at work on December 20, 2004. Claimant also related that the pain radiates down his left leg. Dr. Schmitz diagnosed knee strain, back pain, and lumbar radiculopathy.

¶ 8 Claimant returned to Dr. Zelby's office on May 2, 2005, and reported no benefit from the injections. A lumbar myelogram and post-myelogram CT scan were prescribed. These films showed a moderately large right L4-5 disc protrusion with moderately severe lateral recess and foraminal stenosis, a broad-based and left bulging disc or disc protrusion at L5-S1, and a moderately severe left foraminal stenosis with impingement on the exiting L5 nerve root. These findings led Dr. Zelby to determine that claimant was a candidate for surgery. Surgery was performed on May 31, 2005, and included a left L5 hemilaminectomy with L4-5, L5-S1 foraminotomy and decompression of the nerve root.

¶ 9 On June 20, 2005, at the first post-operative visit, Dr. Zelby noted that claimant was doing well with some "minor aching and soreness in his low back." With respect to his left leg, claimant reported a slight increase in pain accompanied by some numbness and weakness. Claimant felt that his continuing pain was not necessarily coming down the leg from his back, but more from the side of the leg near and below the knee. Dr. Zelby ordered physical therapy and an EMG. The EMG was performed on July 11, 2005, and revealed a moderate to markedly severe L5 radiculopathy on the left side. Subsequent to the EMG, claimant continued to complain of pain in his left lateral calf and left foot. As a result, Dr. Zelby ordered an MRI of the lumbar spine to evaluate for any persistent nerve-root impingement. The MRI revealed: (1) abnormal soft tissue signal at the L4-5 level centrally, extending to the right of midline, with obliteration of the epidural fat and nerve root; (2)

post-operative changes; (3) degenerative disc disease, primarily at L4-5 and L5-S1; and (4) minimal bulging of the L5-S1 disc. Thereafter, Dr. Zelby recommended an ultrasound to rule out venous thrombosis. Dr. Zelby indicated that if claimant's condition did not improve, he would consider a second back surgery, which would include a fusion.

¶ 10 Claimant visited Dr. Michael Zindrick, an orthopaedic spine surgeon at Hinsdale Orthopaedics, for a second opinion on August 10, 2005. At that time, claimant complained of back pain and leg pain, as well as weakness in his left leg with a feeling that the limb would "go out" on him. Dr. Zindrick's impression was left leg radiculopathy, and he agreed that a venous ultrasound was appropriate to rule out any vascular problems. At the follow-up appointment on August 23, 2005, Dr. Zindrick noted that the ultrasound was unremarkable, but that his review of the July 11, 2005, EMG showed a significant problem with the L5 nerve root on the left side. Dr. Zindrick recommended a repeat myelogram and post-myelogram CT scan. Following the myelogram, Dr. Zindrick concluded that claimant was a candidate for a posterior spinal fusion. Claimant was admitted to Hinsdale Hospital from October 3, 2005, through October 6, 2005, where he underwent the following procedures: (1) a lumbar laminectomy at L4-5 and L5-S1 on the left with bilateral discectomy; (2) 360 fusion at L4-5 with posterior spinal fusion and cage; (3) posterior spinal fusion at L4-5; (4) segmental internal fixation at L4-S1; and (5) right iliac crest bone graft.

¶ 11 Subsequent to this surgical intervention, claimant attended physical therapy and continued to follow up with Dr. Zindrick. Claimant testified that while undergoing physical therapy, he noticed that he was unable to perform a squat with his left leg because his knee felt like it was going to give out. According to claimant, this prompted Dr. Zindrick to recommend an MRI of the left knee. The MRI was taken on November 21, 2005, and revealed degeneration and a tear of the lateral meniscus, a tear of the ACL, as well as degenerative changes of patellofemoral and lateral joint

compartments with chondromalacia. Dr. Zindrick subsequently referred claimant to Dr. Michael Collins.

