2016 IL App (2d) 150298-U
No. 2-15-0298
Order filed January 28, 2016

IN THE

APPELLATE COURT OF ILLINOIS

SECOND DISTRICT

DAVID A. SCHMIDT, Plaintiff-Appellant, v. THE BOARD OF TRUSTEES OF THE AURORA POLICE PENSION FUND, DANIEL HOFFMAN, President of the Board of Trustees of the Aurora Police Pension Fund, and JAMES BROWN, Secretary of the Board of Trustees of the Aurora Police Pension Fund, Defendants-Appellees.	)	Appeal from the Circuit Court of Kane County. No. 14-MR-786 Honorable David R. Akemann, Judge, Presiding.

JUSTICE JORGENSEN delivered the judgment of the court.
Presiding Justice Schostok and Justice Spence concurred in the judgment.

ORDER

¶ 1 *Held*: The Board's finding that plaintiff is entitled to a general disability pension, rather than a line-of-duty pension, is not against the manifest weight of the evidence. Additionally, the Board did not misunderstand the law that the duty-related injury need not be the primary cause of the disability in order to receive a line-of-duty pension.

¶ 2 Defendant, the Board of Trustees of the Aurora Police Pension Fund, determined that plaintiff, David Schmidt, was disabled by deep vein thrombosis (DVT) and could no longer

perform his duties as a police officer. It granted Schmidt a pension pursuant to section 3-114.2 of the Illinois Pension Code (Code) (40 ILCS 5/3-114.2 (West 2014)), known as "disability pension-not on duty," which entitled him to 50% of the salary attached to his most recent rank. However, it denied Schmidt a pension pursuant to section 3-114.1 of the Code, known as "disability pension-line of duty," which would have entitled him to the greater of 65% of the salary attached to his most recent rank or other amounts associated with various contingencies. 40 ILCS 5/3-114.1 (West 2014). The Board found that there was not a sufficient causal nexus between Schmidt's late-June, duty-related work injury and the mid-August manifestation of DVT. Schmidt sought administrative review of the Board's factual assessment and resulting decision to deny the line-of-duty pension. The circuit court affirmed the Board. For the reasons that follow, we agree that the Board's finding was not against the manifest weight of the evidence, and we affirm the Board's decision to deny the line-of-duty pension.

¶ 3 I. BACKGROUND

¶ 4 After the onset of DVT, Schmidt, a police officer of 17 years for the City of Aurora, applied to the Board for a line-of-duty pension. At the hearing, Schmidt, through his attorney, presented his theory of the case in an opening statement. That is, Schmidt was injured in the line of duty when, on June 29, 2011, he was performing an obstacle-course drill, and he felt a sharp pain in his right leg, specifically, in his calf. Schmidt "assumed it was a muscle strain and nothing to worry about." He finished the drill and went to his 3 p.m. work shift. While at work that afternoon, he engaged in a foot chase. While running, he again felt the sharp pain in his calf. Schmidt again assumed it was a muscle strain and finished his shift. On June 30, 2011, Schmidt's back (a longstanding problem) and leg hurt, so he went to his chiropractor. On July 1, 2011, Schmidt left for a road trip to Colorado. It was an 18-hour drive. On July 19, 2011,

Schmidt returned to work. The first day back, Schmidt again engaged in a foot chase and again felt pain in his calf. He again thought it was a muscle strain and "nothing to worry about." He continued working. From approximately August 1, 2011, to August 15, 2011, Schmidt experienced a gastrointestinal illness. On August 16, 2011, Schmidt's calf hurt badly; it felt as though it was going to burst. Schmidt went to the emergency room and was diagnosed with DVT. Schmidt acknowledged that immobility and dehydration are risk factors to developing DVT, but he stated that the evidence would show that neither his road trip to Colorado nor his gastrointestinal illness caused him to experience immobility or dehydration. Rather, he maintained that his June 29, 2011, injury caused or contributed to the DVT.

