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IN THE  
APPELLATE COURT OF ILLINOIS  
FIRST DISTRICT  
WORKERS' COMPENSATION COMMISSION DIVISION

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FORD MOTOR COMPANY,	)	Appeal from the
	)	Circuit Court of
	)	Cook County.
Appellant,	)	
	)	
v.	)	No. 2020-L-050149
	)	
ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION and LIAWANDA HENRY,	)	Honorable
	)	Daniel P. Duffy,
Appellees.	)	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: (1) the Commission's findings regarding the credibility of claimant were not against the manifest weight of the evidence; (2) the Commission's finding that claimant established a causal connection between her current condition of ill-being and the accident was not against the manifest weight of the evidence; (3) the Commission's order awarding prospective medical care was not against the manifest weight of the evidence; and, (4) the Commission's finding that claimant was entitled to

temporary total disability benefits was not against the manifest weight of the evidence.

¶ 2 Claimant, LiaWanda Henry, filed an application for adjustment of claim pursuant to the Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2012)), seeking benefits for an injury to her body as a whole allegedly sustained while working for employer, Ford Motor Company, on October 10, 2014. Claimant filed a second application for adjustment of claim on May 27, 2015, alleging that she sustained an injury to her shoulder while working for employer on October 11, 2014. After an arbitration hearing, the Illinois Workers' Compensation Commission (Commission) determined that claimant established a causal connection between her current condition of ill-being and the accident. The Commission determined that claimant was entitled to the claimed TTD benefits but modified the decision of the arbitrator with respect to TTD benefits. Finally, the Commission affirmed and adopted the arbitrator's award of medical expenses and prospective medical treatment. The Commission remanded the case to the arbitrator for further proceedings for a determination of a further amount of temporary total compensation or of compensation for permanent disability, if any, pursuant to *Thomas v. Industrial Commission*, 78 Ill.2d 327 (1980).

¶ 3 Employer sought judicial review of the Commission's decision in the circuit court of Cook County. On August 26, 2021, the circuit court confirmed the Commission's decision. Employer appeals, raising various issues challenging the Commission's decision. For the following reasons, we affirm.

¶ 4 I. BACKGROUND

¶ 5 On January 18, 2015, claimant filed an application for adjustment of claim pursuant to the Act, seeking benefits for an injury to her body as a whole allegedly sustained while working for employer on October 10, 2014. Claimant filed a second application for adjustment of claim on

May 27, 2015, alleging that she sustained an injury to her shoulder while working for employer on October 11, 2014. The arbitrator consolidated the matters for hearing and decision.

¶ 6 The parties proceeded to arbitration hearings on December 21, 2018, and February 22, 2019, pursuant to section 8(a) and 19(b) of the Act. Placed at issue were accident, causation, medical, prospective medical care, and TTD benefits. The following recitation of the facts relevant to a disposition of this appeal is taken from the evidence adduced at the arbitration hearings. Additional facts may be included in the analysis as relevant to the disposition of this appeal.

¶ 7 Claimant worked as an operator for employer since October 2010. Claimant testified that she worked the “IP Line” where she performed the job of “rag joints.” This job required claimant to be in a standing position, with the ability to bend over. While working the overnight shift from October 10, 2014, to October 11, 2014, claimant testified that she sustained right shoulder and cervical injuries. Claimant testified that on October 10, 2014, she stood and pumped a rag joint when she felt a large blue bin, called a steering column bin, bump into her right side from her neck to her foot. Claimant testified that her right side went numb upon being struck. She presented to employer’s medical clinic on the date of the accident, and she filled out an accident report. The clinic called for an ambulance. Ambulance records indicated that claimant was caught between objects, and a forklift pushed a bin into her, causing injury to her right side.

¶ 8 Claimant went to the Franciscan St. Margaret Hammond emergency room. The treating physician noted that claimant was hit by a large steel cart in the right upper back. On physical examination, claimant exhibited decreased range of motion and tenderness to palpation in her right shoulder. Claimant received a diagnosis of right scapular and upper back contusions.

¶ 9 On October 13, 2014, claimant presented to employer's clinic complaining of right posterior arm and shoulder pain. The clinic doctor noted superficial injuries to multiple regions of the right arm and contusions of the right thigh, right shoulder and upper arm, and right upper back.

¶ 10 On October 20, 2014, claimant presented to Dr. Muhammad Rafiq. Dr. Rafiq diagnosed claimant with a right arm and shoulder contusion. Dr. Rafiq instructed claimant to avoid lifting and pushing heavy objects. Claimant presented for physical therapy on October 21, 2014. She complained that pain traveled from her right shoulder blade to her elbow with occasional right hand tingling.