¶ 12 Claimant first saw Dr. Collins on December 7, 2005, at which time he gave a history of injuring his left knee on December 20, 2004, at the same time he had injured his back. Claimant related that he did not pay much attention to his knee at first because he was more concerned with his back. However, he noted that his knee was continuing to give him difficulty and seemed to be getting worse. Dr. Collins's impression was advanced lateral compartmental arthritis of the left knee. Dr. Collins noted that claimant's MRI showed a degenerative tear of the lateral meniscus and an ACL tear. Dr. Collins concluded the ACL instability was relatively quiescent and did not require any attention, and he suspected that it was old and not a new injury. He also opined that the arthritis in claimant's left knee predated the event of December 20, 2004. However, Dr. Collins found the meniscal tear more difficult to assess, noting that anyone with arthritis in the lateral compartment as severe as claimant is "certain" to have some degenerative tearing of the lateral meniscus.

¶ 13 Claimant continued to see both Dr. Zindrick and Dr. Collins, and, on March 10, 2006, he underwent a left knee transarthroscopic-partial-lateral meniscectomy with chondroplasty of the patella. Claimant followed up with Dr. Collins as well as Dr. Zindrick post-operatively. Claimant began work hardening on July 5, 2006. Dr. Zindrick prescribed an ankle-foot orthosis (AFO) on October 9, 2006, due to persistent left foot drop as well as instability. Claimant underwent a functional capacity evaluation on December 21, 2006, which was noted to be valid and representative of a performance level that coincided with claimant's job description. On December 29, 2006, claimant visited Dr. Zindrick, at which time he was released to return to work with no lifting greater than 100 pounds and a return to see the doctor in three months for a final check.

¶ 14 Claimant returned to work on January 8, 2007. On January 12, 2007, claimant visited Dr. Zindrick, indicating that since returning to work he had experienced an increase in left foot pain. He also reported stubbing his left foot secondary to the foot drop when he was walking around the house without the AFO. Dr. Zindrick diagnosed an increase in radiculopathy because of the increased work load and prescribed Lyrica.

¶ 15 Claimant continued to work and visited Dr. Zindrick again on April 2, 2007. He continued to complain of left foot pain and reported the AFO "digs in and bothers him." Examination revealed weakness on the left side with persistence of foot drop. Dr. Zindrick recommended continued use of Lyrica, released claimant to modified duty (no lifting greater than 100 pounds with sitting, standing, walking, bending, squatting, and kneeling as comfort allows), and directed that he return in four months. Claimant visited Dr. Zindrick again on July 2, 2007. Dr. Zindrick noted ongoing weakness in claimant's left leg, but opined that he had reached maximum medical improvement (MMI). He authorized claimant to return to regular work with no restrictions and instructed claimant to return to his office on an as-needed basis.

¶ 16 On February 4, 2008, claimant returned to see Dr. Collins. Claimant informed Dr. Collins that he continued to drive for respondent and, although the surgery had helped, his left knee had never been right and was slowly getting worse, with episodes of sharp pain and general achiness and soreness. X rays showed advanced lateral compartment arthritis with complete obliteration of the lateral joint space on the squat view. Dr. Collins diagnosed advanced arthritic changes of the lateral compartment of the left knee and advised claimant that he was "headed toward" a knee replacement. However, at that juncture, Dr. Collins did not feel that claimant was symptomatically bad enough to warrant the knee replacement. Instead, Dr. Collins recommended weight reduction and a series

of Synvisc injections. Claimant testified at the arbitration hearing that the injections were of no value.

¶ 17 Claimant again saw Dr. Zindrick on October 16, 2008, at which time he related that on October 13, 2008, he was working an extended shift when he pulled an approximately 70-pound box out of the back of his truck and felt an increase in pain. Dr. Zindrick concluded that claimant had strained his back but could return to full duty. He was given a Medrol Dosepak as well as a prescription for Relafen. Claimant returned on October 30, 2008, at which time Dr. Zindrick concluded that the most recent episode of back pain had improved. At that time, Dr. Zindrick noted that claimant still had "ongoing symptoms" in the left foot and he was authorized to work regular duty with no restrictions.

