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2016 IL App (3d) 150380WC-U

FILED: February 5, 2016

NO. 3-15-0380WC

IN THE APPELLATE COURT

OF ILLINOIS

THIRD DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

SHARKEY TRANSPORTATION, INC.,)	Appeal from
Appellant,)	Circuit Court of
v.)	Will County
THE ILLINOIS WORKERS' COMPENSATION)	No. 13MR908
COMMISSION <i>et al.</i> (Glenn Sledd, Appellee).)	14MR2657
)	Honorable
)	John Anderson,
)	Judge Presiding.

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

ORDER

¶ 1 *Held:* (1) The Commission's award of past medical expenses is against the manifest weight of the evidence where it was based, in part, on expenses associated with the diagnosis and treatment of a condition of ill-being that was not causally related to claimant's work for the employer.

(2) The Commission's TTD award is against the manifest weight of the evidence where it was improperly based on claimant's incapacitation from work due to a non-work-related condition of ill-being and was not otherwise supported by the record.

¶ 2 On June 15, 2011, claimant, Glenn Sledd, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 to 30 (West 2010)),

seeking benefits from the employer, Sharkey Transportation, Inc. Following a hearing, the arbitrator found claimant did not sustain a compensable accident and denied him benefits under the Act. On review, the Workers' Compensation Commission (Commission) reversed the arbitrator's decision, finding claimant proved he sustained work-related injuries on February 27, 2011, to his neck, back, and left leg. It awarded claimant (1) 56-2/7 weeks' temporary total disability (TTD) benefits; (2) past medical expenses totaling \$15,203.10; and (3) prospective medical expenses in the form of "lumbar and cervical spine diagnostic treatment and reasonable and necessary medical treatment related to [claimant's] February 27, 2011[,] accident." The Commission also remanded the matter to the arbitrator for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E.2d 1322 (1980).

¶ 3 The employer sought judicial review with the circuit court of Will County, which confirmed the Commission's decision. The employer filed an emergency motion to clarify the court's order, maintaining it had raised issues with respect to the Commission's award of TTD benefits and medical expenses that the court failed to address. The court then entered an order, finding the Commission failed to provide reasoning to support its award of TTD benefits and medical expenses and remanding the matter to the Commission "to specifically address those two issues." The Commission entered a decision and opinion on remand addressing issues related to TTD and medical expenses and reiterating its previous award of benefits. Again, the employer sought judicial review and the circuit court confirmed the Commission's decision.

¶ 4 The employer appeals, arguing the Commission erred in awarding claimant TTD benefits and medical expenses. We reverse the portion of the circuit court's order which confirmed the Commission's award of TTD benefits and past medical expenses and remand to the Commission with directions that it determine the appropriate amount of past medical expenses to

which claimant is entitled based on his work-related injuries.

¶ 5

I. BACKGROUND

¶ 6

At the April 16, 2012, arbitration hearing, claimant testified he lived in Paducah, Kentucky, and worked for the employer as an over-the-road truck driver. On February 27, 2011, he was working for the employer on a job assignment that required him to travel through Illinois. As he was driving, he realized he "was getting lightheaded and nauseated," symptoms he had not previously experienced while driving. Claimant intended to stop at a rest area that was approximately one mile ahead of him. However, he testified he never made it to the rest area and the next thing he recalled was waking up "out in the field or woods."

¶ 7

Claimant was taken by ambulance to St. James Hospital in Olympia Fields, Illinois. Medical records reflect he was in a motor vehicle accident and complained of back pain. Claimant also had a small laceration to his nose and a small abrasion to his hand. He underwent a CT scan of his cervical spine and head, both of which were reported as "[n]ormal." Further, a CT scan of claimant's lumbar spine showed "[n]o evidence of acute fracture or subluxation."

¶ 8

After being released from the hospital, claimant spent the night at a motel. The following day, another driver picked him up. The two stopped in Decatur, Illinois, and claimant "blackout again" while ordering food at a restaurant. Claimant denied experiencing any "blackout spells" prior to February 27, 2011.

¶ 9

On March 7, 2011, claimant sought treatment at Livingston Hospital and Healthcare Services in Salem, Kentucky, and was seen by Dr. William Barnes, whom claimant testified became his "general practitioner." Dr. Barnes noted claimant had a "syncopal episode" while driving and "totaled his truck." He recommended various tests to determine the cause of claimant's syncopal episode and that claimant follow up in a week. Records reflect claimant was

also restricted from driving "until cleared by Dr. Barnes." On March 15, 2011, Dr. Barnes noted claimant underwent a "workup for syncopal episode[s]" but he "really couldn't find any problem." He referred claimant to Dr. David Talley, a cardiologist. Claimant testified, at that time, he was "still having back, neck[,] and leg problems."

