

which manifested on July 27, 2006. She found that the claimant's condition was causally related to the duties he performed for the employer including typing and performing data entry work for approximately six hours per day. The arbitrator found that the claimant was temporarily totally disabled from September 28, 2006, through October 11, 2006. The arbitrator ordered the employer to pay the claimant's medical bills and to authorize and pay for right carpal tunnel release and right cubital tunnel release surgery.

¶ 3 The employer appealed to the Illinois Workers' Compensation Commission (Commission), which reversed the decision of the arbitrator as to accident and causation and vacated the award of temporary total disability benefits, prospective medical care, and medical benefits. The claimant filed a timely petition for review in the circuit court of Madison County. The circuit court confirmed the Commission's decision, and the claimant appealed.

¶ 4 **BACKGROUND**

¶ 5 The claimant testified that in early April 2006 he began working for the employer as a consumer product specialist selling insurance. He stated that when he was first hired he attended a two-week training session at the employer's home office. The claimant testified that the training lasted eight hours per day. He stated that at the training he used a Dell laptop and had to rest his elbows on a standard height desk. During training, he entered data into a computer at least 50% of the time and on some days did so for the entire eight hours.

¶ 6 The claimant testified that after the training he began working 8 to 10 hours per day for the employer in the field. He stated that when he started he worked at his kitchen table, but then he converted a bedroom into an office and worked from an L-shaped desk where he hooked his laptop to a keyboard and a monitor. He stated that he frequently used the laptop in the car and on the kitchen table when he visited prospective clients. He described his average workday as checking e-mail, synchronizing the laptop with the home office

computer, and looking for prospects to call. He stated that he subscribed to a lead service and would retrieve leads via e-mail. He would then telephone the prospective customer, gather his or her data, input his or her pertinent information into a computer program, and obtain a quote. The claimant testified, "75 percent of my day is in front of a computer." He admitted that the entire time did not involve typing, but estimated that six hours cumulative per day was spent typing. He stated that the rest of the time involved talking on the phone, writing down information, scanning the Internet, and checking the status of underwriting.

¶ 7 The claimant testified that prior to working with the employer he had not had any problems with his hands or elbows. He testified that during the training session he developed numbness, tingling, and pain in his hands and elbows, that the symptoms accelerated through his work with the employer, and that they have never gotten better. He stated:

"It started very noticeably the date of hire with [the employer], I got my computer and was doing on-line training and went to the home office so I had access to their computer before that so, yeah, it all spurred up there. In fact, I made comments to the other classmates because their home office is on a PGA level golf course and I couldn't even play golf that weekend."

¶ 8 The claimant testified that in June 2006, he experienced numbness and tingling in his fingers and thumb on his left hand. He noticed that his right hand was developing similar symptoms. He also stated that he developed a feeling in his elbows similar to hitting his funny bone. He described it as "a stinging sensation." The claimant testified that he told his district manager that he had "to cut back on computer time because [his] arms were hurting."

¶ 9 He stated that at the end of July 2006, his pain increased dramatically and he called his primary care physician, Dr. Konzen, for a referral. Prior to seeing the specialist he was involved in a single-car accident. He stated that he did not receive any treatment to his hands or elbow following the motor vehicle accident.

¶ 10 Dr. James Sola examined the claimant on August 7, 2006. Dr. Sola wrote in his patient notes that the claimant reported a history of numbness and tingling in his left arm that had gone on for at least one year, mainly in his fourth and fifth digits. He told Dr. Sola that when he rested his elbow on a table he felt an electric shock type pain going down into those digits. The claimant told Dr. Sola that the elbow pain started about six weeks prior and that there was no injury. Dr. Sola wrote that he believed the claimant's pain was related to cubital tunnel syndrome and a subluxating ulnar nerve. He recommended anti-inflammatory medication and modified sleeping and work positions. If the symptoms did not improve after three to four weeks, Dr. Sola advised the claimant that he would need nerve conduction studies. The claimant testified that he did not care for Dr. Sola and decided to get a second opinion.