¶ 18 At respondent's request, claimant saw Dr. James Cohen on November 4, 2008, for an evaluation of his left knee. Claimant told Dr. Cohen that he was injured on December 20, 2004, as he attempted to lift a box on his truck, stumbled backwards, and twisted his left knee. Claimant stated that at the time of the accident, he experienced pain in the lateral aspect of the left knee and some swelling. He also reported pain in his lower back which radiated down his left leg to his ankle. Dr. Cohen reviewed X rays from February 4, 2008 and December 7, 2005, as well as an MRI from November 21, 2005. Ultimately, Dr. Cohen opined that claimant had advanced arthritis of the left knee prior to the December 20, 2004, incident. Dr. Cohen stated that with this type of end-stage arthritis, it would be far more common than not to have an associated degenerative meniscal tear. Dr. Cohen added that it would be "hard to imagine" that claimant was asymptomatic prior to the incident of December 20, 2004, given the degree of arthritis present on the X rays. Dr. Cohen acknowledged that claimant may have experienced further tearing of the meniscus as a result of the December 20, 2004, event. However, he doubted that it would significantly change claimant's

symptoms. Dr. Cohen stated that claimant would likely require a knee replacement in the future, but stated that it would not be related to the incident of December 20, 2004. Dr. Cohen also indicated that claimant would continue to have pain in his left knee related to his underlying arthritis condition and not related to the incident of December 20, 2004.

¶ 19 Based on the foregoing evidence, the arbitrator found a causal relationship between the accident of December 20, 2004, and claimant's subsequent injury and need for treatment relative to his low back. As to claimant's left knee pathology, the arbitrator stated as follows:

> "Dr. Collins did not give a definitive opinion as to causal relationship, opining instead that [claimant's] arthritis made the meniscal tear difficult to assess. Dr. James Cohen, Respondent's § 12 examining physician, essentially attributed [claimant's] left knee condition to his pre-existing arthritis. The medical records themselves do not contain a specific history of left knee injury occasioned at the time of the incident in question until the visit to Advocate Occupational Health two weeks later on January 3, 2005. [Claimant] himself, while claiming that he twisted his knee on the date in question, admitted receiving treatment for radiating pain down his leg, but not specifically pain in the knee at this time. He also conceded that he did not specifically complain about his left knee to Dr. Zelby and that Dr. Zelby did not treat his left knee in any way. Thus, it would appear that any complaints [claimant] had relative to his left leg and/or knee following the incident were related more to the radiating pain associated with his lower back condition, and not necessarily to any injury or aggravation of any underlying condition relative to the knee itself. Indeed, it was not until November of 2005, or approximately eleven (11) months following the incident, that the record contains complaints relative to the knee, for which Dr. Zindrick ultimately ordered an MRI on November 21, 2005.

In light of the above, the Arbitrator is hard pressed to find that [claimant's] current complaints relative to his left knee is attributable to the specific traumatic event that occurred on December 20, 2004, wherein [claimant] clearly injured his back and for which he received extensive treatment thereafter, including multiple surgical procedures and physical therapy. However, [claimant] credibly testified, and the record shows, that [claimant] had complaints relative to his left knee during the course of physical therapy ordered following back surgery in October of 2005. Thereafter, following the aforementioned MRI in November of 2005 and the subsequent referral to Dr. Collins, treatment specific to the left knee began in earnest, culminating in arthroscopic surgery in March of 2006. Thus, it would appear that as a result of [claimant's] participation in a program of physical therapy necessitated by his work related injury to his back, [claimant] aggravated and accelerated the pre-existing or underlying arthritic condition in his left knee. Furthermore, there is no evidence to indicate that [claimant] had any significant difficulties with his left leg or knee prior to the accident in question. In fact, the record shows that [claimant] continued to work for Respondent and was able to perform his regular duties during the period leading up to the date in question.