¶ 10 On March 23, 2011, claimant began seeing Dr. Talley, who noted he was seeing claimant "for vague chest discomfort and several episodes of profound syncope." He noted a "cardiac workup" on claimant "had been negative or normal." Dr. Talley recommended "a loop recorder" and cardiac catheterization "due to the high pre[-]test probability of [claimant] having significant coronary artery disease." The same day, claimant underwent a procedure to insert a loop recorder. Further, claimant testified Dr. Talley also told him not to drive.

¶ 11 The record reflects claimant followed up with Dr. Talley with respect to his syncope episodes on April 12, 2011; May 25, 2011; and February 28, 2012. Additionally, on April 27, 2011, Dr. Talley performed a selective left heart and coronary arteriography on claimant.

¶ 12 On April 21, 2011, claimant sought treatment at Salem Clinic, where he testified Dr. Barnes also practiced, and was seen by Terry Boone, a certified physician's assistant. He reported being involved in a motor vehicle collision in February 2011 and records state he presented "for [a] follow up on neck and low back pain." Claimant reported he continued to experience "some pain through the cervical spine as well as the lumbar spine." At arbitration, he testified he was also experiencing leg pain. Boone assessed claimant as having cervical and lumbar spine pain following a motor vehicle collision and recommended a magnetic resonance imaging (MRI) scan of claimant's cervical and lumbar spine. Claimant testified he did not undergo the recommended MRIs "[b]ecause [he] had no insurance and they refused to do it."

¶ 13 Claimant testified, at the time he sought treatment in April 2011, his right leg was

partially numb and he could not totally straighten out his left knee. He asserted his symptoms were "[a]ll from pretty much right after the wreck" and denied experiencing any similar symptoms prior to February 27, 2011. Claimant stated he continued to experience the same type of symptoms as of the date of arbitration. He testified he had to "watch" how he turned his neck or raised his head due to pain.

¶ 14 On August 16, 2011, claimant saw Dr. Deborah St. Clair at the employer's request. She noted claimant presented "with multiple pain complaints following a motor vehicle accident which occurred on" February 27, 2011. Specifically, claimant complained of neck, back, and bilateral lower extremity problems, reporting "pain into the left leg and numbness into the right leg."

¶ 15 Dr. St. Clair's impression was that claimant had "myofascial pain and carpal tunnel syndrome and stiffness in his neck." She diagnosed claimant with a lumbar sprain or strain based on his symptoms and noting "no objective finding at all." Dr. St. Clair found claimant's "pain onset match[ed] the accident" and was "convinced that there was some sort of minimal injury to [claimant's] back." However, she believed claimant suffered from depression or possibly post-traumatic stress disorder "that contribute[d] to the expression of his distress in the form of a pain complaint." Dr. St. Clair recommended no restrictions "in terms of [claimant's] spine."

¶ 16 On August 19, 2011, claimant followed up with Dr. Barnes. Dr. Barnes noted claimant had a syncopal episode and was in a motor vehicle accident. He further stated that, "[a]fter the wreck[,] [claimant] got banged up pretty bad and he [was] having more and more discomfort in his back and his neck." According to Dr. Barnes, claimant reported trouble turning his head and experiencing pain radiating down both arms. Additionally, claimant had radiating pain in his right leg and pain in the lateral aspect of his left leg. Dr. Barnes assessed claimant as

having "[b]ack pain secondary to [a] work[-]related" motor vehicle accident. He recommended CT scans of claimant's cervical and lumbar spine and an EMG nerve conduction study. Again, claimant testified none of the recommended testing was performed because he "had no insurance and could not afford to pay for it."

¶ 17 Claimant stated that from August 2011 to January 2012, he continued to experience the same symptoms in his back and neck. On January 3, 2012, he returned to Dr. Barnes and complained of back and neck pain. Dr. Barnes noted claimant "had a work[-]related injury" and "has had pain in his neck and arms." Additionally, on examination, he noted claimant had pain with range of motion in both his upper and lower extremities and that he was tender in his cervical and lumbar spine. Dr. Barnes reiterated his recommendation for "an EMG nerve conduction study and CT." Further, he noted as follows: "[claimant] has falls. He has scrapes on both legs. He has trouble especially trying to go up steps."