¶ 11 Claimant presented to Dr. Robert Coats, an orthopedic surgeon, on October 22, 2014. Dr. Coats diagnosed her with a right shoulder strain and impingement. Dr. Coats administered a right shoulder injection and prescribed a Medrol Dosepak. He recommended no use of the right upper extremity.

¶ 12 On November 3, 2014, a cervical X-ray revealed mild osteoarthritis at C5-C6 with narrowing of the intervertebral disc space and small formation. When claimant returned to Dr. Rafiq on November 10, 2014, he diagnosed claimant with degenerative joint disease and a right arm contusion.

¶ 13 Later, on November 24, 2014, claimant told Dr. Coats that in addition to her right shoulder pain, she had numbness and tingling in her right hand and pain radiating into her neck. Dr. Coats ordered an upper extremity MRI, which revealed mild degenerative joint disease with a moderate partial tear of the articular surface of the distal supraspinatus tendon.

¶ 14 Claimant next presented to Dr. William Payne on February 5, 2015. Claimant complained of continued numbness, tingling, and radiating neck pain. On examination of her right shoulder, claimant had abnormal active abduction, passive abduction, forward flexion, and active external

rotation. Claimant was positive for right shoulder joint pain, tingling, and impingement. Dr. Payne recommended a right subacromial decompression and rotator cuff repair.

¶ 15 On April 15, 2015, claimant returned to the emergency room and complained of a right sided headache and lightheadedness after leaning over on the assembly line to place stickers. The emergency room physician diagnosed claimant with an acute cervical strain and lightheadedness.

¶ 16 On April 24, 2015, claimant underwent the recommended surgery consisting of a right shoulder subacromial decompression acromioplasty, bursectomy, and partial debridement of the labrum and rotator cuff. The diagnoses included a partial rotator cuff tear, partial labral tear, and subacromial impingement. Claimant began physical therapy on June 2, 2015. Claimant continued to treat with prescription medication and physical therapy post-operatively.

¶ 17 Claimant continued to complain of right shoulder pain. Dr. Payne noted tenderness in the right acromion joint. Dr. Payne's office recommended an additional surgery consisting of a right shoulder manipulation. Claimant underwent the right shoulder manipulation on September 9, 2015, and began another round of physical therapy on October 7, 2015. On November 5, 2015, Dr. Payne reported that claimant still had pain radiating into her neck with numbness and tingling in her right arm and hand. He diagnosed her with cervical radiculopathy in addition to the partial rotator cuff tear.

¶ 18 On February 1, 2016, Claimant presented for a consultation with Dr. Chandrasekhar Sompalli of the Illinois Orthopedic Network. Dr. Sompalli opined that claimant had adhesive capsulitis as a direct result of her lack of therapy after her shoulder surgery and later manipulation.<sup>1</sup>

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<sup>1</sup> According to the Commission's decision, claimant advised Dr. Sompalli that there were periods when her physical therapy was not approved. Therefore, she suffered from shoulder stiffness and pain that prevented her from lifting above shoulder-level.

He recommended physical therapy. Claimant participated in physical therapy from February 5, 2016, to September 28, 2017.

¶ 19 On February 9, 2016, following her initial physical therapy evaluation, a right shoulder MRI revealed a small subacromial subdeltoid bursal effusion and an anteriorly down sloping acromion. Dr. Sompalli took claimant off work on February 13, 2016. On April 9, 2016, Dr. Sompalli recommended a second right shoulder manipulation with an arthroscopy and debridement. Claimant underwent this surgery on June 7, 2016, including debridement of the subacromial space and glenohumeral joint, distal clavicle resection, subacromial decompression with partial acromioplasty and release of the coracoacromial ligament, and manipulation.

¶ 20 Employer requested a section 12 examination and report. Claimant submitted to an examination at employer's request with Dr. Robert Welch. Claimant informed Dr. Welch that the accident occurred when another employee backed up a "tub buggy" with a steering column on it and struck her lateral right shoulder. Dr. Welch opined that claimant suffered a right shoulder contusion and developed bursitis and adhesive capsulitis secondary to the shoulder trauma. Dr. Welch recognized that there was no history of preexisting shoulder or neck problems and her symptoms had all occurred in relation to the accident. For the adhesive capsulitis, Dr. Welch agreed with Dr. Sompalli that claimant should reach maximum medical improvement (MMI) six months after her June 7, 2016, surgery. For her cervical radiculitis, he recommended cervical films with a follow-up MRI. He noted that the cervical radiculopathy symptoms were reported at claimant's second treatment visit and were at least chronologically related to her injury.