Accordingly, based on the above, and the record taken as a whole, the Arbitrator finds that [claimant's] pre-existing condition relative to his left knee was aggravated and/or accelerated by the physical therapy he underwent as a direct result of his work related lower back condition, and that as a result a causal relationship exists between the accident on December 20, 2004 and [claimant's] subsequent injury and need for treatment relative to his left knee."

The arbitrator awarded claimant 105-6/7 weeks of TTD benefits (see 820 ILCS 305/8(b) (West 2004)); 40 weeks of PPD benefits, representing the loss of use of 20% of the left leg (see 820 ILCS 305/8(e)12 (West 2004)); and 175 weeks of PPD benefits, representing a 35% loss of a person as a whole (see 820 ILCS 305/8(d)2 (West 2004)). The arbitrator further found that claimant was entitled to reasonable and necessary medical expenses totaling $13,204.26 (see 820 ILCS 305/8(a), 8.2 (West 2004)).

¶ 20 The Commission affirmed and adopted the decision of the arbitrator, although it "clarifie[d]" the arbitrator's reasoning with respect to the causal relationship between claimant's employment and the condition of his left knee. In particular, the Commission disputed the arbitrator's finding that the record was devoid of any reference to claimant's left-knee complaints until November 2005. The Commission explained:

> "[T]he Commission notes several mentions of left knee pain prior to November 2005. The very first treatment note, dated December 23, 2004, reflects that [claimant] complained of 'pain in the left buttocks/hip with radiation down to the left knee.' On January 3, 2005, [the physician at] Advocate * * * noted that [claimant] complained of left knee pain and indicated he had strained his knee 'at the time that he hurt his back' on December 20, 2004. A pain diagram dated January 19, 2005 is marked in such a manner as to reflect pain in the front of the left knee. While the therapist who evaluated [claimant] on January 24, 2005, recorded a history of [claimant] twisting his *right* knee and back on December 20, 2004, the Commission finds it reasonable to infer that the therapist intended to document a *left* knee injury since, in the same note, she noted a 'mildly antalgic gain with decreased stance time on the left lower extremity' and indicated that one of the goals of therapy was to increase the strength of [claimant's] left leg. On January 31, 2005, the same therapist noted that

> [claimant] complained of left leg pain 'across the knee' and left knee weakness while performing a full squat. A handwritten progress note dated March 29, 2005 reflects that, on December 20, 2004, 'while bending and lifting at work, [claimant] twisted his L knee and strained his back' and that [claimant] complained of pain radiating down his left leg.
>
> In the Commission's view, the histories and complaints described above corroborate [claimant's] testimony that he injured his back *and* twisted his left knee while attempting to free a box inside his fully loaded truck on December 20, 2004. Given that [claimant's] undisputed lumbar spine injury was serious enough to warrant surgery in June of 2005, it was reasonable for [claimant's] providers to initially focus on the back. It was also reasonable for those providers to view [claimant's] left leg complaints as radicular in nature rather than isolated to the knee." (Emphasis in original.)

On judicial review, the circuit court of Du Page County confirmed the decision of the Commission. This appeal ensued.

¶ 21 II. ANALYSIS

¶ 22 A. Causation

¶ 23 Respondent accepts that it must "bear liability" for the injury to claimant's lower back. However, it insists that there is no evidence to support the Commission's finding of a causal connection between the work-related incident of December 20, 2004, and the condition of claimant's left knee. Instead, respondent suggests that claimant's left-knee pathology is the result of claimant's preexisting arthritis.

¶ 24 In a workers' compensation case, the employee bears the burden of proving by a preponderance of the evidence all of the elements of his claim. *R & D Thiel v. Workers' Compensation Comm'n*, 398 Ill. App. 3d 858, 867 (2010). Among the elements that the employee