¶ 11 On September 11, 2006, Dr. Gregory Bailey examined the claimant. He wrote in his patient notes that the claimant complained of left-sided neck ache, left arm symptoms, and bilateral hand numbness. He told Dr. Bailey that the symptoms began after a motor vehicle accident six weeks prior to the examination.

¶ 12 On September 13, 2006, Dr. Riaz Naseer performed electromyogram and nerve conduction (EMG/NCV) studies. He found that the claimant had moderate carpal tunnel syndrome bilaterally and bilateral ulnar neuropathy around the elbow. On September 25, 2006, Dr. Bailey reviewed the claimant's EMG/NCV studies and confirmed Dr. Naseer's finding. He recommended bilateral carpal tunnel release and bilateral ulnar decompression.

¶ 13 On September 28, 2006, Dr. Bailey performed left carpal tunnel release with left ulnar decompression surgery on the claimant. Dr. Bailey performed follow-up exams on the claimant and released the claimant to return to work on October 12, 2006. His only limitation was computer work as tolerated. The claimant testified that the employer did not have a light-duty policy so he had to return to full-duty work.

¶ 14 On December 27, 2006, Dr. Bailey examined the claimant. He wrote in his patient notes that the claimant's symptoms had increased slightly since his surgery. The claimant complained of a recent flare-up with numbness and tingling in his first and second fingers on the left hand and increased right hand symptoms. The claimant expressed a desire to have surgery on his right hand. Dr. Bailey wrote that right carpal tunnel release surgery would be scheduled once he received workers' compensation approval.

¶ 15 On February 27, 2007, Dr. Bailey wrote a letter to Diane Kranig, a claims representative for the employer, in response to questions she had posed. In response to the question of whether the claimant's motor vehicle accident caused his bilateral carpal tunnel syndrome and ulnar neuropathy, he wrote that normally motor vehicle accidents do not cause ulnar neuropathy or carpal tunnel syndrome, but they can exacerbate the underlying syndrome. He was asked if he thought a "significant period of occupational exposure could cause mild bilateral carpal tunnel syndrome?" He wrote that it could not, but that certain activities can add to the progression of the syndrome and that, therefore, work-related exposure can be one of the causes in the progression of the disease.

¶ 16 On April 4, 2007, the claimant saw the nurse practitioner, Diane Schwind, in Dr. Konzen's office. In the office visit notes, she wrote that the claimant complained of shoulder and neck pain since his car accident. He told her that he had been going to a chiropractor. He also told her that he had preexisting carpal tunnel syndrome in his right hand and that he had recently had left hand surgery. He complained of neck, back, and elbow problems that were different from his original carpal tunnel syndrome. She recommended a magnetic resonance imaging scan (MRI).

¶ 17 On May 17, 2007, the claimant returned to Dr. Konzen's office. In the office visit notes, Ms. Schwind wrote that he complained about left elbow pain. She recommended pain medication until he could have surgery.

¶ 18 On May 21, 2007, Dr. Donald Pruitt examined the claimant. In his patient notes he wrote that the claimant told him that he started a job with the employer in April 2006, and it entailed 85% or more computer usage during the day. The claimant told Dr. Pruitt that he developed carpal tunnel syndrome symptoms in September 2006 and had left carpal tunnel release and cubital tunnel release. The claimant complained of increased right side symptoms over the last two months. Dr. Pruitt wrote that the claimant was suspicious for potential myofascial pain syndrome because he had so many different sites of complaints of pain. He wrote that the claimant had possible cubital tunnel syndrome on the right side and that it was less likely that he had carpal tunnel syndrome, although he noted he could not state that positively. Dr. Pruitt recommended a nerve conduction study.

¶ 19 Dr. Pruitt examined the claimant again on June 18, 2007. The claimant complained of right long finger triggering and numbness and tingling along the ulnar nerve. Dr. Pruitt reviewed the nerve conduction study and found that he had very mild carpal tunnel syndrome on the right side, no evidence of any ulnar nerve neuropathy, and "basically nothing on the left either." He recommended cortisone injections, a counterforce brace, a stretching program, and anti-inflammatory medication. He opined that the claimant did not have carpal tunnel syndrome to the extent that would warrant surgical intervention.

