

2022 IL App (3d) 210452WC-U  
No. 3-21-0452WC  
Order filed June 28, 2022

**NOTICE:** This order was filed under Supreme Court Rule 23 and is not precedent except in the limited circumstances allowed under Rule 23(e)(1).

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IN THE  
APPELLATE COURT OF ILLINOIS  
THIRD DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

R.G. CONSTRUCTION SERVICES, INC.,	)	Appeal from the
	)	Circuit Court of
Appellant,	)	Will County.
	)	
v.	)	No. 2020 MR 2848
	)	
	)	
THE ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION <i>et al.</i> ,	)	Honorable
	)	John C. Anderson,
(Daniel Goeppner, Appellee).	)	Judge, Presiding.

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

**ORDER**

¶ 1 *Held:* The circuit court's order confirming the Commission's decision is affirmed where the Commission's finding that claimant proved a causal connection between his current conditions of ill-being and the work accident was not against the manifest weight of the evidence.

¶ 2 Claimant, Daniel Goeppner, filed an application for adjustment of claim pursuant to the Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2016)), seeking benefits for injuries he allegedly sustained to both knees while working for respondent, R.G. Construction Services, Inc. Following arbitration hearings held pursuant to sections 19(b) and 8(a) of the Act

(820 ILCS 305/19(b), 8(a) (2018)), the arbitrator issued a written decision finding that claimant sustained a work-related accident, and that his current bilateral knee conditions were causally related to the work accident. The arbitrator awarded claimant temporary total disability (TTD) benefits pursuant to section 8(b) of the Act (*id.* § 8(b)). The arbitrator also awarded claimant reasonable and necessary medical expenses pursuant to sections 8(a) and 8.2 of the Act (*id.* §§ 8(a), 8.2), as well as prospective medical treatment in the form of total right knee replacement surgery. The arbitrator credited respondent for previously paid medical bills, TTD benefits, and a permanency advance.

¶ 3 Respondent filed a petition for review of the arbitrator's decision before the Illinois Workers' Compensation Commission (Commission). On review, the Commission, with one commissioner specially concurring and dissenting, issued a decision affirming and adopting the arbitrator's decision. The Commission also remanded the matter to the arbitrator for further proceedings for a determination of any additional amounts of TTD benefits or permanent disability benefits, if any, pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980).

¶ 4 Respondent sought judicial review of the Commission's decision in the circuit court of Will County. Following a hearing, the court issued a written order confirming the decision of the Commission. Respondent appeals, raising various issues challenging the Commission's decision. For the following reasons, we affirm.

¶ 5 I. BACKGROUND

¶ 6 On November 15, 2016, claimant filed an application for adjustment of claim against respondent, seeking benefits under the Act for bilateral knee injuries he allegedly sustained from a work accident on July 20, 2016. The parties agreed that claimant sustained a work-related

accident on the alleged date but requested an arbitration hearing on the following issues: causal connection; claimant's entitlement to TTD benefits; claimant's entitlement to prospective medical treatment; respondent's liability for unpaid medical bills; and respondent's entitlement to credit for previously paid benefits. The arbitrator held hearings pursuant to sections 19(b) and 8(a) on March 15, 2019, and October 16, 2019. The following factual recitation was taken from the evidence adduced at the hearings.

¶ 7 Claimant testified that he began working for respondent as a union laborer in 2005. He performed various job duties as a laborer, many of which required frequent heavy lifting. Claimant experienced bilateral knee issues prior to his employment with respondent. Claimant's testimony and medical records established that Dr. Luis Redondo, an orthopaedic surgeon, performed a right anterior cruciate ligament (ACL) reconstruction surgery on claimant in 1991 and a left ACL reconstruction surgery on claimant in 1992.<sup>1</sup>

¶ 8 Claimant testified that he occasionally experienced bilateral knee pain following the ACL surgeries, especially after performing long hours of heavy lifting at work. Claimant returned to Dr. Redondo with complaints of bilateral knee pain while working for respondent in 2013. Claimant's medical records showed that Dr. Redondo examined claimant at Midwest Bone Joint Spine Institute on March 4, 2013. On that date, claimant complained of increasing pain and disability in both knees, which made it difficult for him to walk and work. Dr. Redondo ordered x-rays of claimant's knees, which revealed "advanced degenerative changes of three compartments of the knee joints, bone-on-bone osteoarthritis, but retained hardware from previous ACL

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<sup>1</sup> Respondent offered into evidence documentation showing that claimant sustained a work-related accident while working for another employer on October 1, 1991, and that he received settlements representing 35% loss of use of each leg for the injury in 1994.

reconstruction.” Claimant advised Dr. Redondo that he wanted to take over-the-counter medications and did not want to proceed with injections or surgical intervention at that time. Dr. Redondo advised claimant that he should consider changing jobs to avoid the need for a knee replacement at an early age. Dr. Redondo further advised that claimant “should wait as long as possible before surgical intervention.”