¶ 21 Claimant continued medical treatment related to the right shoulder. On October 7, 2016, claimant underwent a cervical MRI that showed straightening of the spine, disc dehydration throughout the cervical spine, and diffuse disc protrusions at C5-C6 and C6-C7 with disc material

and facet hypertrophy causing bilateral neural foraminal stenosis encroaching on the left and right exiting nerve roots.

¶ 22 On October 13, 2016, claimant next presented to Dr. Krishna Chunduri, a pain management doctor from the Illinois Orthopedic Network. Dr. Chunduri opined that claimant's right upper extremity pain, numbness, and tingling from her neck to her fingers resulted from the injury to the right side of her shoulder. An EMG obtained on October 26, 2016, revealed evidence of right C6 radiculopathy with mild muscle fiber membrane electrical instability, chronic neurogenic changes, and reinnervation. On November 3, 2016, Dr. Chunduri diagnosed claimant with C6 radiculopathy per the EMG, recommended an injection, and kept claimant off work. Claimant underwent the right C6 epidural steroid injection on November 10, 2016.

¶ 23 On November 19, 2016, Dr. Sompalli reported that a recent November 15, 2016, right shoulder MRI had revealed no significant abnormalities. Dr. Sompalli continued claimant's physical therapy for another eight weeks and indicated that upon its completion, claimant would be at MMI and released from his care.

¶ 24 However, on December 1, 2016, Dr. Chunduri noted that claimant had not received any improvement from her C6 injection and continued to have pain radiating into her palm, which was in the C7-C8 dermatome. As such, he opined that the appropriate nerve root might have been missed and recommended a C7-C8 injection to evaluate it as the potential pain source. On December 8, 2016, claimant underwent the C7-C8 injection. When claimant returned on December 22, 2016, Dr. Chunduri reported that she had ongoing right upper extremity paresthesias. He opined that her pain and paresthesias were likely permanent and due to nerve damage that she may have sustained in the accident. Dr. Chunduri recommended medication management to address claimant's symptoms.

¶ 25 On January 23, 2017, claimant presented for an initial consultation with Dr. Geoffrey Dixon, a spine surgeon at the Illinois Orthopedic Network. Dr. Dixon indicated that the steering column of a buggy struck claimant, causing severe right-sided pain. He advised claimant to return with her MRI scans for his review and to discuss surgical options.

¶ 26 Claimant submitted to a second examination at employer's request with Dr. Welch. Dr. Welch provided a report dated January 30, 2017. Dr. Welch noted that claimant complained of numbness and tingling into her right hand since her October 21, 2014, physical therapy visit and denied any prior numbness or tingling. Dr. Welch found it difficult to explain based on her mechanism of injury how a direct shoulder blow caused the numbness and tingling. He opined that the numbness and tingling were at least chronologically associated with the work accident. Regarding the cervical condition, Dr. Welch further opined that claimant had not yet reached MMI.

¶ 27 On February 6, 2017, claimant returned to Dr. Dixon with her cervical MRI images. Dr. Dixon found that the images showed a large disc protrusion eccentric to the right and causing nerve root compression within the lateral recess and foramen. He recommended a C5-C6 anterior cervical discectomy and fusion.

¶ 28 On May 8, 2017, Dr. Dixon provided a narrative statement. Dr. Dixon's diagnosis was C5-C6 and C6-C7 herniated discs, causing a C6 radiculopathy that resulted in pain, numbness, tingling, and weakness in claimant's right arm. He opined that being struck by an object with sufficient force caused significant injuries to claimant's right shoulder and a rotational-type injury to the cervical spine, which then caused traction on the cervical nerve roots and the brachial plexus, which then caused or exacerbated the effects of the herniated cervical discs. Dr. Dixon opined that the relationship between claimant's symptomatology and work accident was biomechanically understandable and plausible.



¶ 29 Claimant submitted to a third examination at employer's request with Dr. Kem Singh. Dr. Singh issued a report dated June 19, 2017. As part of his examination, Dr. Singh performed Waddell's testing and marked all five Waddell's signs as positive. He diagnosed claimant with a cervical muscular strain but wanted to review her cervical MRI before deciding as to causation. Dr. Singh expressed concern that claimant's pain complaints were in her entire spine and right upper extremity with no dermatomal distribution.

¶ 30 After reviewing the October 7, 2016, cervical MRI, Dr. Singh provided an addendum report dated July 7, 2017. Dr. Singh found that claimant had a normal neurological exam with full motor strength, no sensory or reflex loss, and an essentially normal MRI with multi-positive Waddell's findings and inconsistent behavior. He further opined that claimant's EMG was an erroneous false positive that did not correlate with a C6 radiculopathy, because she had no wrist extensor weakness, sensory loss in a C6 distribution, or loss of the brachioradialis reflex. As such, Dr. Singh believed surgical intervention and additional cervical treatment were not warranted. He placed claimant at MMI for a resolved soft tissue cervical muscular strain.