¶ 20 On July 9, 2007, Dr. Pruitt examined the claimant. He wrote in his patient notes that the claimant had a right long trigger finger injection on June 18, 2007, and that it helped. The claimant asked whether his slight carpal tunnel syndrome could be related to his work. Dr. Pruitt wrote, "He apparently does a lot of typing, he says he does insurance sales and types essentially six hours a day, most of that time." Dr. Pruitt wrote that if the claimant's job description was accurate, his mild carpal tunnel syndrome "could possibly be related to it."

¶ 21 On August 6, 2007, Dr. Pruitt examined the claimant again. The claimant complained

of increasing arm and elbow pain, numbness and paresthesia type pain all through his forearm including the ulnar side, the antecubital fossa and some pain over the lateral epicondyle. Dr. Pruitt wrote that he could not really explain all of the paresthesias but wondered whether the claimant had some degree of myofascial pain syndrome. He gave him a cortisone injection into the lateral epicondyle. He also referred him to Dr. Randolph for the myofascial pain syndrome.

¶ 22 On September 10, 2007, Dr. Bernard Randolph examined the claimant and wrote to Dr. Donald Pruitt. In his letter, Dr. Randolph diagnosed the claimant with diffuse symptoms including findings suggestive of lateral epicondylitis, medial epicondylitis, and possible ulnar nerve irritation. He noted that because the claimant did not improve after having an injection of the lateral epicondyle, there was a possibility of radial tunnel syndrome. Dr. Randolph set the claimant up for electrodiagnostics to rule out a radial nerve injury.

¶ 23 Dr. Randolph examined the claimant again on October 8, 2007. In a letter to Dr. Pruitt, he wrote that the claimant's main complaint was persistent symptoms in his right upper extremity. Dr. Randolph noted that the electrodiagnostic studies were negative for radial tunnel syndrome or other clear neuropathic abnormality. Dr. Randolph diagnosed the claimant with right third trigger finger, arm pain, sensory disturbances in the right upper extremity, and lateral epicondylitis. He prescribed a Heelbo pad to help cushion the ulnar nerve around the elbow.

¶ 24 The claimant was examined by Dr. David Brown on February 9, 2009. In his patient history, Dr. Brown wrote that the claimant stated that he worked 8 to 10 hours per day for the employer and spent 60% of his day entering data on a computer. The claimant told Dr. Brown that he first developed symptoms after working for the employer for three to four months. Dr. Brown diagnosed the claimant with chronic right carpal tunnel syndrome, chronic right cubital tunnel syndrome, and right middle trigger finger. He concluded that

based on the claimant's description of his job and the onset of symptoms, he believed that his job activities for the employer likely were a contributing factor to his condition of ill-being. He stated that the claimant had no medical problems such as diabetes, hypothyroidism, or arthritis that would put him at risk for these conditions.

¶ 25 On February 9, 2009, Dr. Daniel Phillips performed diagnostic studies on the claimant at Dr. Brown's referral. He found that the claimant had mild-moderate sensory motor median neuropathy across the right carpal tunnel and mild demyelinative ulnar neuropathy across the elbow.

¶ 26 The claimant testified that Dr. Brown recommended surgery on his right hand and elbow. He expressed a desire to proceed with the surgery because he had a severe decrease in strength and dexterity in his right hand, and he suffered from right hand tremors. He testified that he still has numbness and tingling in his two left fingers and numbness in his left thumb, and his ulnar nerve occasionally "pop[s] over."