¶ 18 On March 20, 2012, claimant returned to Salem Clinic and saw Stephanie Mundy, an advanced practice registered nurse. He complained of left knee pain, cervical and lumbar spine pain, and fatigue. Mundy stated her understanding was that claimant's "pain is related to a work[-]related injury after being in a car accident." She recommended a CT of the cervical and lumbar spine and an x-ray of claimant's left knee.

¶ 19 On March 27, 2012, claimant followed up with Dr. Tally, who noted claimant reported "no chest pain or unusual shortness of breath" and "[n]o further spells." Claimant testified Dr. Talley released him to return to driving.

¶ 20 Claimant testified, as of the time of arbitration, he continued to have leg problems, neck problems, and back pain. He stated there were things he could not currently do that he could do prior to February 27, 2011. Specifically, claimant testified he could not run, could

not lift much, and could not stretch his legs out, which affected his sleep.

¶ 21 On cross-examination, claimant agreed that the driving restrictions he received in March 2011 were related to his condition of passing out and not the symptoms he was experiencing in his neck, back, and legs. Specifically, the following colloquy occurred between the employer's counsel and claimant:

"Q. You testified earlier that Dr. Talley had told you also that you should not be driving back in March of 2011?

A. Right.

Q. Okay. And that was because of the worry over your possible—

A. Yeah, they didn't know what was wrong with me.

Q. Thought it might be a possible heart condition or some other condition causing you to pass out, right?

A. Right.

Q. Dr. Talley wasn't restricting you from work at all because of your neck or back or leg at all, was he?

A. He had nothing to do with that.

Q. Okay. And Dr. Barnes when he restricted you from work on March 7, 2011, the records seem to indicate he was restricting you for the cardiac workup; is that correct?

A. Right.

* * *

Q. Okay. Is it your understanding you were restricted from driving for a little over a year because they were worried about this condition you had of passing out and they wanted to get to the bottom of that? Is that your understanding?

A. Right."

¶ 22 On cross-examination, claimant further testified his group health insurance plan through the employer paid for part of the cardiac "workups" he received from Dr. Talley and Dr. Barnes. It did not pay for the MRIs "that [he was] looking for." At arbitration, claimant submitted an exhibit containing his medical bills and identifying his total outstanding balance as \$15,203.10.

¶ 23 On May 21, 2012, the arbitrator issued her decision. She found claimant failed to prove he sustained an accident that arose out of and in the course of his employment and denied him benefits under the Act.

¶ 24 On March 20, 2013, the Commission reversed the arbitrator's decision. Specifically, the Commission found claimant's work for the employer "placed him at a significantly greater risk of injury during a syncopal episode, an idiopathic incident that caused him to lose control of his truck and leave the roadway, causing injuries to his neck, back[,] and left leg." It further stated as follows:

"[Claimant] met his burden of proving that his neck, back[,] and left leg injuries were sustained during the accident, and he has been under the treatment of Dr. Barnes and Livingston[] Hospital and has not been released to return to his regular job duties of truck driving. [Claimant] has not reached maximum medical improve-

ment. Lumbar spine and cervical spine diagnostic treatment has been recommended by Dr. Barnes but has thus far been denied by [the employer]."

The Commission awarded claimant (1) 56-2/7 weeks' TTD benefits; (2) past medical expenses totaling \$15,203.10; and (3) prospective medical expenses in the form of "lumbar and cervical spine diagnostic treatment and reasonable and necessary medical treatment related to the February 27, 2011[,] accident."

¶ 25 The employer sought judicial review of the Commission's decision in the circuit court of Will County. On December 16, 2013, the court confirmed the Commission. On January 9, 2014, the employer filed an emergency motion to clarify the court's order. It alleged it raised issues on review with respect to the Commission's award of TTD benefits and medical expenses that were not addressed in the court's order. The employer asked the court to "enter an order clarifying its ruling to address all issues raised during the administrative review process." On April 14, 2014, the court entered an order, finding the Commission had failed to provide any reasoning to support its decision as to TTD and medical benefits. It remanded the matter "to the Commission to specifically address those two issues."