¶ 5 Schmidt testified to the events of June 29, 2011. On that day, Schmidt participated in a mandatory training exercise, which consisted of running through an obstacle course. Schmidt sprinted 80 yards through a doorway. Then, he dragged a 100-pound dummy 15 yards. He pushed a car in neutral 10 yards. He ran through pylons. He did 15 to 20 pushups. Finally, he shot his gun at a target. The first time through the obstacle course, he felt no pain. The second time through the obstacle course, as soon as he started the initial 80-yard sprint, he felt a "sharp pain in his lower right leg." The pain was in his calf from his heel to his knee. He slowed down but did not stop. When he dragged the dummy, he felt pain in his lower back. When he pushed the car, he felt pain in his lower back and his calf. He finished the drill. He rated the initial pain as a 7 on a scale of 1 to 10, and, within a few hours, the pain settled down to a rating of 4 or 5. He thought it was probably a muscle strain, which he had experienced before. He did not think that it was a muscle tear, and he thought he could continue to work. Later that day, he engaged

in a foot chase. The foot chase aggravated his calf, such that his calf hurt more after the foot chase than before it.[1]

¶ 6 The next day, Schmidt went to see his chiropractor, Eric Carson. Schmidt saw Carson regularly, going back months prior to the incident. According to Schmidt, he told Carson about his calf sprain, and Carson provided electro-stimulation. However, the stimulation hurt, so Carson removed it. Schmidt acknowledged that Carson's medical evaluation from that day did not mention the duty-related calf sprain or the stimulation. However, Schmidt maintained that he told Carson about the calf sprain, and he could not control whether Carson recorded it in the evaluation.

¶ 7 Schmidt explained that he was not immobile during the road trip to Colorado and back. He and his wife stopped every two hours to let their dog out of the car. They also stopped for gas. (Schmidt's wife confirmed this account).

¶ 8 Schmidt further explained that he was not immobile during his two-week gastrointestinal illness. Admittedly, over the course of the illness, he rested on the reclining chair, albeit with his legs elevated. However, he got up many times to use the restroom. Additionally, he took his dog on short walks, though he did not stray far from the house, so that he could remain close to the restroom. Moreover, on three different days, he left the house to see a doctor, Dominic Leung, regarding the illness. He did not tell Leung about the June injury, because, at that time, he believed it would heal on its own. (Schmidt's wife confirmed this account).

[1] Schmidt testified that he reported the June 2011 incident to his superiors. However, he does not point this court to an incident report. In any case, it does not appear that the Board's ruling turned upon whether the incident actually happened but, rather, whether the incident was serious enough to cause the August 2011 DVT.

¶ 9 Finally, Schmidt disagreed that he was dehydrated from his gastrointestinal illness. He acknowledged that he went to the bathroom approximately 15 times per day during the two-week period. However, he followed his doctor's instructions to take in fluids such as Gatorade and Pedialyte and to eat specific foods such as bananas and toast. Schmidt pointed out that, when he went to the emergency room for DVT just one day after his gastrointestinal symptoms had subsided, doctors did not treat him for dehydration.

¶ 10 Schmidt went to the emergency room for pain in his calf on August 16, 2011. The pain was so terrible that he thought his leg would burst. Schmidt acknowledged that the emergency evaluation did not mention the June 2011 duty-related injury. However, he told the doctors about the injury; he could not control what they write in their notes. The doctors diagnosed Schmidt with DVT and referred him to a specialist. The next day, Schmidt again saw Leung, who determined that Schmidt had a genetic predisposition to DVT, known as the V-Leiden mutation.

¶ 11 Schmidt never sought treatment for the June 2011 injury (aside from, he maintains, telling his chiropractor about it). He assumed it would heal on its own. However, the DVT blood clot occurred in the same place along his calf as the initial injury.

¶ 12 In addition to Schmidt's testimony, the parties submitted medical evaluations and deposition testimony from various doctors, including three Board-selected physicians and numerous treating physicians. Because Schmidt does not appeal the Board's favorable determination that he is, indeed, disabled, we limit our discussion of the medical evaluations and depositions to the question of causation. Schmidt has agreed to narrow the question of causation to the June 29, 2011, incident.

¶ 13 A. Board-Selected and Independent Physicians:
Esrig, Czarnecki, Halstuk, and Karlsson

¶ 14 The Board selected three physicians to conduct an independent medical evaluation, as is provided for in the Code. 40 ILCS 5/3-115 (West 2014). The Board gave each physician Schmidt's medical and departmental records. The physicians submitted the following information in their written reports.