¶ 27 Orthopedic surgeon Dr. James Emmanuel testified by evidence deposition. He testified that he performed an independent medical evaluation of the claimant at the request of the employer. He stated that the claimant told him that during the two-week training session for the employer he began experiencing cramping and numbness in his hands and forearms. He described the feeling as similar to tapping his funny bone multiple times and told Dr. Emmanuel that it involved both his upper extremities. Dr. Emmanuel testified that the claimant told him that his symptoms started in April 2006, and persisted through July, when he first sought medical intervention. He told Dr. Emmanuel that he was in a motor vehicle accident in July 2006, he had x-rays, and everything was found to be normal. The claimant told Dr. Emmanuel that he saw Dr. Sola, who diagnosed him with problems with the ulnar nerve in both elbows. The claimant told him he had EMG/NCV studies which showed carpal tunnel syndrome and cubital tunnel syndrome. He had surgery on his left

elbow and wrist. Dr. Emmanuel testified that "apparently the reason for the surgery was entered by the doctor as being the result of a motor vehicle accident, and once that report had been placed, no further surgery was authorized with regards to his right upper extremity." The claimant told Dr. Emmanuel that he saw Dr. Pruitt in March 2007 and received a cortisone injection in his hand and elbow, but no further treatment was authorized. Dr. Emmanuel testified that he did not receive any medical records from Dr. Brown or Dr. Pruitt to review.

¶ 28 Dr. Emmanuel testified that the claimant's complaints centered on his left elbow, the right trigger finger, his right shoulder, his right hand, and both arms. The claimant told Dr. Emmanuel that after one hour of typing on the computer his hand and arms would start cramping.

¶ 29 Dr. Emmanuel testified that he examined the claimant on January 28, 2008. He found the claimant to have the appearance of a chronic smoker and that he was markedly overweight and out of shape. Dr. Emmanuel diagnosed the claimant with bilateral carpal tunnel syndrome and cubital tunnel syndrome. He testified that he "could not within a degree of medical certainty correlate the [claimant's] diagnosis of bilateral cubital tunnel syndrome and carpal tunnel syndrome with the [claimant's] alleged work injury within a two-week period time of training which basically involved computer entry or data entry." He went on to state that "carpal tunnel and cubital tunnel, if they are indeed an entrapment neuropathy, take a good deal of time in order to develop." He testified that the claimant had other risk factors that can be seen in patients who develop entrapment neuropathies outside the workplace, namely his obesity and that he was a chronic smoker.

¶ 30 Dr. Emmanuel testified that the exam showed that both the claimant's elbows were relatively normal. Dr. Emmanuel found that the claimant had a right long trigger finger, but he opined that the trigger finger was not causally related to the work activities as described

to him by the claimant. Dr. Emmanuel stated that in his experience, trigger finger was more related to gripping tools and equipment than the movement of fingers. He opined that typing would not be a risk factor for trigger finger.

¶ 31 Dr. Emmanuel testified that he did not believe cubital tunnel syndrome can be caused by data entry even if the person used a laptop and had his elbows firmly planted on his desk. Dr. Emmanuel admitted that if a person already had carpal tunnel syndrome, data entry could aggravate the disease. Dr. Emmanuel testified that the claimant stated that he had no prior history of elbow or hand problems and therefore, based on this history, the only way the claimant could have developed carpal tunnel syndrome and cubital tunnel syndrome was for the work activities to be a causative rather than an aggravating factor.

¶ 32 In his report, Dr. Emmanuel wrote that with respect to the medical care the claimant had received, he did not agree with decompression of the ulnar nerve without submuscular or subcuticular transposition. He stated that his treatment plan for the claimant would be right submuscular transposition of the ulnar nerve and carpal tunnel release. He averred that the need for surgery was not directly or causally related to the claimant's work.

¶ 33 The claimant testified that the employer terminated him for low production. He stated that since being terminated he has found work at Insurance Financial Services Company.