¶ 31 On December 11, 2017, in a medical report, Dr. Dixon indicated that he disagreed with Dr. Singh's findings and opinions expressed in his report. Specifically, Dr. Dixon opined that claimant had a herniated C5-C6 disc with associated C6 radiculopathy that directly resulted from her work accident. He interpreted claimant's MRI to show multilevel spondylosis with significant C5-C6 disc osteophyte complex eccentric to the right, causing both lateral recess and foraminal stenosis as well as nerve root compression. Dr. Dixon further noted that claimant had not exhibited any positive Waddell's findings on his examination.

¶ 32 Thereafter, Dr. Dixon continued to refill claimant's prescriptions and keep her off work as she awaited surgical authorization. On April 23, 2018, Dr. Dixon updated claimant's work restrictions to include a three-pound weight limit.

¶ 33 On March 26, 2018, Dr. Dixon testified in a deposition as a witness for claimant. Dr. Dixon maintained that claimant suffered a C5-C6 herniated disc with C6 radiculopathy caused by her work injury. Dr. Dixon further testified that claimant being struck by an object with sufficient force to cause a significant right shoulder injury caused a rotational-type injury to the cervical spine. He explained that this mechanism caused traction on the cervical nerve roots/brachial plexus and caused or exacerbated the effects of the cervical herniated discs.

¶ 34 Dr. Dixon testified that his review of the medical records led to his opinion that claimant had suffered a rotational-type injury. He testified that diagnostic testing supported his conclusion, because claimant herniated cervical discs and had a positive EMG. Dr. Dixon testified that claimant required an anterior C5-C6 and C6-C7 discectomy and fusion. Dr. Dixon disagreed with Dr. Singh's conclusions regarding the MRI and EMG results. Dr. Dixon believed it was a positive EMG and no Waddell's signs were present. Dr. Dixon noted that his exam yielded significantly different results than Dr. Singh's exam.

¶ 35 Dr. Welch testified at a May 11, 2018, deposition as a witness for employer. Dr. Welch identified himself as a board-certified orthopedic surgeon who specialized in the hand and upper extremity. He clarified that he treats shoulders, but not the cervical spine. Dr. Welch testified that, although cervical treatment is not part of his practice, he commonly diagnosed cervical conditions. Although he read cervical MRIs, Dr. Welch did not consider himself to be an expert on them.

¶ 36 Dr. Welch maintained his opinion that claimant had a right shoulder contusion that led to bursitis and adhesive capsulitis, which necessitated her surgeries. Dr. Welch additionally testified that claimant's disc dehydration was seen in aging and more of a degenerative issue.

¶ 37 Employer also called Dr. Singh as a witness at a deposition on May 31, 2018. Dr. Singh testified that claimant had a normal examination on June 19, 2017, with full strength in her arms and legs, normal reflexes, and normal monofilament testing. He testified that, although claimant's doctors identified C5-C6 as a potential pain generator, it would not explain why her entire spine or arm were painful. Dr. Singh expressed concern that claimant had subjective complaints without radiographic or physical evidence of nerve root compression. Lastly, Dr. Singh opined that claimant's October 7, 2016, MRI showed no disc herniation, and her EMG showed no radiculopathy.

¶ 38 Claimant testified that she returned to work on or around June 14, 2018, although she had not yet been released back with no restrictions. Claimant testified that her return was prompted by a letter employer had sent her telling her to come back. She ultimately went on mental health leave on August 17, 2018.

¶ 39 Claimant testified that she received no pre-accident treatment for her neck, shoulder, arm, or hands. None of employer's pre-accident visits to the clinic concerned her neck or right shoulder.

¶ 40 Regarding her current condition of ill-being, claimant testified that she experienced pain from her mid-head to her neck and down her right arm into her fingertips. Claimant stated that she wished to proceed with the surgery recommended by Dr. Dixon.

¶ 41 On May 20, 2019, the arbitrator issued a written decision. The arbitrator determined that claimant sustained an accident that arose out of and in the course of employment on October 10, 2014, and that claimant's condition of ill-being was causally related to the accident. The arbitrator

noted that claimant earned a weekly wage of \$600.87. The arbitrator further noted that employer had not paid all reasonable and necessary charges for all reasonable and necessary medical services. The arbitrator determined that employer was entitled to a credit of \$8592.43 under section 8(j) of the Act (820 ILCS 305/8(j) (West 2018)).