¶ 15 Dr. Elyse Esrig, an internist, reported that "the cause of DVT is likely multifactorial: a genetic predisposition (factor V[-L]eiden gene mutation), *endothelial injury (due to trauma on June 29. This is further documented by the abnormal MRI showing tendonitis and in his lower leg)*, and stasis (could be from the drive to Colorado or the gastrointestinal illness in August, or both)." (Emphasis added.) Further, in her conclusion, she stated: "It is likely that Officer Schmidt's trauma on June 29, 2011, contributed to the DVT formation."

¶ 16 Dr. Kevin Halstuk, a vascular surgeon, reported: "I am of the opinion that the June 29, 2011, events did *not* cause or aggravate his situation as far as him being diagnosed with a DVT on August 16, 2011. In addition, likewise the events of June 29, 2011, did *not* cause or aggravate his Leiden factor V[-Leiden] deficiency." (Emphasis added.) Rather, "the relative immobilization of driving to Colorado contributed to the development of the DVT. In addition, this was followed by two weeks of gastroenteritis symptoms, which led to dehydration. The combination of the illness with relative immobilization and the associated dehydration likewise contributed to the development of the DVT."

¶ 17 Dr. Fabrice Czarnecki, an occupational physician, reported: "It is possible *but unlikely* that Officer Schmidt's DVT was caused or aggravated by his alleged injury of [June 29]. The main contributing factor to his DVT is the factor V[-]Leiden, a hereditary condition. Other possible contributing factors to the DVT include prolonged immobility and dehydration during the episode of diarrhea, prolonged immobility in the car trip to Colorado and the alleged injury

of [June 29]." (Emphasis added.) Czarnecki explained why the June injury was unlikely to have caused the DVT: (1) "The injury happened more than six weeks before the DVT caused significant symptoms ***. Approximately three-quarters of blood clots associated with an injury happen within six weeks of the injury ***;" (2) "*** the injury was fairly mild. Officer Schmidt did not stop working and did not seek medical attention *** Schmidt did not seek care for that injury until after he was diagnosed with the DVT. I was not provided with [a relevant injury] report from the Aurora Police Department; (3) "*** [the manifestation of the DVT] started around [August 16.] Even if the alleged injury had caused a small clot, it seems likely that another event, around or just before [August 16], would have caused that small clot to grow and become symptomatic. The human body can handle and destroy small clots with minimal or no symptoms;" and (4) "[symptoms concerning the leg] were reported by Officer Schmidt to Dr. Carson during several visits *before* the alleged injury of [June 29.]" (Emphasis added.)

¶ 18 The parties also submitted the independent medical exam that had been conducted in the context of Schmidt's workers' compensation case. Dr. Troy Karlsson, an orthopedist, reported: "I do *not* believe there is a correlation between the events of June 29, 2011[,] and [Schmidt's] subsequent problems with the calf including the DVT ***." In Karlsson's view, other factors, which occurred much closer in time, were more likely to have caused the DVT, such as the genetic V-Leiden deficiency and the two-week bout of diarrhea. Karlsson commented on respondent's lack of mobility during the Colorado trip: "[H]e would stop every two hours to walk the dog somewhat, so he was not immobilized for long periods of time," but "he was less mobile on the trip compared to someone doing deskwork."

¶ 19 B. Treating Physicians: Carson, Leung, Bodner, Liakos, and Hantel

¶ 20 Carson, Schmidt's treating chiropractor, provided all of Schmidt's medical evaluations from April 2011 through October 2011 (three months prior to and four months following the alleged work injury). The only mention of leg pain is stated as: "discomfort in the lower back *radiating to the right leg*," or "the aching pain and stiffness in his lower back *radiating to the right leg*." (Emphases added.) This report of leg pain appears in the initial April evaluation. Schmidt rated the leg pain to be mild-moderate in April. He rated it moderate on June 6. He also rated it moderate on June 30, one day after the alleged work injury. The June 30 evaluation does *not* mention the alleged work injury, nor does any subsequent entry. The July 25 entry states that the leg pain "has been getting worse."

¶ 21 Leung treated Schmidt for his gastrointestinal illness. The history section of Leung's evaluation does not mention the June 2011 duty-related injury. Leung ordered blood-work, which did not show Schmidt to be dehydrated.