¶ 34 Thomas L. Hopkins, Jr., testified that he had worked for the employer as a consumer products specialist for about 2½ years and he ranked third in sales for the employer. He described his job as selling insurance products to consumers. He stated that because the employer specializes in making house calls, one-half of his job duties were in the field, not the office. He testified that when the employer insures a property the consumer products specialist must perform a field inspection of the property and take photographs. He stated that he spent between four and five hours in the office talking on the phone to prospective

clients or current clients, pulling a paper file, pulling up details on the computer laptop about current coverages, and processing new business. He said that he spent two to three hours typing intermittently during the day and that on a heavy typing day he may spend upwards of four hours typing. Mr. Hopkins testified that he does all the data entry himself and, as a top sales person, he types more than the average consumer products specialist. He stated that, to his knowledge, consumer product specialists did not have any varying types of duties. He admitted that each specialist could choose how to develop new leads and that some specialists may choose to work more in the field while others may choose to work more from home.

¶ 35 The arbitrator found that the claimant sustained injuries that arose out of and in the course of his employment and that manifested on July 27, 2006. She found that his condition was causally related to his employment, specifically typing and data entry for approximately six hours per day. The arbitrator found that the claimant was temporarily totally disabled from September 28, 2006 through October 11, 2006. The claimant was awarded medical expenses in the sum of \$19,778.95. The employer was ordered to authorize and pay for right carpal tunnel release and right cubital tunnel release surgery.

¶ 36 The employer sought review of the arbitrator's decision. The Commission reversed the arbitrator's decision as to accident and causation and vacated the award of temporary total disability benefits, prospective medical care, and medical expenses. The Commission found that the claimant failed to establish that he suffered an accidental injury on July 27, 2006, arising out of and in the course of his employment and that he failed to establish that his current condition of ill-being was related to his work injury. The Commission found that the claimant was not credible. It found that the claimant's testimony was not convincing, was not corroborated by the medical records, and was inconsistent and contradictory to the medical records. The Commission found that it could not determine the significance of the

July 27, 2006, alleged accident. The Commission noted that the claimant testified that this was the date he first sought treatment for his symptoms from Dr. Konzen but that the record contained no evidence of this treatment. The Commission pointed out that the claimant sought treatment from Dr. Bailey on September 11, 2006, and attributed his complaints to a motor vehicle accident six weeks earlier, which coincided with a July 27, 2006, onset date. The Commission stated that it had great difficulty believing the claimant's testimony about the amount of typing his job required. It noted that Mr. Hopkins testified that the claimant's position does not require the significant amount of typing to which the claimant testified.

¶ 37 The claimant appealed the Commission's decision to the circuit court. The circuit court confirmed the Commission. The claimant filed a timely notice of appeal.

¶ 38 ANALYSIS

¶ 39 The claimant argues that the Commission's determination that his condition of ill-being did not arise out of and in the course of his employment and was not causally related to a work accident is against the manifest weight of the evidence.

¶ 40 To obtain compensation under the Act, a claimant must show by a preponderance of the evidence that he has suffered a disabling injury arising out of and in the course of his employment. *Land & Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d 582, 591, 834 N.E.2d 583, 591-92 (2005). "The 'arising out of' component addresses the causal connection between a work-related injury and the claimant's condition of ill-being." *Id.* at 592, 834 N.E.2d at 592. To establish causation under the Act, a claimant must prove that some act or phase of his employment was a causative factor in his ensuing injury. *Id.*

¶ 41 Whether a causal condition exists between a claimant's condition of ill-being and his employment is an issue of fact to be decided by the Commission, and the Commission's resolution of the issue will not be disturbed on review unless it is against the manifest weight of the evidence. *Tower Automotive v. Illinois Workers' Compensation Comm'n*, 407 Ill. App.

3d 427, 434, 943 N.E.2d 153, 160 (2011). "A reviewing court will not reweigh the evidence, or reject reasonable inferences drawn from it by the Commission, simply because other reasonable inferences could have been drawn." *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64, 862 N.E.2d 918, 924 (2006). The Commission's decision is not against the manifest weight of the evidence when there is sufficient evidence in the record to support the Commission's determination. *R&D Thiel v. Illinois Workers' Compensation Comm'n*, 398 Ill. App. 3d 858, 866, 923 N.E.2d 870, 877 (2010).