¶ 42 Regarding medical benefits, the arbitrator noted that employer “shall pay reasonable and necessary medical services, pursuant to the medical fee schedule, of the medical bills submitted as provided in Sections 8(a) and 8.2 of the Act and as found in this Decision[.]” The arbitrator awarded a credit of “\$8,592.43 for medical benefits that have been paid, and employer shall hold claimant harmless from any claims by any providers of the services for which employer is receiving this credit, as provided in Section 8(j) of the Act.”

¶ 43 Next, the arbitrator awarded TTD benefits of “\$400.58/week for a total period of 71-1/7 weeks, commencing 02/13/2016 through 12/02/16; 03/10/17 through 07/07/17; and 07/21/17 through 10/13/17, as provided in Section 8(b) of the Act.” Moreover, the arbitrator awarded employer “a credit of \$16,938.81 for TTD benefits previously paid and \$15,905.55 for nonoccupational indemnity disability benefits that have been paid, for a total credit of \$32,844.36.”

¶ 44 Finally, regarding prospective medical, the arbitrator adopted the findings of “treating physician Dr. Dixon and accordingly awards [claimant] prospective medical care in the form of an anterior cervical discectomy or any future care he so prescribes.”

¶ 45 Employer sought review of the arbitrator’s decision before the Commission. On February 18, 2020, the Commission issued a decision, with one commissioner dissenting, affirming and adopting the arbitrator’s decision. First, as to accident, the Commission agreed with the arbitrator’s finding that claimant sustained an accidental injury arising out of and in the course of her employment on October 10, 2014. The Commission determined that the objective clinical findings

and diagnostic testing show that claimant sustained right shoulder and cervical injuries for which she had no pre-accident symptoms. The Commission further determined that claimant's testimony regarding the October 10, 2014, accident was credible. Next, as to causal connection, the Commission determined that the medical records and opinions of Dr. Dixon established that claimant sustained a work-related accident that resulted in a current condition of ill-being of her right shoulder and cervical spine. Thus, the Commission concluded that claimant's condition of ill-being was causally related to the accident.

¶ 46 Accordingly, the Commission found that claimant was entitled to TTD benefits but modified the decision of the arbitrator. The Commission noted that claimant argued that she was entitled to TTD benefits from February 13, 2016, to June 14, 2018. The Commission determined that the medical records reflected that claimant was placed off work on February 13, 2016, and thereafter kept off work or on light-duty restrictions by her treating doctors. Additionally, the Commission noted that claimant never returned to full-duty work after February 13, 2016. Although employer entered its timekeeping records, the Commission concluded that no one testified as to how to properly read the timekeeping documents. The Commission noted that it was not clear whether the entries demonstrated claimant's attendance or absence. As such, the Commission ordered that Employer pay claimant TTD benefits of \$400.58 per week for 121 and 5/7ths weeks, commencing February 13, 2016, to June 14, 2018, as provided by section 8(b) of the Act (820 ILCS 305/8(b) (West 2016)).

¶ 47 Finally, regarding medical expenses, the Commission awarded claimant the claimed medical expenses subject to sections 8(a) and 8.1 of the Act (820 ILCS 305/8(a) (West 2018), (820 ILCS 305/8.1 (West 2018)). Additionally, the Commission awarded claimant the prospective medical treatment recommended by Dr. Dixon. The Commission awarded employer credit under

section 8(j) of the Act (*id.* § 8(j)) as stipulated by the parties. The Commission remanded the case to the arbitrator for further proceedings for a determination of a further amount of temporary total compensation or of compensation for permanent disability, if any, pursuant to *Thomas*, 78 Ill. 2d at 327.

¶ 48 A single commissioner issued a dissent. The dissenting commissioner found that claimant lacked credibility due to the numerous inconsistencies in her retelling of the alleged work accident.

¶ 49 Employer sought judicial review of the Commission's decision in the circuit court of Cook County. On August 26, 2021, the circuit court confirmed the Commission's decision.

¶ 50 This appeal followed.

¶ 51 II. ANALYSIS

¶ 52 On appeal, employer raises four issues. First, employer argues that the circuit court erred by confirming the Commission's decision, where it made no finding of fact related to the issue of credibility of claimant. Second, employer argues that the Commission's finding of accident was against the manifest weight of the evidence. Third, employer argues that the Commission's finding of causation and award of medical treatment were against the manifest weight of the evidence. Finally, employer argues that the Commission's award of TTD benefits from February 13, 2016, through June 14, 2018, was against the manifest weight of the evidence. For the reasons that follow, we disagree. We address each argument in turn.