¶ 22 The August 16, 2011, emergency room report is contained in the record. That report summarizes Schmidt's history, but it does not mention the June injury:

> "Patient is a 45-year-old male presents to ER with chief complaint of right lower extremity pain and swelling. The patient states he has been immobile for the last 2 weeks because he has had diarrhea. He complains of pain and swelling in the right lower extremity for the last 2 days. He denies chest pain or shortness of breath. He states that his father has a history of DVT. Patient is a nonsmoker. He feels like his right leg is going to burst."

Schmidt was not treated for dehydration at the emergency room.

¶ 23 Dr. Russell J. Bodner, Schmidt's treating orthopedist, provided Schmidt's August 17, 2011, medical evaluation. He determined that Schmidt presented with DVT, and he ordered

further testing. He did not, at that time, record an opinion as to whether the June injury contributed to the DVT. In his deposition testimony one year later, he testified to the likely causes. He stated that, if a person has a DVT clot, he will experience the symptoms of DVT very shortly thereafter. However, it is "possible" for a clot to manifest six to eight weeks after an injury. Though he recognized that Schmidt had a strong genetic predisposition for DVT, was somewhat sedentary on a long road trip, and experienced a dehydrating illness, Bodner still thought that "all the problems [Schmidt has] had with his right leg" were an "important factor" in the development of that blood clot." When pressed, Bodner stated, even more firmly, "It is my opinion that without the preexisting trauma that occurred on [June 29], [Schmidt] would not have gotten this blood clot."

¶ 24 Dr. Photine Liakos, an orthopedist, testified in deposition that, in consultation with Bodner, she evaluated Schmidt after the onset of DVT. Liakos opined that the cause of the DVT was likely multifactorial: the genetic predisposition combined with participation in activities that, even in the general population, would increase risk, such as extended travel periods. Liakos stated that a muscle strain *could* cause pressure on a vein that could lead to blood clots. However, she did *not* expressly state that Schmidt's June 2011 leg injury did so.

¶ 25 Dr. Alexander Hantel, Schmidt's treating hematologist, first saw Schmidt in regard to the present condition on September 6, 2011. Hantel explained that the V-Leiden mutation occurs in 4% of Caucasians. It increases one's chances of getting a clot, but, as predispositions go, it is thought to be milder than other predispositions (though it may increase one's chances eight-fold). Many people with the factor V-Leiden mutation will never get a blood clot. It is possible for a person with V-Leiden to spontaneously develop a blood clot, but, usually, there is a precipitating incident, such as injury, immobility, or dehydration. Here, Schmidt experienced all three.

Typically, the clot would occur shortly after the precipitating incident, but it is possible for the onset of symptoms to appear weeks later. The genesis of symptoms may be different in each case, and there is really "no way to generalize." A delay of six to seven weeks is within the possible range. Hantel stated that, within a reasonable degree of medical certainty, "it was likely that the [June 29] injury was the initial disposing factor" and that "the likelihood is great that the blood clot was brought on by a calf injury *** [in] June ***."

¶ 26 C. The Board's Ruling

¶ 27 The Board found that Schmidt's DVT constituted a disability under the Code. It noted that Schmidt's use of anticoagulants put him at risk for excessive bleeding should he later become injured at work. The Board also found that the obstacle course performed on June 29, 2011, qualified as an "act of duty."

¶ 28 However, the Board found that the June 29, 2011, incident neither caused nor aggravated the DVT. The Board recounted in detail and with apparent approval the opinions given by the four selected and/or independent physicians (Esrig, Halstuk, Czarnecki, and Karlsson), and it recounted certain weaknesses in the opinions and reports of some of Schmidt's treating physicians. For example, it noted that Carson's report never mentioned the June 29, 2011, incident, even though Carson treated Schmidt the very next day, on June 30, 2011. It further noted that Carson recorded Schmidt's leg pain *prior* to the June 29, 2011, incident. The Board acknowledged Schmidt's testimony that he was not immobile during the road trip to Colorado or during the two-week bout with diarrhea, but it found that the "medical records suggested otherwise." The Board characterized the history that Schmidt provided to his treating physicians after the onset of DVT as "self-serving." The Board accepted the theory of certain experts that it was unlikely DVT would develop as far out as seven weeks from an injury and that, instead, the

DVT was caused by the combination of Schmidt's genetic predisposition, immobility, and dehydration immediately preceding the onset of DVT.