¶ 9 Claimant testified that he did not heed Dr. Redondo’s advice and continued working for respondent as a full-duty laborer until July 20, 2016, when he sustained a work accident at age 54. On that date, claimant and coworker Tommy Roche were assigned the task of transporting 150-pound sheets of lead board to various rooms at a jobsite in Orland Park. During the process, one of the boards fell and struck claimant in the back, causing him to fall forward and strike both knees on a concrete slab. Claimant testified that he made a quick move, or shift, to his left when Roche warned him of the falling board, and that he felt a “pop” in his right knee before he felt the impact of the board. He experienced immediate pain and swelling in his right knee following the accident. Shortly thereafter, Roche notified the foreman of the work accident and drove claimant to Palos Hospital for medical treatment. Claimant denied missing any work for knee issues prior to the July 20, 2016, work accident.

¶ 10 Roche testified that he witnessed claimant’s work accident on July 20, 2016. Roche attempted to warn claimant of the falling board before it struck claimant’s back and knocked him to the concrete floor. Roche believed that both of claimant’s knees hit the concrete following the impact, but he was unable to say with “100 percent” certainty. Roche acknowledged that the statement he gave to respondent following the accident indicated that claimant fell on both knees

after he was struck by the board. Roche recalled that claimant only complained of right knee pain following the accident.

¶ 11 Claimant's medical records showed that Dr. Richard Wilson evaluated claimant for a right knee injury at Palos Hospital on July 20, 2016. Claimant complained of severe pain, predominantly at the medial joint line, that worsened with movement or weightbearing. Claimant reported that the pain began when he suddenly shifted his weight to avoid a falling object, and that he struck the front of his knee to the ground when he fell. Claimant also reported a prior ACL surgery that did not interfere with his work. Dr. Wilson's physical examination of claimant's right knee revealed tenderness and swelling in the medial joint line. Dr. Wilson ordered x-rays of claimant's right knee, which revealed tricompartmental degenerative changes with no acute fractures or dislocations. Dr. Wilson concluded that claimant most likely suffered "a medial collateral strain or tear." A nurse applied an immobilizer to claimant's right knee and gave him crutches. Dr. Wilson directed claimant to remain off work until he could be seen by an orthopaedic specialist. Claimant scheduled an appointment with Dr. Redondo and remained off work.

¶ 12 Claimant testified that he noticed issues with his left knee in the time period between the July 20, 2016, work accident and his scheduled appointment with Dr. Redondo. Claimant explained that he favored his left knee after the work accident, and he began having trouble walking on his left knee due to pain in the days following the accident.

¶ 13 Claimant's medical records showed that he presented to Midwest Orthopaedic Consultants for an appointment with Dr. Redondo on July 28, 2016. On that date, claimant complained of moderate pain in both knees. Dr. Redondo documented claimant's prior knee surgeries and noted claimant's prior history of knee pain dating back several years. Claimant reported worsening pain

following a recent work injury. Dr. Redondo's physical examination of claimant's knees revealed minimal swelling, varus deformity, tenderness, and crepitus to range of motion. Dr. Redondo ordered x-rays of both knees, which revealed severe osteoarthritis and bone-on-bone medial compartments with varus deformity. Dr. Redondo administered cortisone injections to both of claimant's knees and prescribed claimant unloader knee braces. Dr. Redondo directed claimant to remain off work and follow up in several weeks.

¶ 14 Claimant's medical records showed that he followed up with Dr. Redondo on August 25, 2016. Dr. Redondo documented claimant's history of bilateral knee osteoarthritis and noted that claimant's knee pain improved following the cortisone injections. Dr. Redondo also noted that claimant wanted to proceed with conservative treatment, including a series of Orthovisc injections. Dr. Redondo's physician assistant administered the first injections to claimant's knees during the August 25, 2016, visit. Dr. Redondo's physician assistant administered the remaining injections on September 1, 8, and 15, 2016. Claimant testified that he remained off work at Dr. Redondo's direction following each visit.