must establish is that his condition of ill-being is causally connected to his employment. *Elgin Board of Education U-46 v. 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 show that a work-related accidental injury aggravated or accelerated the preexisting disease such that the employee's current condition of ill being can be said to be causally connected to the work-related injury. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 204 (2003). The accidental injury need neither be the sole causative factor nor the primary causative factor as long as it was *a* causative factor in the resulting condition of ill-being. *Sisbro, Inc.*, 207 Ill. 2d at 205. Whether an employee's condition of ill-being is attributable to a work-related accident that aggravated or accelerated a preexisting condition or whether the condition is attributable to some other cause is a question of fact for the Commission to decide. *P.I. & I Motor Express, Inc./For U, LLC v. Industrial Comm'n*, 368 Ill. App. 3d 230, 240 (1993). In deciding questions of fact, it is the function of the Commission to resolve conflicting medical evidence, judge the credibility of the witnesses, and assign weight to the witnesses' testimony. *R & D Thiel*, 398 Ill. App. 3d at 868; *Hosteny v. Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). We will not disturb the Commission's findings as to these issues, even though we might have decided differently on the same facts, unless such findings are against the manifest weight of the evidence. *Bennett Auto Rebuilders v. Industrial Comm'n*, 306 Ill. App. 3d 650, 655 (1999). A decision is against the manifest weight of the evidence only when an opposite conclusion is clearly apparent. *City of Chicago v Workers' Compensation Comm'n*, 373 Ill. App. 3d 1080, 1093 (2007).

¶ 25 In this case, the Commission concluded there was a causal connection between the condition of claimant's left knee and his employment because, *inter alia*, the histories and complaints in the medical records corroborated claimant's testimony that he injured his back and twisted his left knee

on December 20, 2004, while attempting to lift a box inside his delivery truck. We cannot say that the Commission's finding is against the manifest weight of the evidence. At the arbitration hearing, claimant testified that on December 20, 2004, he was attempting to move a box of liquor that was wedged inside his delivery truck when he hurt his back *and* twisted his left knee. Claimant testified that he continued to work despite experiencing "quite a bit of pain going down [his] left leg." He was subsequently referred by his supervisor to Advocate, where he initially received treatment on December 23, 2004. The records of claimant's first two visits with Advocate do not reference a report of claimant twisting his left knee. They do, however, reference pain in the left knee and left lower extremity. Moreover, Advocate's record of January 3, 2005, references a complaint of left knee pain as the result of a strain occurring "at the time he hurt his back." At that time, claimant noted "some mild swelling about the peripatellar area of the left knee," but indicated that it was not "problematic." Examination of the left knee revealed mild crepitance with patellofemoral motion and equivocal apprehension, but no other significant knee pathology. Claimant was diagnosed with internal derangement of the left knee. The physician recommended that claimant return for a follow-up check of the left knee and noted that if the knee continued to bother him, X rays would be obtained.

¶ 26 Claimant did not return to Advocate. Instead, he opted to treat with Dr. Zelby, who focused on his back complaints. Nevertheless, there are other references in the record to an injury of the left knee prior to Dr. Collins's definitive diagnosis late in 2005. In January 2005, Dr. Zelby referred claimant to physical therapy because of his back injury. The therapy records reference left leg and knee weakness and note that one if the goals of therapy is to increase the strength of and decrease the pain in the left lower extremity. When claimant saw his primary-care physician on March 29, 2005, Dr. Schmitz noted a history of twisting his left knee and straining his back "while bending and

lifting at work" on December 20, 2004. In August 2005, claimant was examined by Dr. Zindrick, reporting weakness in his left leg as if it was going to "go out" on him. According to claimant, his continued reports of weakness in the left leg prompted Dr. Zindrick to order an MRI. The MRI revealed a tear of the lateral meniscus, a tear of the ACL, and degenerative changes. These findings, in turn, resulted in Dr. Zindrick referring claimant to Dr. Collins, who operated on claimant's left knee.

¶ 27 Respondent insists that the foregoing evidence is insufficient to establish a link between the condition of claimant's left knee and the incident of December 20, 2004. Principally, respondent cites: (1) the gap between the date of the incident at work (December 20, 2004) and the first reference in the medical records to claimant having twisted his left knee (January 3, 2005); and (2) the paucity of complaints of left knee problems between January 3, 2005, and November 2005. However, the Commission expressly addressed these issues. It explained that the scarcity of references to claimant's left knee at the commencement of his treatment was because claimant's back was initially the more significant problem. As a result, the Commission found it reasonable for the initial treaters to view the few references to left leg complaints as radicular in nature rather than isolated to the knee. Respondent also suggests that claimant's physical therapy records of January 19, 2005, reflect an injury to the right knee. The Commission acknowledged this discrepancy, but resolved it by noting that the rest of the physical therapy records consistently reference an injury to the left knee.