¶ 29 Schmidt sought administrative review in the circuit court, and the circuit court affirmed the Board. This appeal followed.

¶ 30 II. ANALYSIS

¶ 31 Schmidt appeals the Board's determination of causation and its resulting decision to deny a line-of-duty pension. He argues both that the Board's finding was against the manifest weight of the evidence and that the Board misunderstood the law. For the reasons that follow, we reject Schmidt's arguments.

¶ 32 The plaintiff in the administrative hearing bears the burden of proof, and relief will be denied if he fails to sustain that burden. *Wade v. City of North Chicago Police Pension Board*, 226 Ill. 2d 485, 505 (2007). As to causation, to receive a line-of-duty pension, there must be a "sufficient nexus" between the injury and the performance of the duty. *Id.* The duty-related injury need not be the originating or primary cause of the injury. *Id.* So long as there is a sufficient nexus, the disability pension may be based on the aggravation of a pre-existing physical condition. *Id.* The Board's denial of a line-of-duty pension presents a question of fact. *Id.* We will only reverse the Board's determination of a question of fact if it is against the manifest weight of the evidence. *Id.* at 504. A determination is against the manifest weight of the evidence only if the opposite conclusion is clearly evident. *Id.* We review the Board's decision, not that of the trial court. *Id.* As to the sufficiency of the evidence supporting the Board's decision, we note that, to reverse, it is not enough that there be mere conflicts in the evidence or even that an opposite conclusion is reasonable. *Roszak v. Kankakee Firefighters' Pension Board*, 376 Ill. App. 3d 130, 139 (2007). Where there is competent evidence to support

the Board's determination, we must affirm. *Id*. at 138-39. Here, the evidence supported the Board's determination.

¶ 33 The two treating physicians who saw Schmidt after June 29, 2011, but prior to the onset of DVT, Carson and Leung, did not record the June 2011 injury in the history sections of their evaluations. Even the emergency room report on August 16, 2011, did not mention the June injury. The Board was not required to accept Schmidt's explanation that he *did* tell Carson and the emergency room staff about the June 2011 injury but simply could not control what they chose to record. The Board, who heard Schmidt testify, found Schmidt to be self-serving when he provided his history to the doctors who treated him post-DVT.

¶ 34 After discounting the opinions of the post-DVT treating physicians because Schmidt gave them a self-serving history, the Board was left with the two pre-DVT treatment evaluations, the emergency room report, and the four Board-selected and/or independent evaluations. Again, neither the pre-DVT treating physicians nor the emergency room report mentioned the June 2011 injury.

¶ 35 Two of the Board-selected and/or independent physicians, Halstuk and Karlsson, firmly rejected a causal nexus between the June 2011 injury and the disability. They each provided a reasonable theory of causation that did not include the June 2011 injury as a factor. That is, the DVT resulted from Schmidt's genetic predisposition, immobility during a long road trip, and additional immobility and, moreover, dehydration during the two-week illness immediately preceding the onset of DVT. As we will discuss, *infra* ¶ 47, Halstuk and Karlsson were solid witnesses and the Board reasonably credited their causation theory.

¶ 36 A third Board-selected and/or independent physician, Czarnecki, issued a milder rejection of Schmidt's theory. He stated that it was "possible *but unlikely*" that the June 2011 injury

caused or contributed to the DVT. (Emphasis added.) Czarnecki explained the reasons that it was unlikely that the June 2011 injury caused or contributed to the DVT, including the mildness of the June 2011 injury, Schmidt's failure to seek care for the June 2011 injury, and the distant onset of the DVT. Further, Czarnecki explained that any clot that *may* have formed during the June 2011 injury would have been small and would *not* have developed into DVT absent "another event" such as immobility or dehydration. Czarnecki's statements of how the June injury *might* have developed into DVT do not help Schmidt meet his burden of proof.