¶ 42 "In resolving questions of fact, it is within the province of the Commission to assess the credibility of witnesses, resolve conflicts in evidence, assign weight to be accorded the evidence, and draw reasonable inferences from the evidence." *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674, 928 N.E.2d 474, 482 (2009). It is the Commission's function to resolve conflicting evidence, including medical evidence. *Edward Hines Precision Components v. Industrial Comm'n*, 356 Ill. App. 3d 186, 196, 825 N.E.2d 773, 782 (2005). "Interpretation of medical testimony is particularly within the province of the Commission." *Freeman United Coal Mining Co. v. Illinois Workers' Compensation Comm'n*, 386 Ill. App. 3d 779, 783, 901 N.E.2d 906, 910 (2008).

¶ 43 Reviewing the record under these standards, we cannot conclude that the Commission's finding with respect to causation is against the manifest weight of the evidence.

¶ 44 The Commission found that the claimant was not credible. It specifically stated that his testimony was not convincing, was not corroborated by the medical records, and was inconsistent and contradictory to the medical records. The Commission stated that it had "great difficulty in believing [the claimant's] testimony regarding the amount of typing his job required."

¶ 45 The claimant described his job duties as involving six cumulative hours per day of

typing. Mr. Hopkins testified that he performed the same job as the claimant and was ranked third in sales for the employer, yet he only typed on average two to three hours intermittently throughout the day. He stated that on a heavy typing day he might type four hours. The claimant performed a sales job. While it involved inputting data, it also entailed speaking with clients and going out into the field to meet with clients and to view properties to insure. The Commission chose to believe Mr. Hopkins' description of how much of the job involved typing over the claimant's description. It is the function of the Commission to determine credibility, and there is sufficient evidence in the record to support its decision that the claimant's testimony about data entry was not credible.

¶ 46 The Commission also questioned the July 27, 2006, accident date. The Commission found that the claimant "testified that [July 27, 2006,] was the day he first sought treatment for his symptoms from Dr. Konzen; however, there is no record of this treatment in the record." The first medical report in the record reveals that the claimant sought treatment from Dr. Sola on August 7, 2006. Dr. Sola wrote in his patient notes that the claimant reported that he had experienced numbness and tingling in his left arm for at least one year and elbow pain that started about six weeks prior to the exam. Dr. Sola wrote that he believed that the claimant's pain was related to cubital tunnel syndrome and a subluxating ulnar nerve. There is nothing in the patient notes that indicates that Dr. Sola or the claimant thought these conditions were caused or aggravated by the claimant's work.

¶ 47 The claimant testified that he did not like Dr. Sola and he sought a second opinion. On September 11, 2006, he was examined by Dr. Bailey. He complained of left-sided neck ache, left arm symptoms, and bilateral hand numbness. Dr. Bailey wrote in his patient notes that the claimant stated that his symptoms began after a motor vehicle accident six weeks prior to the examination.

¶ 48 The claimant gave similar dates about the onset of his symptoms to Dr. Pruitt and Dr.

Brown. Dr. Pruitt wrote in his patient notes that the claimant stated that he developed carpal tunnel syndrome symptoms in September 2006. Dr. Brown wrote in his patient notes that the claimant said he first developed symptoms after working for the employer for three to four months.

¶ 49 Dr. Emmanuel testified that the claimant told him that he began experiencing cramping and numbness in his hands and forearms during the training session in April 2006. The claimant told Dr. Emmanuel that he had no prior history of elbow or hand problems. The claimant testified that prior to working for the employer he never had pain or numbness in his hands or elbows, but the symptoms began noticeably during the training session and even prevented him from playing golf at the PGA-level golf course near the home office.

¶ 50 The claimant gave differing information about when his symptoms began. He testified that his symptoms began during his training session with the employer. He told Dr. Sola that he had experienced symptoms for at least one year. He told Dr. Bailey that his symptoms began in July 2006, after a motor vehicle accident. The claimant told Dr. Pruitt and Dr. Brown that his symptoms began around August or September 2006. The Commission could take these differing dates into account when assessing the claimant's credibility.