¶ 28 Respondent also insists that there is no medical evidence supporting a finding that the condition of claimant's left knee is causally connected to the incident of December 20, 2004. Respondent notes that Dr. Collins concluded that claimant had an old ACL injury and that the arthritis in his left knee predated the December 20, 2004, injury. Further, while Dr. Collins found

the meniscal tear more difficult to assess, he noted that anyone with arthritis in the lateral compartment as severe as claimant is "certain" to have some degenerative tearing of the lateral meniscus. Similarly, respondent points to Dr. Cohen's opinion that claimant's left knee condition predated the December 20, 2004, incident, and that given the severity of claimant's arthritis, it was unlikely that claimant would have been asymptomatic.

¶ 29 While neither Dr. Collins nor Dr. Cohen expressly linked the incident of December 20, 2004, to the condition of claimant's left knee, a medical opinion is not necessary to establish causation. See *Price v. Industrial Comm'n*, 278 Ill. App. 3d 848, 853-54 (1996). It is the law in Illinois that a chain of events showing a prior condition of good health, followed by a sudden change after a work injury, can establish causation. *Shafer v. Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶ 39. Despite the opinions of Drs. Collins and Cohen that it is common for individuals with end-stage arthritis to be symptomatic, the record in this case indicates that claimant did not have a prior history of *any* left knee complaints or injuries. Claimant sought treatment for his left knee condition with Dr. Collins. According to Dr. Collins's progress notes, claimant "has no past history of any injuries. He states he has never had any injuries that he is aware of and has never had trouble with his knee before." Indeed, as the arbitrator noted, claimant continued to work for respondent and was able to perform his regular duties during the period leading up to the accident. Further, claimant testified at the arbitration hearing that as a result of the incident of December 20, 2004, he not only hurt his back, but also twisted his left knee and experienced pain. Thus, a preexisting asymptomatic condition became symptomatic following the trauma of December 20, 2004. Additionally, claimant continued to complain of ongoing left-knee problems throughout the treatment for his back condition. According to respondent, causation cannot be established through the "chain of events" theory because claimant did not establish a prior state of good health. In

particular, respondent asserts that claimant had a prior history of arthritis and related ailments affecting his left knee prior to the incident of December 20, 2004. However, in *Price*, 278 Ill. App. 3d at 854, we determined that the chain-of-events analysis could be used to demonstrate the aggravation of a preexisting injury. Such is the case here.

¶ 30 In short, it is the function of the Commission to resolve conflicting medical evidence, judge the credibility of the witnesses, and assign weight to the witnesses' testimony. *R & D Thiel*, 398 Ill. App. 3d at 868; *Hosteny*, 397 Ill. App. 3d at 674. Given the consistency between claimant's testimony and the medical records as well as the fact that claimant did not have any documented left-knee complaints prior to December 20, 2004, we cannot say that the Commission's causation finding is against the manifest weight of the evidence.

¶ 31 B. Medical Expenses & PPD Benefits

¶ 32 Respondent next contends that the Commission erred in awarding claimant medical expenses and PPD benefits related to the condition of his left knee. This argument is based solely on the premise that the Commission erred in finding a causal connection between the accident of December 20, 2004, and claimant's left knee complaints. Having already upheld the Commission's finding that the condition of claimant's left knee is causally related to his employment, we find respondent's challenge to the medical expenses and PPD benefits unpersuasive.

¶ 33 III. CONCLUSION

¶ 34 For the reasons set forth above, we affirm the judgment of the circuit court of Du Page County, which confirmed the decision of the Commission.

¶ 35 Affirmed.