¶ 37 The fourth Board-selected and/or independent physician, Esrig, was the only Board-selected physician to opine that the June 2011 injury contributed to the disability (along with the genetic predisposition and immobility). Thus, while each of the four Board-selected and/or independent physicians opined that the genetic predisposition, immobility, and dehydration combined to cause the DVT, only Esrig opined that the June 2011 injury constituted an additional factor contributing to the DVT.

¶ 38 As such, the Board's finding is supported by the following competent evidence: (1) testimony from Halstuk and Karlsson that there was no causal nexus; (2) testimony from Czarnecki that a causal nexus was unlikely; and (3) the absence of treatment history for the June injury, the importance of which was magnified by the Board's corresponding finding that Schmidt acted in a "self-serving" manner when he later stressed his June injury to his post-DVT treating physicians. Given this evidence, the Board's finding cannot be said to be against the manifest weight of the evidence.

¶ 39 Schmidt also appears to argue that the Board misunderstood the law. Schmidt stresses, correctly, that an applicant's disability can be rooted in multiple causes, the duty-related injury need not be the primary cause, and an applicant may receive a line-of-duty pension so long as a

sufficient causal connection exists between the duty-related injury and the disability. See, *e.g.*, *Wade*, 226 Ill. 2d at 505. However, we see absolutely no indication in the Board's order that it misunderstood this rule of law. To the contrary, the Board expressly considered whether there was a "correlation" between the work incident and the DVT and whether the work incident "caused *or aggravated*" the DVT. (Emphasis added.) After determining that there was not a sufficient nexus between the work incident and the DVT, the Board went on to state that the DVT resulted from other causes. The Board's order indicates that it fully understood the law that the duty-related injury need not be the primary cause in order for the applicant to receive a line-of-duty pension. It simply disagreed with Schmidt's theory of the case.

¶ 40 As Schmidt requested, we have conducted a manifest-weight review. However, we note that Schmidt would likely lose under a clearly erroneous review as well. The clearly erroneous standard applies to mixed questions of law and fact, and it is generally less deferential than a manifest-weight review. *AFM Messenger Service, Inc. v. Department of Employment Security*, 198 Ill. 2d 380, 390 (2001). In the context of an administrative case, however, we are mindful that a Board receives some amount of deference to its interpretation of the laws it is charged with enforcing. *County of Cook v. Illinois Local Labor Relations Board*, 266 Ill. App. 3d 53, 57 (1994). A mixed question is one that examines the legal effect of a given set of facts. *AFM*, 198 Ill. 2d at 390.

¶ 41 It is possible to view this case as a review of the Board's determination of a mixed question of law and fact, the legal question being at what point a remote event can be found to cause or contribute to, or have a sufficient causal nexus with, the disability. Even if we were to accept the facts in Schmidt's favor, *i.e.*, even if we were to accept that the June injury was a "but-for" cause of the DVT, the Board would not be required to find a sufficient causal nexus

between the June injury and the DVT disability. A "but-for" cause is not always a proximate cause. See, *e.g.*, *Turcios v. DeBruler*, 2015 IL 117962, ¶¶ 28-30 (the "but-for" test establishes a negative, meaning that, if there is no "but-for" causation, there can be no proximate causation, but the reverse is not necessarily true).

¶ 42 Here, the record provides a basis for the Board to have determined that the June injury did not set Schmidt on a path to develop DVT, make it likely that he would develop DVT, or sufficiently contribute to the DVT. A host of experts stated that, if an injury is going to cause DVT, it usually does so soon after, not seven weeks later. Those experts considered the June injury to be mild and capable of healing on its own. It would have been reasonable for the Board to determine that the combination of the genetic predisposition, the immobility, and the dehydration immediately preceding the DVT was a superseding cause, relieving the June injury as a cause. Compare *Roszak*, 376 Ill. App. 3d at 148-49 (failure to pursue physical therapy "aggressively enough" following shoulder surgery for the work injury did not qualify as a superseding cause as would support the denial of a line-of-duty disability). In comparing this case to *Roszak*, a work injury resulting in the need for surgery is more severe than a mild strain for which no treatment is sought. Additionally, as to the nature of the superseding cause, an alleged failure to pursue physical therapy "aggressively enough" does not carry the same causative force as an extreme health event such as a two-week gastrointestinal illness requiring three doctor visits. The Board simply cannot be said to have clearly erred in this case.