¶ 15 Claimant's medical records showed that he presented for a follow-up visit with Dr. Redondo on October 13, 2016, at which time Dr. Redondo listed an onset date of "several years" for claimant's bilateral knee pain. Claimant reported that the Orthovisc injections provided no relief. Claimant advised Dr. Redondo that he was unable to work or engage in recreational activities. Dr. Redondo and claimant discussed knee replacement surgery, and claimant expressed a desire to have his left knee replaced first. Claimant testified that he wanted to have separate knee surgeries so he could drive himself to physical therapy. Claimant testified that Dr. Redondo directed him to remain off work at that time.

¶ 16 Dr. David Fletcher, a board-certified occupational medicine specialist, conducted an independent medical examination (IME) of claimant on October 28, 2016, at respondent's request. Claimant testified that Dr. Fletcher's examination lasted approximately 30 minutes. Dr. Fletcher's report and deposition testimony indicated that claimant provided a consistent history of his July 20, 2016, work accident and reported ongoing bilateral knee pain. Dr. Fletcher noted, however, that it was "unclear exactly how the left knee was injured." Dr. Fletcher documented claimant's prior ACL surgeries and noted that claimant's x-rays revealed pre-existing, advanced bilateral osteoarthritis in both knees with no signs of an acute injury.

¶ 17 Dr. Fletcher opined that claimant's work accident, at worst, temporarily aggravated his pre-existing condition and that claimant's current symptoms were unrelated to the work accident. Dr. Fletcher, instead, attributed claimant's current knee symptoms to "a natural progression of that condition that pre-existed the work injury." While Dr. Fletcher agreed that claimant needed bilateral knee replacements for his osteoarthritic condition, he opined that there was no causal relationship between claimant's work accident and his need for surgery. Dr. Fletcher also indicated that if claimant only reported a right knee injury but underwent a left knee replacement, "then obviously it would not be related to his employment injury." According to Dr. Fletcher, claimant would have needed the surgery absent the work accident, and he could return to work if "he had a good outcome" from surgery. Dr. Fletcher indicated that he would not have restricted claimant's activities as a result of the work accident.

¶ 18 Dr. Troy Karlsson, a board-certified orthopaedic surgeon, next conducted an IME of claimant on January 16, 2017, at respondent's request. Claimant testified that Dr. Karlsson's examination lasted no more than five minutes. Dr. Karlsson's report and deposition testimony

indicated that claimant provided a consistent history of the July 20, 2016, work accident and reported ongoing bilateral knee pain. Dr. Karlsson documented claimant's prior ACL surgeries and conducted a physical examination of claimant's knees, which revealed severe varus deformity and tenderness near the joint lines. Dr. Karlsson ordered x-rays of claimant's knees, which showed no signs of fracture, dislocation, or loose bodies. Dr. Karlsson noted that the x-rays, instead, showed severe medial joint line arthritis with a complete loss of cartilage in both knees and several chronic changes. Dr. Karlsson observed that claimant's movements wore grooves into his bones on both sides due to the loss of cartilage. Dr. Karlsson further observed cysts and bone spurs throughout claimant's knees. Dr. Karlsson explained that such chronic changes occur over years in arthritic knees. Based on his examination and review of the x-rays, Dr. Karlsson concluded that claimant suffered from severe chronic, degenerative osteoarthritis in both knees, which pre-dated the July 20, 2016, work accident.

¶ 19 Dr. Karlsson opined that claimant's current knee conditions were unrelated to the July 20, 2016, work accident, where x-rays of claimant's knees revealed no acute structural changes following the accident. Dr. Karlsson indicated that claimant's varus deformity and prior ACL surgeries placed him at greater risk for developing an arthritic condition. Dr. Karlsson further opined that claimant did not sustain an injury to his left knee during the July 20, 2016, work accident, given that he reported no left knee pain or issues when he sought immediate medical treatment after the accident. Dr. Karlsson agreed that claimant's act of falling on his knees could cause a temporary increase in symptoms, but he opined that a fall would neither permanently aggravate claimant's condition nor cause need for total knee replacement surgery. While Dr. Karlsson agreed that claimant needed bilateral knee replacements for his degenerative arthritis, he



opined that claimant's need for surgery was unrelated to claimant's work or the July 20, 2016, accident. Dr. Karlsson opined that claimant could have returned to work after the accident following a period of rest. Dr. Karlsson also opined that claimant was at maximum medical improvement (MMI) from the accident, but not his degenerative osteoarthritis.