¶ 53 A. Claimant's Credibility

¶ 54 First, employer argues that the circuit court erred by confirming the Commission's decision, where the court made no finding of fact related to the credibility of claimant. Employer argues that claimant's testimony and descriptions of the accident were inconsistent throughout the

proceedings. Claimant responds that it is the exclusive function of the Commission to assess credibility. We agree with claimant.

¶ 55 Initially, we note that we review the decision of the Commission, not the circuit court. *Travelers Insurance v. Precision Cabinets, Inc.*, 2012 IL App (2d) 110258WC, ¶ 33. It is the Commission's province to judge the credibility of witnesses, to determine the weight to be given to their testimony, and to draw reasonable inferences from the evidence. *Williams v. Industrial Comm'n*, 244 Ill. App. 3d 204, 209 (1993); *Fickas v. Industrial Comm'n*, 308 Ill. App. 3d 1037, 1041 (1999). We may overturn the Commission's rulings on these factual issues only when they are against the manifest weight of the evidence (*Williams*, 244 Ill. App. 3d at 210), *i.e.*, only when the opposite conclusion is clearly apparent (*Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 539 (2007)).

¶ 56 In the instant cause, the Commission expressly commented on the credibility of the employee. The Commission stated the following:

“Although *Petitioner is sometimes a poor historian regarding the exact mechanism of injury and the exact name of the equipment involved in her accident*, the evidence overwhelmingly establishes that Petitioner was struck on the right side of her body by a large industrial cart containing heavy parts. *The minor variations in the name by which Petitioner referred to the cart do not undermine her testimony overall*. With regard to whether the cart struck Petitioner forcefully enough to cause the alleged injury, the Commission notes that the only evidence on the point was provided by Petitioner. The Commission further notes that Petitioner's testimony must be considered in light of her condition at the time of the hearing, which included a non-occupational mental health condition for which she went on mental health leave on August 17, 2018.”

¶ 57 The Commission continued: “Although Petitioner called the equipment by different names, such as cart, tug buggy, bin, or forklift, the record establishes that a large industrial cart significantly impacted Petitioner on the accident date and necessitated an ambulance being called.”

Finally, in its conclusion, the Commission notes: “Claimant’s minor variations in her recitation of the mechanism of injury to Dr. Dixon are *de minimus*.”

¶ 58 As such, employer’s argument is meritless, where the Commission did, indeed, make findings regarding the credibility of claimant. The Commission expressly found that claimant’s testimony and descriptions of the accident were inconsistent throughout the proceedings. Despite the minor inconsistencies, the Commission concluded that claimant’s current condition of ill-being was causally related to a compensable work accident that she sustained on October 10, 2014. The Commission was in the best position to judge the credibility of claimant and to determine the weight given to her testimony. See *Williams*, 244 Ill. App. 3d at 209 (1993); see also *Fickas*, 308 Ill. App. 3d at 1041. Therefore, the Commission’s determination was not against the manifest weight of the evidence.

¶ 59 B. Accident and Causation

¶ 60 Next, employer argues that the Commission’s findings of accident and causation were against the manifest weight of the evidence. Again, employer argues that claimant lacked credibility in that she set forth multiple versions of the accident. Employer additionally argues that claimant gave her treatment providers inconsistent histories of the accident and that her treatment providers, in turn, relied on such inconsistent histories in formulating their medical opinions. Claimant responds that the Commission “thoroughly reviewed the testimony and evidence submitted” and deemed the variations “within the histories” as “minor in nature.” We agree with claimant.

¶ 61 To obtain compensation under the Act, a claimant must prove, by a preponderance of the evidence, that her injury arose out of and in the course of her employment (*O’Dette v. Industrial Comm’n*, 79 Ill. 2d 249, 253 (1980)), and that some act or phase of her employment was a causative



factor in his ensuing injuries. *Land & Lakes Co. v. Industrial Comm’n*, 359 Ill. App. 3d 582 (2005). In resolving disputed issues of fact, including issues related to accident and causation, it is the province of the Commission to assess the credibility of witnesses, draw reasonable inferences from the evidence, determine what weight to give testimony, and resolve conflicts in the evidence. *Hosteny v. Illinois Workers’ Comp. Comm’n*, 397 Ill. App. 3d 665, 675 (2009). The Commission’s determination on a question of fact will not be disturbed on review unless it is against the manifest weight of the evidence. *Shafer v. Illinois Workers’ Comp. Comm’n*, 2011 IL App (4th) 100505WC, ¶ 35. A decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent. *Freeman United Coal Mining Co. v. Illinois Workers’ Compensation Comm’n*, 2013 IL App (5th) 120564WC, ¶ 21.