¶ 26 On October 15, 2014, the Commission issued a decision and opinion on remand. It noted it previously reversed the arbitrator's decision and awarded claimant compensation under the Act, including TTD benefits from February 28, 2011, through March 27, 2012; past medical expenses; and prospective medical expenses for "treatment for the injuries sustained on February 27, 2011[,] including the recommended cervical and lumbar diagnostic tests." The Commission detailed the medical care claimant received following his accident, particularly as it related to the symptoms he experienced in his neck, back, and left leg. It also noted claimant's testimony re-

garding his condition at the time of the arbitration hearing, stating as follows:

"[Claimant] testified at [the] hearing that he notices that he cannot straighten his left knee and he experiences a lot of pain. He testified that he turns his neck carefully due to pain and that raising his head hurts his neck as well. He testified that all of his symptoms started 'pretty much right after the wreck' and were ongoing to the date of hearing; he denied any prior similar symptoms. *** He testified that his left knee pain began 'maybe a week or so after the accident' and he denied any pre-accident left knee pain. He testified that he notices that he cannot run or lift much weight and cannot stretch his leg out and that it keeps him from sleeping well. He denied sustaining any other accidents."

The Commission further clarified its previous decision, stating as follows:

"We found that [claimant] met his burden of proving that his neck, back[,] and left leg injuries were sustained during the accident and that he has been under the treatment of Dr. Barnes and his associates at Livingston[] Hospital and has not reached maximum medical improvement. Lumbar spine, cervical spine, and left knee diagnostic treatment has been recommended by Dr. Barnes and Livingston[] Hospital but has thus far been denied by [the employer]. We found this treatment to be reasonable, necessary[,] and related to the injuries sustained on February 27, 2011."

¶ 27

To support its finding, the Commission noted claimant was involved in a motor

vehicle accident while unconscious and medical records showed he presented to a hospital emergency room with a laceration to his nose, an abrasion on his right hand, and complaints of back pain. Additionally, the Commission pointed out that the symptoms in claimant's neck, back, and left knee developed only after his February 2011 motor vehicle accident. It further discounted Dr. St. Clair's opinion that claimant "may experience some psychologically mediated pain symptoms possibly in relation to a condition of depression or post-traumatic stress disorder." The Commission stated Dr. St. Clair's observations were not corroborated by the records of claimant's treating physicians and found no evidence of symptom magnification or malingering in claimant.

¶ 28 The Commission stated that "[i]n accordance with [its] decision on the issues of accident and causal connection ***, [it] awarded [claimant's] outstanding medical bills incurred for the evaluation, diagnosis[,] and treatment of the conditions related to the February 27, 2011[,] accident, amounting to \$15,203.10." With respect to its TTD award, the Commission stated as follows:

"[W]e awarded [TTD] benefits from February 28, 2011[,] through March 27, 2012, when [claimant] was cleared by Dr. Talley to return to driving. Dr. Barnes originally referred [claimant] to Dr. Talley for further treatment with respect to the potential cardiac cause of his syncopal episodes. In addition, [claimant] stipulated on the request for hearing from that [TTD] benefits were only sought through March 27, 2012. For the foregoing reasons, we found that [claimant] was unable to work as a result of the February 27, 2011[,] accident and is entitled to [TTD] benefits from February 28, 2011[,] through March 27, 2012."

¶ 29 Again, the employer sought judicial review. On May 6, 2013, the circuit court confirmed the Commission's decision.

¶ 30 This appeal followed.

¶ 31 II. ANALYSIS

¶ 32 On appeal, the employer does not dispute the compensability under the Act of what it characterizes as claimant's "physical injuries," *i.e.*, claimant's low back, neck, and left knee conditions of ill-being. Instead, it maintains claimant failed to establish that his syncope episodes arose out of and in the course of his employment and, therefore, an award of benefits related to the diagnosis and treatment of those episodes was not supported by the record and cannot stand. Specifically, the employer contends the Commission improperly awarded claimant 56-2/7 weeks' TTD benefits and past medical expenses, which related to claimant's syncope episodes and not his physical injuries.

¶ 33 "To obtain compensation under the Act, a claimant bears the burden of showing, by a preponderance of the evidence, that he has suffered a disabling injury which arose out of and in the course of his employment." *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203, 797 N.E.2d 665, 671 (2003). " 'In the course of employment' refers to the time, place and circumstances surrounding the injury" and to be compensable, an injury "generally must occur within the time and space boundaries of the employment." *Sisbro*, 207 Ill. 2d at 203, 797 N.E.2d at 671. "The 'arising out of' component is primarily concerned with causal connection" and requires a claimant to show "that the injury had its origin in some risk connected with, or incidental to, the employment so as to create a causal connection between the employment and the accidental injury." *Sisbro*, 207 Ill. 2d at 203, 797 N.E.2d at 672.