¶ 20 Claimant's medical records showed that he was next seen by Dr. Redondo on March 11, 2017. On that date, Dr. Redondo documented claimant's complaints of worsening pain in both knees, which rendered him disabled and unable to work. Claimant expressed a desire to proceed with the previously discussed total knee replacement surgery. Dr. Redondo changed the onset date of claimant's current symptoms to July 20, 2016, noting that claimant sustained work-related injuries to both knees on that date. In addressing the opinions of Drs. Fletcher and Karlsson, Dr. Redondo advised claimant "that he had a previously existing condition aggravated by [the] injury [on] July 20, 2016."

¶ 21 Claimant next presented to Hinsdale Orthopaedics for an evaluation with Dr. Steven Chudik, an orthopaedic surgeon, on April 11, 2017. Dr. Chudick's report and deposition testimony indicated that claimant provided a consistent history of his July 20, 2016, work accident and prior ACL surgeries. Claimant reported ongoing bilateral knee pain and stiffness following the work accident, which rendered him unable to work and caused difficulties in his daily activities. Dr. Chudick concluded that claimant suffered from pre-existing bilateral knee osteoarthritis due to his prior ACL surgeries, which increased the likelihood that claimant would develop end-stage arthritis and require knee replacement surgery. Dr. Chudick agreed with Dr. Redondo's assessment that claimant's July 20, 2016, work accident "was a permanent aggravating factor that required treatment and accelerated the need for [a] knee replacement." Dr. Chudick explained that

permanent aggravations of arthritis and the subsequent need for treatment do not usually result from a direct blow to the knee, such as falling on the knee. Dr. Chudick noted that a permanent aggravation of an arthritic knee condition was more commonly caused by a twisting event, such as the event claimant described as occurring on July 20, 2016. Dr. Chudick opined that claimant's current knee conditions were the direct result of the July 20, 2016, work accident, and that claimant's subsequent medical care and bills were reasonable and necessary to treat his knee conditions.

¶ 22 Dr. Chudick acknowledged that the July 20, 2016, medical records from Palos Hospital did not reference a left knee injury or left knee pain, but he explained that prompt care providers commonly focus on the primary injury or complaint, and secondary injuries may be documented during later visits. Dr. Chudick also acknowledged that the x-rays showed no change in claimant's condition following the July 20, 2016, work accident, but he claimed the x-rays showed significant arthritis. Dr. Chudick explained that claimant's need for surgery related to the change in his functional abilities following the accident. Dr. Chudick opined that claimant could have continued working for a long period of time had he not sustained the work accident on July 20, 2016, reiterating that the work accident accelerated claimant's need for surgery.

¶ 23 Claimant's testimony and medical records showed that Dr. Redondo performed the total knee replacement surgery on claimant's left knee on April 28, 2017, shortly after Dr. Chudick's examination. Claimant presented for multiple follow-up visits with Dr. Redondo in the following months. Dr. Redondo's office notes from each visit indicated that claimant was unable to work, but that he was making satisfactory progress and continued taking prescribed pain medication. Claimant also began a course of physical therapy at Dr. Redondo's recommendation. Claimant

testified that he remained off work while recovering from the surgery at Dr. Redondo's recommendation.

¶ 24 Claimant's assigned physical therapist discharged claimant from physical therapy on July 27, 2017. Claimant testified that he did not complete the recommended course of physical therapy for financial reasons, explaining that he received multiple unpaid medical bills that were not covered by his insurance or employer.

¶ 25 Claimant's medical records showed that he continued treatment with Dr. Redondo following surgery. At a follow-up visit with Dr. Redondo on September 11, 2017, claimant reported improvements in his left knee but also reported swelling and minimal pain in his left knee with increased activities. Dr. Redondo directed claimant to continue with a home exercise plan and remain off work. At a follow-up visit with Dr. Redondo on October 9, 2017, claimant reported further improvements in his left knee and indicated that he was satisfied with the outcome of the surgery. Dr. Redondo directed claimant to follow up in six months and remain off work.