¶ 43 Our above-stated rationale is dispositive. Nevertheless, we briefly address some of Schmidt's particular challenges to the sufficiency of the evidence, mainly concerning the Board's: (1) finding of immobility and dehydration; and (2) assessment of the expert opinions.

¶ 44 Schmidt contends that the Board afforded too much weight to evidence suggesting that he was immobile and dehydrated prior to the onset of DVT. Schmidt notes that, while driving to Colorado and while sick with the gastrointestinal illness, he got up to walk the dog and use the restroom. He also left his house on three occasions to go to the doctor. Schmidt further notes that, during his illness, he followed his doctors' instructions to take in fluids, and, when he went to the emergency room for his DVT just one day after his gastrointestinal symptoms had subsided, doctors did not treat him for dehydration.

¶ 45 We disagree that the circumstances noted by Schmidt required a finding that immobility and dehydration played no role in the development of his DVT, thereby increasing the probability that the June 2011 incident contributed to the DVT. The Board reasonably drew inferences of immobility and dehydration from the underlying facts. One need not be perfectly still to be "immobile," and one need not be in need of intravenous treatment to be "dehydrated." Rather, as supported by expert testimony, Schmidt's long road trip and two-week illness (where he only got up to walk his dog, use the restroom, or visit the doctor) rendered him more immobile than a person working a desk job and, as such, rendered him immobile so as to contribute to the formation of DVT. Similarly, suffering a "severe" gastrointestinal illness, causing him to use the restroom 15 times per day and prompting three doctor visits, is enough to support the inference that he was dehydrated *at some point* prior to the onset of the DVT (even if blood-work taken at *a single point* within the two weeks or at the emergency room did not show a need to treat for dehydration). In any case, while Schmidt did not receive intravenous treatment for dehydration, he *did* receive moderate treatment for dehydration in the form of orders to take in certain liquids.

¶ 46 Schmidt also challenges the Board's assessment of the expert witnesses. To this, we note that it remains for the trier of fact to determine the facts and the inferences to be drawn from an expert's testimony. *Iaccino v. Anderson*, 406 Ill.App.3d 397, 407 (2010) (a medical malpractice case). The value of expert testimony depends upon the facts and reasons which form the basis of the expert's opinion. *Id*. at 402. The cases upon which Schmidt relies to challenge the experts, *Wade* and *Roszak*, are distinguishable.

¶ 47 In *Wade*, the only expert to conclude that the applicant was not disabled made misstatements that undermined his credibility. *Wade*, 226 Ill. 2d at 506. Here, in contrast, there are no significant misstatements or internal contradictions. For example, Schmidt contends that the Board should have discounted Halstuk, because, in Schmidt's view, Halstuk erroneously stated that Schmidt was immobile and dehydrated. However, the record supports that Schmidt was immobile and dehydrated, *supra* ¶ 45. Therefore, the Board reasonably relied on Halstuk's statements that Schmidt was immobile and dehydrated. Schmidt also contends that the Board should have discounted as inconsistent Karlsson's testimony on the issue of mobility. Karlsson stated Schmidt "was not immobilized for long periods of time." However, Karlsson later clarified that, by this, he meant that Schmidt was not *completely* immobile because he got up to walk his dog, but he was still *less* mobile than if he had been doing deskwork for the same amount of time. As such, the Board reasonably relied on Karlsson's evaluation to find that Schmidt was *relatively* immobile prior to experiencing the onset of DVT.

¶ 48 In *Roszak*, the applicant made statements to his treating physicians concerning the work injury beginning one day after its occurrence. *Roszak*, 376 Ill. App. 3d at 132-33. Here, in contrast, Schmidt did not stress the work injury to the treating physicians who issued favorable

opinions until seven weeks later, *after* he experienced severe DVT symptoms. As such, the Board reasonably found those opinions to be less reliable.

¶ 49 In sum, competent evidence supported the Board's determination that there was not a sufficient nexus between the June 2011 injury and the DVT disability. Therefore, we affirm its decision to deny Schmidt a line-of-duty pension.

¶ 50 III. CONCLUSION

¶ 51 For the aforementioned reasons, we affirm the judgments of the Board and circuit court.

¶ 52 Affirmed.