¶ 34 Pursuant to section 8(a) the Act (820 ILCS 305/8(a) (West 2010)), an employer

must pay "for all the necessary first aid, medical and surgical services, and all necessary medical, surgical and hospital services thereafter incurred," which are "reasonably required to cure or relieve from the effects of the accidental injury." "Questions as to the reasonableness of medical charges or their causal relationship to a work-related injury are questions of fact to be resolved by the Commission, and its resolution of such matters will not be disturbed on review unless against the manifest weight of the evidence. *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 546, 865 N.E.2d 342, 359 (2007).

¶ 35 Further, "[a] claimant is temporarily and totally disabled from the time an injury incapacitates him from work until such time as he is as far recovered or restored as the permanent character of [the] injury will permit." *Shafer v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶ 45, 976 N.E.2d 1. "It is a well-settled principle that when a claimant seeks TTD benefits, the dispositive inquiry is whether the claimant's condition has stabilized, *i.e.*, whether the claimant has reached maximum medical improvement. *Interstate Scaffolding, Inc. v. Illinois Workers' Compensation Comm'n*, 236 Ill. 2d 132, 142, 923 N.E.2d 266, 271 (2010). "The determination of whether claimant was unable to work and the period of time during which a claimant is temporarily and totally disabled are questions of fact to be determined by the Commission, and the Commission's resolution of these issues will not be disturbed on appeal unless it is against the manifest weight of the evidence." *Shafer*, 2011 IL App (4th) 100505WC, ¶ 45, 976 N.E.2d 1. On review, "the relevant test is whether there is sufficient evidence in the record to support" the Commission's decision. *Interstate Scaffolding*, 236 Ill. 2d at 143, 923 N.E.2d at 272.

¶ 36 As discussed, the employer initially argues that the evidence presented failed to establish a causal connection between claimant's work for the employer and his syncope epi-

sodes. On review, not only do we agree that the record supports the employer's position, we also find this initial contention is wholly consistent with both the Commission's original decision and its decision and opinion on remand. Specifically, review of the Commission's decisions reflect it found claimant sustained compensable, work-related injuries to his neck, back, and left leg—not that claimant's employment was a causative factor of his two syncope episodes.

¶ 37 In its initial March 2013 decision, the Commission cited case authority for the proposition that compensation could be awarded for idiopathic incidents where the claimant's employment places him at a significantly greater risk of injury. See *Oldham v. Industrial Comm'n*, 139 Ill. App. 3d 594, 597, 487 N.E.2d 693, 695 (1985) (stating "[c]ompensation can be awarded for an idiopathic fall when the employment significantly increases the danger of the fall"). It then held that claimant's "employment placed him at a significantly greater risk of injury during a syncopal episode, an idiopathic incident that caused him to lose control of his truck and leave the roadway, causing injuries to his neck, back[,] and left leg." Similarly, in its October 2014 decision and opinion on remand, the Commission found claimant's work as a truck driver "contributed to his injuries by increasing the affects of the accident" and he "met his burden of proving that his neck, back[,] and left leg injuries were sustained during the accident." Additionally, the Commission stated it found treatment recommended for claimant's lumbar spine, cervical spine, and left knee was "reasonable, necessary[,] and related to the injuries sustained on February 27, 2011."

¶ 38 The Commission's decisions clearly show it found claimant sustained work-related injuries to his neck, back, and left leg on February 27, 2011. Nothing in either decision reflects the Commission found claimant's syncopal episodes were similarly causally related to his work for the employer. Thus, as only the injuries to claimant's neck, back, and left leg were

found to be causally related to his employment, they are the only compensable injuries under the Act.

¶ 39 The employer challenges the Commission's awards of past medical expenses and TTD benefits as being unrelated to claimant's work-related injuries. With respect to medical expenses, claimant submitted an exhibit at arbitration containing his medical bills and identifying an outstanding balance of \$15,203.10. The Commission found claimant entitled to that amount under section 8(a) of the Act. On appeal, the employer estimates that approximately \$13,995.22 of that outstanding balance was related solely to the diagnosis and treatment of claimant's syncopal episodes and not the injuries he sustained to his neck, back, or left leg. The record supports the employer's contention, showing the majority of the outstanding expenses identified by claimant related to the investigation of a possible cardiac-related cause for claimant's syncopal episodes. That amount included expenses for treatment provided by Dr. Talley, which claimant acknowledged was unrelated to the conditions of ill-being in his neck, back, and left leg. Further, we note claimant does not dispute the employer's claims on appeal. Rather, in his brief, he appears to take the position that his syncopal episodes arose out of and in the course of his employment—a position not supported by the Commission's decisions.