¶ 26 Claimant testified that he did not follow up with Dr. Redondo until August 1, 2018, due to coverage disputes with his insurance company. When he returned to Dr. Redondo on August 1, 2018, he complained of ongoing pain in both knees since the July 20, 2016, work accident. Dr. Redondo indicated that claimant's right knee had "known posttraumatic osteoarthritis" which conservative treatment failed to alleviate. Dr. Redondo noted that claimant awaited approval for a total right knee replacement to improve his gait. Dr. Redondo opined that claimant's right knee condition would not improve until he underwent the right knee replacement surgery. Dr. Redondo also opined that claimant's left knee pain resulted from claimant favoring his left knee due to the pain and deformity in his right knee. Dr. Redondo administered cortisone injections in claimant's

left hip and right knee. Dr. Redondo directed claimant to begin physical therapy exercises at home while he awaited approval for surgery and to follow up in three to four weeks.

¶ 27 Claimant did not follow up with Dr. Redondo until March 2019. Claimant's medical records from March 2019 showed that Dr. Redondo administered a Kenalog injection to claimant's right knee and directed claimant to remain off work. Dr. Redondo also ordered a series of Supartz injections for claimant's right knee.

¶ 28 From June 24, 2019, to August 7, 2019, claimant returned to Dr. Redondo for the Supartz injections. During each visit, claimant complained of moderate right knee pain, which improved with ice, rest, medication, physical therapy, a home exercise program, and injections. Claimant testified that he remained off work after each visit.

¶ 29 Claimant testified that he continued to experience right knee pain at the time of the hearings. Claimant also experienced ongoing difficulty performing certain household tasks and recreational activities. Claimant expressed a desire to undergo the total right knee replacement surgery to improve his mobility and quality of life. Claimant testified that respondent had not authorized the right knee replacement surgery at the time of the hearings.

¶ 30 Claimant testified that he did not return to work following the July 20, 2016, work accident, and he remained unemployed at the time of the hearings. Claimant received a payment from respondent in the amount of \$16,910.32 shortly after he filed his application for adjustment of claim, but he denied receiving any other payments from respondent. He received income from other sources, including social security disability and his laborers' union pension. Claimant testified that he would not have retired but for the July 20, 2016, work accident. Claimant also

testified that his employer, insurance carrier, Medicare, and laborers' union paid portions of his medical bills.

¶ 31 The arbitrator issued a written decision on December 5, 2019, finding a causal connection between claimant's July 20, 2016, work accident and his current condition of ill-being in both knees. In so finding, the arbitrator relied, in part, on the medical opinions of Drs. Redondo and Chudick, finding their opinions more persuasive than the opinions of Drs. Fletcher and Karlsson. Accordingly, the arbitrator awarded claimant TTD benefits in the amount of \$1020.45 per week for 169 weeks (from July 21, 2016, through October 16, 2019), finding that claimant's right knee condition remained unstable due to the recommended knee replacement surgery. The arbitrator also awarded claimant reasonable and necessary medical expenses totaling \$101,839.64, as well as prospective medical treatment in the form of the right total knee replacement surgery recommended by Dr. Redondo. In support, the arbitrator, again, relied on the opinions of Drs. Redondo and Chudick. The arbitrator further noted that Drs. Fletcher and Karlsson agreed that the knee replacement surgery was reasonable treatment for claimant's knee conditions. Lastly, the arbitrator credited respondent for previously paid benefits, including an unspecified amount of medical bills, a \$16,910.32 credit for TTD benefits and a \$4651.08 credit for a permanency advance. Respondent filed a petition for review of the arbitrator's decision before the Commission.

¶ 32 The Commission, with one commissioner specially concurring and dissenting, issued a decision on December 4, 2020, affirming and adopting the arbitrator's decision. The Commission also remanded the matter to the arbitrator for further proceedings for a determination of any additional amounts of TTD benefits or permanent disability benefits, if any, pursuant to *Thomas*, 78 Ill. 2d 327. The commissioner who authored the special concurrence and dissent concurred in

the majority's decision in all respects aside from the majority's findings regarding claimant's left knee condition. The commissioner, unlike the majority, found that claimant failed to prove he sustained an accidental injury to his left knee on July 20, 2016, and, thus, he also failed to prove his current left knee condition was causally related to his work accident. Respondent sought judicial review of the Commission's decision in the circuit court of Will County.

¶ 33 The circuit court issued a written order on September 17, 2021, confirming the decision of the Commission. In doing so, the court found that the Commission's decision was not against the manifest weight of the evidence. Respondent filed a timely appeal.