¶ 62 Here, as noted, the Commission found claimant’s testimony that she suffered a work-related accident on October 10, 2014, to be credible. Although there were discrepancies in certain aspects of claimant’s testimony, the Commission found that the minor variations in claimant’s testimony did not undermine her testimony overall. Moreover, the Commission found that “minor variations in her recitation of the mechanism of injury to Dr. Dixon [were] *de minimus*.” We cannot say that the Commission’s credibility determination or its factual finding of accident were against the manifest weight of the evidence.

¶ 63 With regard to causation, the Commission concluded that the evidence established that claimant injured her right shoulder when she was struck on the right side of her body by a large industrial cart containing heavy parts. This finding is supported by claimant’s testimony that she required no pre-accident medical treatment for her right shoulder or cervical spine. Similarly, claimant testified that she suffered from no pre-accident symptoms that prevented her from performing her job. Claimant’s testimony and medical records demonstrated that claimant

consistently sought medical treatment for her right shoulder and cervical spine following the October 10, 2014, work accident. The Commission found claimant's testimony credible. Accordingly, claimant's testimony, standing alone, provided a chain of events that was sufficient to establish causation. See *International Harvester v. Industrial Comm'n*, 93 Ill. 2d 59, 63-64 (1982) ("A chain of events which demonstrates a previous condition of good health, an accident, and a subsequent injury resulting in disability may be sufficient circumstantial evidence to prove a causal nexus between the accident and the employee's injury.").

¶ 64 Additionally, the diagnostic testing and treating physicians' clinical examination findings demonstrated that claimant sustained both cervical and right shoulder injuries following the October 10, 2014, work accident. Three physicians opined regarding the relatedness of claimant's right shoulder condition and her cervical spine condition to the accident at work. Specifically, the Commission found the opinions of Dr. Dixon persuasive. Upon review of the record, we cannot say that the Commission's credibility determination was against the manifest weight of the evidence.

¶ 65 Dr. Dixon opined that an object struck claimant with sufficient force to cause a significant right shoulder injury and that the event caused a rotational-type injury to the cervical spine. Dr. Dixon further explained that this mechanism caused traction on the cervical nerve roots/brachial plexus and caused or exacerbated the effects of the cervical herniated discs. Moreover, employer's Section 12 examiner, Dr. Welch, conceded that the accident caused claimant's shoulder injury. Dr. Welch admitted that he specialized in the hand and upper extremity, not the spine.

¶ 66 Employer's section 12 examiner, Dr. Singh, disagreed, where Dr. Singh opined that claimant had a normal examination with him on June 19, 2017. The Commission noted, however,

that Dr. Singh failed to account for claimant's lack of pre-accident cervical symptoms with post-accident cervical spine pathology with contemporaneous symptoms.

¶ 67 Dr. Dixon's causation opinion is supported by diagnostic evidence obtained through claimant's MRI. Dr. Dixon interpreted claimant's MRI to show multilevel spondylosis with significant C5-C6 disc osteophyte complex eccentric to the right, causing both lateral recess and foraminal stenosis as well as nerve root compression. Claimant's MRI on October 7, 2016, showed diffuse disc protrusions at C5-C6 and C6-C7 with disc material and facet hypertrophy causing bilateral neural foraminal stenosis encroaching on the left and right exiting nerve roots. Additionally, claimant's EMG confirmed that she suffered from cervical radiculopathy and claimant consistently complained of radiating pain, numbness, and tingling from shortly after the accident through the hearing date. As noted by the Commission, the radiologist's findings support Dr. Dixon's interpretation regarding the presence of cervical spine pathology that Dr. Singh maintains is not present.

¶ 68 Thus, there was evidence showing that the impact that claimant sustained was significant, and the chain of events supported claimant's claim that it contributed to her post-accident condition. Therefore, the Commission's finding that claimant established a causal connection between her current condition of ill-being and the October 10, 2014, accident, was not against the manifest weight of the evidence.

¶ 69 **C. Medical Treatment**

¶ 70 Next, employer argues that the Commission's award of prospective medical treatment was against the manifest weight of the evidence. Based on inconsistencies in her testimony, employer, again, contends that claimant failed to meet her burden to establish accident or causation and, thus, failed to prove entitlement to prospective medical treatment. Claimant responds that the

Commission thoroughly reviewed the medical evidence and testimony of the treating physicians in this case and that its award of prospective medical treatment was supported by the evidence. We agree with claimant.