¶ 40 As the record reflects the Commission awarded claimant past medical expenses associated with the diagnosis and treatment of his syncopal episodes—a condition of ill-being not causally related to his work for the employer—its award is against the manifest weight of the evidence. Thus, we reverse the portion of the circuit court's order which confirmed the Commission's past medical expenses award and remand to the Commission with directions that it determine the amount of past medical expenses to which claimant is entitled as a result of only the work-related injuries to his neck, back, and left leg.

¶ 41 As stated, the employer also challenges the Commission's award of TTD benefits. Initially, we note it argues that a *de novo* standard of review is required because "[t]he factual basis on which the Commission awarded defendant TTD benefits is undisputed and susceptible to only one reasonable inference." We acknowledge that a *de novo* standard of review may be applied "when the facts essential to our analysis are undisputed and susceptible to but a single inference and our review therefore involves only an application of the law to those undisputed facts." *Mlynarczyk v. Workers' Compensation Comm'n*, 2013 IL App (3d) 120411WC, ¶ 15, 999 N.E.2d 711. However, we disagree with the employer's characterization of the facts in this case as capable of only a single reasonable inference. Therefore, we employ the manifest-weight-of-the-evidence standard of review, applicable when reviewing the Commission's factual findings and TTD awards. See *Interstate Scaffolding*, 236 Ill. 2d at 142, 923 N.E.2d at 272 ("[T]he period during which a claimant is temporarily totally disabled is a question of fact to be resolved by the Commission, whose determination will not be disturbed unless it is against the manifest weight of the evidence.").

¶ 42 Here, the Commission awarded claimant TTD benefits from February 28, 2011, through March 27, 2012. At arbitration, medical records showed, on March 7, 2011, claimant was restricted from driving "until cleared by Dr. Barnes." Claimant testified Dr. Talley, his cardiologist, also restricted him from driving in March 2011, but released him from driving restrictions on March 27, 2012. On cross-examination, claimant testified that it was his understanding that his driving restrictions were related to his syncope episodes and not the conditions of ill-being in his neck, back, or leg. In its decision and opinion on remand, the Commission clarified its TTD award by stating as follows:

"With respect to temporary total disability, we awarded benefits from February 28, 2011[,] through March 27, 2012, when [claimant] was cleared by Dr. Talley to return to driving. Dr. Barnes originally referred [claimant] to Dr. Talley for further treatment with respect to the potential cardiac cause of his syncopal episodes. In addition, [claimant] stipulated on the request for hearing form that [TTD] benefits were only sought through March 27, 2012. For the foregoing reasons, we found that [claimant] was unable to work as a result of the February 27, 2011 accident and is entitled to [TTD] benefits from February 28, 2011 through March 27, 2012."

¶ 43 We find the Commission's decision indicates its TTD award was improperly based on claimant's syncopal episodes—a non-work-related condition of ill-being. Specifically, the Commission's comments indicate it relied on claimant's driving restrictions, which the evidence shows were recommended by claimant's doctors based on claimant's syncopal episodes and not the work-related conditions of ill-being in his neck, back, and leg.

¶ 44 In so holding, we note that the presence or absence of work restrictions is not necessarily dispositive when determining a claimant's entitlement to TTD. See *Shafer*, 2011 IL App (4th) 100505WC, ¶¶ 47-48, 976 N.E.2d 1 (finding that although the claimant was released by her doctor to perform light-duty work, TTD benefits were appropriate where "the claimant's testimony and the medical records establish[ed] that the claimant was in a great deal of pain and severely limited in her physical activities during [the] time period [at issue]"). Nevertheless, in the instant case, there is both the lack of any specific finding by the Commission that claimant

was incapacitated from work due to his work-related injuries and evidence in the record which would otherwise support such a determination.

¶ 45 Based on the circumstances presented, we find the Commission's TTD award was improperly based on claimant's incapacitation from work due to a non-work-related condition of ill-being and not otherwise supported by the record. Thus, we reverse the Commission's award of 56-2/7 week's TTD benefits as being against the manifest weight of the evidence.

¶ 46

III. CONCLUSION

¶ 47 For the reasons stated, we reverse the portion of the circuit court's order confirming the Commission's awards of TTD benefits and past medical expenses and remand with directions that the Commission determine the amount of past medical expenses to which claimant is entitled based solely on his work-related injuries. We otherwise affirm the circuit court's judgment, confirming the Commission's decision.

¶ 48 Affirmed in part and reversed in part; cause remanded with directions.