¶ 34 II. ANALYSIS

¶ 35 On appeal, respondent contends that the Commission erred by (1) finding a causal connection between claimant's work accident and his current bilateral knee conditions, (2) awarding claimant 169 weeks of TTD benefits, and (3) awarding claimant \$101,839.64 in medical expenses, as well as prospective medical treatment in the form of a right knee replacement. We address respondent's contentions in turn.

¶ 36 1. Causal Connection

¶ 37 Respondent first argues that the Commission's finding of a causal connection between claimant's current bilateral knee conditions and the July 20, 2016, work accident was both contrary to the law and against the manifest weight of the evidence. Claimant argues that the Commission's finding on the issue of causation was not against the manifest weight of the evidence. We agree with claimant.

¶ 38 To obtain compensation under the Act, a claimant must prove, by a preponderance of the evidence, that his employment was a causative factor in his ensuing injuries. *Land & Lakes Co. v.*

*Industrial Comm’n*, 359 Ill. App. 3d 582, 592 (2005). It is well settled that recovery in cases involving pre-existing conditions depends on the claimant’s ability to present evidence showing “that a work-related accidental injury aggravated or accelerated the pre[-]existing disease such that the [claimant’s] current condition of ill-being can be said to have been causally connected to the work-related injury and not simply the result of a normal degenerative process of the pre[-]existing condition.” *Sisbro v. Industrial Comm’n*, 207 Ill. 2d 193, 205-06 (2003). However, a work-related injury need not be the sole or principal causative factor in the resulting condition of ill-being. *Sisbro*, 207 Ill. 2d at 205. Thus, even if a claimant suffered from a pre-existing degenerative condition which made him more vulnerable to injury, recovery for an accidental injury will not be denied so long as the claimant can show that his or her employment was also a causative factor in the resulting condition. *Id.*; *Swartz v. Industrial Comm’n*, 359 Ill. App. 3d 1083, 1086 (2005). A claimant may establish a causal connection in such cases by showing that a work-related injury played a role in aggravating his or her pre-existing condition. *Mason & Dixon Lines, Inc. v. Industrial Comm’n*, 99 Ill. 2d 174, 181 (1983); *Azzarelli Construction Co. v. Industrial Comm’n*, 84 Ill. 2d 262, 266 (1981); *Swartz*, 359 Ill. App. 3d at 1086.

¶ 39 As an initial matter, we reject respondent’s assertion that the Commission’s finding on the issue of causation was “contrary to the law.” The issue of whether a causal relationship exists between a claimant’s employment and his injury is a question of fact to be resolved by the Commission, and its resolution of the issue will not be disturbed on review unless it is against the manifest weight of the evidence. *Certi-Serve, Inc. v. Industrial Comm’n*, 101 Ill. 2d 236, 244 (1984). Similarly, the issue of whether a claimant’s condition of ill-being is attributable solely to a degenerative process of his or her pre-existing condition or to an aggravation or acceleration of

that pre-existing condition because of a work-related accident is a factual determination to be decided by the Commission. *Sisbro*, 207 Ill. 2d at 205-06. Thus, we consider only whether the Commission's finding on the issue of causation was against the manifest weight of the evidence.

¶ 40 For the Commission's resolution of a fact question to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Tolbert v. Illinois Workers' Compensation Comm'n*, 2014 IL App (4th) 130523WC, ¶ 39. Put another way, the Commission's determination on a question of fact is against the manifest weight of the evidence when no rational trier of fact would have agreed. *Dolce v. Industrial Comm'n*, 286 Ill. App. 3d 117, 120 (1996). Whether a reviewing court might reach the same conclusion is not the test of whether the Commission's determination of a question of fact is supported by the manifest weight of the evidence; rather, the appropriate test is whether there is sufficient evidence in the record to support the Commission's determination. *Benson v. Industrial Comm'n*, 91 Ill. 2d 445, 450 (1982). "[T]o the extent that the medical testimony might be construed as conflicting, it is well established that resolution of such conflicts falls within the province of the Commission, and its findings will not be reversed unless contrary to the manifest weight of the evidence." *Caterpillar Tractor Co. v. Industrial Comm'n*, 92 Ill. 2d 30, 37 (1982).