¶ 71 A claimant is entitled to recover reasonable medical expenses that are required to diagnose, relieve, or cure the effects of the claimant's condition of ill-being. *F & B Manufacturing Co. v. Industrial Comm'n*, 325 Ill. App. 3d 527, 534 (2001). Whether a medical expense is reasonable and necessary is a question of fact for the Commission, and its determination will not be overturned unless it is against the manifest weight of the evidence. *F & B Manufacturing Co.*, 325 Ill. App. 3d at 534. 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. *Max Shepard, Inc. v. Industrial Comm'n*, 348 Ill. App. 3d 893, 903 (2004).

¶ 72 Here, we have already found that the Commission's finding of a causal connection between the claimant's work-related accident and her current condition was not against the manifest weight of the evidence. Employer's argument that the Commission erred by awarding claimant prospective medical treatment is premised on its argument that claimant failed to prove accident and causation. It follows, therefore, based on that finding and the analysis set forth above, that the Commission's order awarding prospective medical care was not against the manifest weight of the evidence.

¶ 73 D. TTD Benefits

¶ 74 Finally, employer argues that the Commission erred by awarding TTD benefits from February 13, 2016, through June 14, 2018. Employer contends that claimant failed to offer credible testimony in order to meet her burden establishing entitlement to TTD benefits. Claimant responds

that the Commission had competent evidence to rely upon that substantiated the physical restriction imposed by Dr. Dixon. We agree with claimant.

¶ 75 In order to prove entitlement to TTD benefits, a claimant must establish not only that she did not work, but that she was unable to work. *Sharwarko v. Illinois Workers' Compensation Comm'n*, 2015 IL App (1st) 131733WC, ¶ 49. An employee is temporarily totally disabled from the time that an injury incapacitates him from work until such time as he is as far recovered or restored as the permanent character of his injury will permit. *Archer Daniels Midland Co. v. Industrial Comm'n*, 138 Ill. 2d 107, 118 (1990). Once an injured employee's physical condition stabilizes or she has reached MMI, he is no longer eligible for TTD benefits. *Archer Daniels Midland Co.*, 138 Ill. 2d at 118. A claimant reaches MMI when she is as far recovered or restored as the permanent character of his injury will permit. *Nascote Industries v. Industrial Comm'n*, 353 Ill. App. 3d 1067, 1072 (2004). Factors to be considered in determining whether a claimant has reached MMI include whether she has been released to return to work, medical evidence, and testimony concerning the claimant's injury, the extent of his injury, and whether the injury has stabilized. *Nascote Industries*, 353 Ill. App. 3d at 1072. The period of time during which a claimant is temporarily and totally disabled is a question of fact to be determined by the Commission, and its resolution of the issue will not be disturbed on appeal unless it is against the manifest weight of the evidence. *Archer Daniels Midland*, 138 Ill. 2d at 119-20.

¶ 76 Here, the arbitrator ordered that employer pay claimant "total disability benefits of \$400.58/week for a total period of 71-1/7 weeks, commencing 02/13/2016 through 12/02/16; 03/10/17 through 07/07/17; and 07/21/17 through 10/13/17, as provided in Section 8(b) of the Act." Additionally, the arbitrator awarded employer a credit of "\$16,938.81 for TTD benefits

previously paid and \$15,905.55 for nonoccupational indemnity disability benefits that have been paid, for a total credit of \$32,844.36.”

¶ 77 Before the Commission, claimant argued that she was entitled to TTD benefits from February 13, 2016, through June 14, 2018. The Commission noted that the record reflected that claimant’s doctors placed her off work on February 13, 2016, and kept her off work or on light duty restrictions. The Commission noted that claimant did not return to full duty work after February 13, 2016. Claimant testified that she returned to work on June 14, 2018. The Commission found that, although employer entered timekeeping records, there was no testimony as to how to properly read the timekeeping documents. As such, the Commission was unclear whether the entries demonstrated claimant’s attendance or absence. Thus, the Commission found that claimant was entitled to the claimed TTD benefits and modified the decision of the arbitrator. The Commission ordered that employer pay claimant TTD benefits of \$400.58 per week for 121 and 5/7 weeks, commencing February 13, 2016, to June 14, 2018, as provided by Section 8(b) of the Act.

¶ 78 The record reflects that claimant’s doctors placed her off work on February 13, 2016, and kept her off work or on light duty restrictions. Claimant testified that she returned to work on or around June 14, 2018, although she had not yet been released back with no restrictions. Based on this evidence, the Commission’s finding that claimant was entitled to TTD benefits was not against the manifest weight of the evidence.

¶ 79 **III. CONCLUSION**

¶ 80 For the reasons stated, we affirm the judgment of the circuit court of Cook County, which confirmed the Commission’s decision.

¶ 81 Affirmed.