¶ 51 The Commission considered the discrepancies in the claimant's testimony and the history he gave to his medical providers about the onset of his symptoms. It also considered the testimony about the amount of typing the claimant's job entailed. The Commission assesses the credibility of the witnesses and resolves conflicts in evidence. There was sufficient evidence in the record to support the Commission's finding that the claimant was not credible.

¶ 52 The Commission's determination that the claimant lacked credibility impacted its decision that his condition of ill-being did not arise out of and in the course of his

employment and was not causally related to his work. All of the physicians' testimony about causal connection was dependent on either the amount of typing the claimant performed each day or the date of the onset of his symptoms.

¶ 53 Dr. Pruitt diagnosed the claimant with very mild carpal tunnel syndrome on the right side. He averred that if the claimant's job description that he typed six hours per day was accurate, the claimant's condition "could possibly be related" to his job duties.

¶ 54 Dr. Brown diagnosed the claimant with chronic right carpal tunnel syndrome and chronic right cubital tunnel syndrome. The claimant told him that he spent 60% of his 8- to 10-hour day entering data on a computer. Based on this job description, Dr. Brown opined that the claimant's job activities were a contributing factor to his condition.

¶ 55 Dr. Pruitt and Dr. Brown both based their causation opinions on the job description provided by the claimant. The Commission found that the claimant's job description that he spent six hours per day typing was not credible. It specifically found that the job did "not require the significant amount of typing to which [the claimant] testified." Neither physician was asked whether there would have been a causal connection between the claimant's condition of ill-being and his work-related activities if he typed significantly less than six hours per day. Because Dr. Pruitt and Dr. Brown's causation opinions were based on a job description the Commission found to be inaccurate, it weighed their opinions accordingly.

¶ 56 Dr. Emmanuel testified that he could not correlate the claimant's bilateral cubital tunnel syndrome and carpal tunnel syndrome to his alleged work injury that occurred during a two-week training session involving data entry on a computer. He stated that both carpal tunnel syndrome and cubital tunnel syndrome take a long time to develop. The claimant told Dr. Emmanuel that he had no symptoms prior to his training with the employer. Based on this history, Dr. Emmanuel stated that the only way the claimant could have developed carpal tunnel syndrome and cubital tunnel syndrome was for the activities to be a causative rather

than an aggravating factor. Dr. Emmanuel noted that the claimant had risk factors such as obesity and smoking that could contribute to his condition.

¶ 57 The claimant testified that his symptoms began during his training session with the employer. Based on Dr. Emmanuel's testimony that carpal tunnel syndrome and cubital tunnel syndrome take a long time to develop, the Commission could decide that Dr. Emmanuel's causation opinion was more accurate than Dr. Pruitt and Dr. Brown's causation opinions.

¶ 58 As the trier of fact, the Commission resolved the issues of whether a causal relationship existed between the claimant's condition of ill-being and his work-related activities against the claimant. The claimant testified that his job entailed data entry for six hours per day. Mr. Hopkins testified that he performed the same job as the claimant and he only typed two to three hours intermittently per day. The Commission chose to believe Mr. Hopkins' job description. Dr. Pruitt and Dr. Brown based their causation opinions on the claimant's job description. The claimant told Dr. Emmanuel that he never suffered from hand or arm pain until he started the two-week training session with the employer. He testified that he never had symptoms prior to the training session and that his symptoms "started very noticeably" during training. Dr. Emmanuel stated that carpal tunnel syndrome and cubital tunnel syndrome take time to develop and could not develop in a two-week time frame. The Commission assessed the credibility of the witnesses, resolved conflicts in the evidence, assigned weight to be accorded the evidence, drew reasonable inferences from the evidence, and found in favor of the employer. We cannot say based on the record before us that the Commission's decision is contrary to the manifest weight of the evidence.

¶ 59

CONCLUSION

¶ 60 For the foregoing reasons, we affirm the judgment of the circuit court confirming the decision of the Commission.

¶ 61 Affirmed.