¶ 41 Here, respondent's main argument before the arbitrator was that there was no causal connection between the July 20, 2016, work accident and claimant's current bilateral knee conditions. Respondent's position, as set forth by the medical opinions of Drs. Fletcher and Karlsson, was that the work accident temporarily aggravated claimant's pre-existing right knee osteoarthritis, and that claimant did not injure his left knee during the work accident. Respondent further asserted that the opinions of Drs. Fletcher and Karlsson were supported by claimant's



medical records, which revealed that his need for knee replacement surgery pre-dated the July 20, 2016, work accident and showed that claimant did not report a left knee injury on the date of the accident.

¶ 42 After considering the evidence, the arbitrator rejected respondent's argument, finding that claimant proved the July 20, 2016, work injury permanently aggravated his underlying bilateral knee osteoarthritis. The arbitrator relied, in part, on the medical opinions of Drs. Redondo and Chudick, finding their opinions more persuasive than the opinions of Drs. Fletcher and Karlsson. The Commission affirmed and adopted the arbitrator's decision, including its finding on the issue of causation. The record includes sufficient evidence to support the Commission's decision on the issue of causation. Specifically, the record contains sufficient evidence to support the Commission's finding that the July 20, 2016, work accident permanently aggravated claimant's pre-existing knee conditions and accelerated his need for surgery.

¶ 43 The undisputed evidence showed that claimant suffered from a pre-existing arthritic condition in both knees prior to the July 20, 2016, work accident. Claimant's testimony and medical records showed that claimant performed all of his required work duties without restrictions in 2013 when he sought treatment for bilateral knee pain with Dr. Redondo. Claimant denied conservative treatment at that time and elected to treat his knee pain with over-the-counter medications. Dr. Redondo appeared to attribute claimant's worsening knee conditions to his work as a laborer during the 2013 visit, given that he advised claimant to change jobs to avoid the need for knee replacement surgery at an early age. In other words, Dr. Redondo did not recommend knee replacement surgery in 2013 but indicated that claimant's job would likely accelerate his need for bilateral knee surgery.

¶ 44 Claimant testified that he continued working for respondent as a laborer without restrictions until the July 20, 2016, work accident. Claimant testified that he experienced right knee pain immediately after the work accident but developed left knee pain in the following days. Claimant testified that he was unable to return to work or participate in recreational activities following the work accident. Dr. Redondo's medical records showed that claimant experienced increasing pain and difficulties in both knees following the work accident. Dr. Redondo noted his opinion that claimant's work accident permanently aggravated claimant's pre-existing knee conditions.

¶ 45 Dr. Chudick agreed with Dr. Redondo's opinion that the July 20, 2016, work accident permanently aggravated claimant's pre-existing knee conditions and accelerated claimant's need for knee replacement surgery. Dr. Chudick opined that claimant could have continued working for respondent without surgical intervention had he not sustained the July 20, 2016, work accident. Dr. Chudick explained that the claimant's need for surgery resulted from the change in his functional abilities following the work accident. Dr. Chudick's opinion was supported by claimant's testimony. Specifically, claimant's testimony that he was able to work as a full-duty laborer without restrictions prior to the work accident but was unable to work or participate in recreational activities following the work accident. Dr. Chudick's opinion was also supported by claimant's medical records, which showed that claimant declined conservative treatment for his knee conditions prior to the accident but agreed to conservative treatment and surgery following the work accident.

¶ 46 Dr. Chudick explained that the omission of a documented left knee injury in claimant's medical records did not change his opinion. According to Dr. Chudick, it was common for an

urgent care provider to focus on a primary complaint and for a secondary complaint to be documented later. Dr. Chudick's explanation for this omission was supported by claimant's testimony that he favored his left knee following the work accident and began noticing issues with his left knee in the days following the work accident.

¶ 47 Based on the evidence outlined above, we cannot say that it was unreasonable for the Commission to conclude that the July 20, 2016, work accident permanently aggravated claimant's pre-existing knee conditions and accelerated his need for surgery. We acknowledge that respondent presented conflicting evidence and expert opinions in support of its position; however, it was within the province of the Commission to judge the credibility of the witnesses, to draw reasonable inferences from their testimonies, and to resolve any conflicts in the evidence. See *Sisbro*, 207 Ill. 2d at 207. Because there was sufficient evidence supporting the Commission's finding that the July 20, 2016, work accident was a causative factor in claimant's current knee conditions, we conclude that the Commission's finding on the issue of causation was not against the manifest weight of the evidence.

¶ 48 2. TTD Benefits

¶ 49 Respondent next argues that the Commission's award of TTD benefits was both contrary to the law and against the manifest weight of the evidence. Claimant argues that the Commission's award of TTD benefits was not against the manifest weight of the evidence. We agree with claimant.

¶ 50 A claimant is temporarily totally incapacitated from the time an injury incapacitates him or her from work until such time as he or she is as far recovered or restored as the permanent character of injury will permit. *Archer Daniels Midland Co. v. Industrial Comm'n*, 138 Ill. 2d 107,

118 (1990); *Shafer v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶ 45. The claimant must prove that not only did he or she not work but that he or she was unable to work. *Shafer*, 2011 IL App (4th) 100505WC, ¶ 45. A TTD award is proper when the claimant cannot perform any services except those for which no reasonable stable labor market exists. *Archer Daniels Midland*, 138 Ill. 2d at 118. Once the claimant's physical condition stabilizes, he or she is no longer eligible for TTD benefits, although he or she may be entitled to permanent partial total disability compensation under section 8(d) of the Act (820 ILCS 305/8(d) (West 2012)) or permanent total disability compensation under section 8(f) of the Act (*id.* § 8(f)). *Archer Daniels Midland*, 138 Ill. 2d at 118. Thus, "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 (2010). "The fundamental purpose of the Act is to provide injured workers with financial protection until they can return to the work force." *Interstate Scaffolding, Inc.*, 236 Ill. 2d at 146. ¶ 51 Again, contrary to respondent's argument that the Commission's award of TTD benefits was "contrary to the law," we note that the issue of claimant's entitlement to TTD benefits presents a question of fact to be determined by the Commission. As noted, a reviewing court will not disturb the Commission's determination of these factual issues unless they are contrary to the manifest weight of the evidence. *Archer Daniels Midland*, 138 Ill. 2d at 119. A factual finding is contrary to the manifest weight of the evidence only when an opposite conclusion is clearly apparent. *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64 (2006). The test is whether there is sufficient factual evidence in the record to support the Commission's determination, not whether this court, or any other tribunal, might reach an opposite conclusion. *Pietrzak v. Industrial Comm'n*, 329 Ill.

App. 3d 828, 833 (2002). The determination of witness credibility and the weight to be accorded the evidence are matters within the province of the Commission. *Id.*

¶ 52 Here, respondent's argument before the arbitrator that claimant was not entitled to an award of TTD benefits was primarily based on its argument that claimant's current knee conditions were not causally related to the July 20, 2016, work accident. The arbitrator, having rejected respondent's argument on the issue of causation, also rejected respondent's argument in this regard and found that claimant's current right knee condition remained unstable due to the pending recommendation for a right knee replacement surgery. Thus, the arbitrator awarded claimant TTD benefits for the period from July 21, 2016, through the date of the October 16, 2019, hearing. The Commission affirmed and adopted the arbitrator's decision. There is ample support in the record for the Commission's award of TTD benefits.

¶ 53 Claimant's testimony and medical records showed that Drs. Wilson and Redondo directed claimant to remain off work following the July 20, 2016, work accident. Claimant's left knee condition improved after he underwent the recommended left knee replacement surgery at Dr. Redondo's recommendation. However, claimant continued to report pain and difficulties with his right knee, which was still in need of the recommended replacement surgery. In a medical record from August 1, 2018, Dr. Redondo noted that claimant's right knee condition would not improve until he underwent the recommended right knee replacement surgery. Claimant's testimony and medical records showed that claimant awaited authorization for the right knee replacement surgery at the time of the arbitration hearings.

¶ 54 Accordingly, the record contains evidence supporting the Commission's finding that claimant's current right knee condition remained unstable at the time of the arbitration hearing.

Thus, we cannot say that the Commission's award of 169 weeks of TTD benefits was against the manifest weight of the evidence.

¶ 55 3. Medical Expenses and Prospective Medical Treatment

¶ 56 Respondent further argues that the Commission’s awards of medical expenses and prospective medical treatment were contrary to the law and against the manifest weight of the evidence. We note, however, that these arguments are based solely upon the premise that the Commission’s finding on the issue of causation was erroneous, a premise we have already rejected. Thus, we also reject these remaining arguments without further analysis.

57 III. CONCLUSION

¶ 58 For the reasons stated, we affirm the decision of the circuit court of Will County confirming the Commission's decision.

¶ 59 Affirmed.