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).

2026 IL App (4th) 260292-U

NO. 4-26-0292

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

FILED
November 4, 2026
Carla Bender
4th District Appellate
Court, IL

LUKE SCAGLIONE,	)	Appeal from the
Plaintiff-Appellant,	)	Circuit Court of
v.	)	McLean County
THE BOARD OF TRUSTEES OF THE NORMAL POLICE PENSION FUND and THE TOWN OF NORMAL,	)	No. 25MR145
	)	Honorable
Defendants-Appellees.	)	Mark A. Fellheimer,
	)	Judge Presiding.

JUSTICE GRISCHOW delivered the judgment of the court.
Presiding Justice Steigmann and Justice Lannerd concurred in the judgment.

ORDER

¶ 1 *Held*: The appellate court affirmed, concluding the decision of the Board of Trustees of the Normal Police Pension Fund denying plaintiff's application for disability benefits, due to his refusal to have a recommended surgery being a superseding cause of his disability, was not against the manifest weight of the evidence.

¶ 2 Plaintiff, Luke Scaglione, a police officer with defendant, the Town of Normal, Illinois (Town), applied for disability pension benefits after he injured his shoulder. Defendant, the Board of Trustees of the Normal Police Pension Fund (Board), denied plaintiff's application for disability benefits. Plaintiff filed a complaint for administrative review in the McLean County circuit court, which affirmed the Board's decision. Plaintiff appealed to this court, arguing the Board's decision was against the manifest weight of the evidence. We affirm.

¶ 3 I. BACKGROUND

¶ 4 A. Injury and Initial Surgery

¶ 5 Plaintiff had been employed with the Town as a police officer since September 2008. On April 4, 2023, while participating in a training exercise, plaintiff was placed in a shoulder lock by another officer. Plaintiff immediately felt a pop and burning sensation in his left shoulder. The injury was reported to plaintiff's supervisor. Plaintiff initially treated the injury with ice, ibuprofen or Tylenol, and rest, but the pain increased, so he sought medical treatment on April 18, 2023. On that date, plaintiff was given a 10-pound lifting restriction. Plaintiff was never cleared to return to unrestricted police duties after that date.

¶ 6 Plaintiff was diagnosed with a partial tear of his left rotator cuff, impingement syndrome, and acromioclavicular joint dysfunction. After attempting a course of conservative treatment, on July 19, 2023, Dr. Lawrence Li performed surgery on plaintiff's left shoulder, specifically an "arthroscopic subacromial decompression, excision of the distal clavicle, extensive debridement of tenosynovitis of the glenohumeral joint capsule, extensive debridement of the anterior and superior labrum, extensive debridement of a grade 2 chondral injury of the humeral head and abrasion chondroplasty, extensive debridement of subacromial bursitis, and subpectoral biceps tenodesis." Thereafter, plaintiff underwent a postoperative course of treatment that included physical therapy, a continuous passive motion machine, chiropractic care, cortisone injections, a joint active systems brace, and massage therapy. In September 2023, Dr. Li diagnosed plaintiff with adhesive capsulitis. While plaintiff's physical therapy notes indicated some progress with active and passive range of motion, in March 2024, the visit summary with Dr. Li showed plaintiff was not significantly progressing in his therapies. An ultrasound was performed, which revealed plaintiff's shoulder tendons were intact. Dr. Li again diagnosed plaintiff with adhesive capsulitis and recommended surgery for arthroscopic lysis of the adhesions and manipulation, but Dr. Li noted plaintiff did not wish to proceed with surgery.

¶ 7 In December 2023, at the request of the Town's workers' compensation carrier, plaintiff attended an independent medical examination (IME) with Dr. Stephen Weiss, an orthopedic surgeon. In his report, Dr. Weiss noted plaintiff's left shoulder injury was the result of the April 14, 2023, injury incurred during police training and acknowledged Dr. Li recommended surgery, consisting of a lysis of adhesions, and plaintiff was contemplating whether to proceed with that surgery. Plaintiff had moderate improvement since his surgery in July 2023, and Dr. Weiss agreed with Dr. Li's additional surgery recommendation. In Dr. Weiss's opinion, plaintiff would not reach maximum medical improvement until at least six months after the additional surgery.

¶ 8 Plaintiff discussed Dr. Weiss's IME report with Dr. Li during a visit in January 2024, at which time Dr. Li indicated therapy would continue because plaintiff did not want to proceed with the additional surgery. As plaintiff did not wish to proceed with the recommended surgery, Dr. Li determined plaintiff had reached maximum medical improvement in March 2024. In July 2024, given that plaintiff elected not to proceed with the additional surgery, Dr. Weiss concurred with Dr. Li's opinion that plaintiff had reached maximum medical improvement.

¶ 9 B. Application for Disabilty Pension Benefits

¶ 10 In January 2024, plaintiff filed an application for disability pension benefits pursuant to article III the Illinois Pension Code (40 ILCS 5/art. III (West 2024)). Plaintiff sought a line-of-duty disability pension (*id.* § 3-114.1) or, alternatively, a not-on-duty disability pension (*id.* § 3-114.2), for the April 14, 2023, injury.

¶ 11 In accordance with the Pension Code (see *id.* § 3-115), three physicians performed IMEs of plaintiff. Dr. David M. Anderson, an orthopedic surgeon, found plaintiff was disabled from performing full and unrestricted police duties due to his ongoing left shoulder pain

and adhesive capsulitis, which was a direct result of his April 14, 2023, work-related injury. Dr. Anderson opined plaintiff would likely benefit from a left shoulder arthroscopy with lysis of adhesions and manipulation. Such surgery, followed by extensive physical therapy, would "reasonably enable him to recover from the disability and enable him to return to full and unrestricted police duties." Assuming plaintiff underwent surgery and had no significant complications, Dr. Anderson opined he had a more than 50% probability of recovering and returning to full and unrestricted police duties. Without surgery, the disability was likely permanent.

¶ 12 Dr. Miguel A. Ramirez, an orthopedic surgeon, diagnosed plaintiff with adhesive capsulitis following rotator cuff repair. Plaintiff's injury was likely sustained during the training exercise on April 14, 2023. Dr. Ramirez concluded plaintiff was disabled from performing full and unrestricted police duties in his current state and, without surgical intervention, it was not possible to determine whether the lack of range of motion would be permanent. Dr. Ramirez opined an arthroscopic capsular release surgery would likely return plaintiff's full range of motion and strength, allowing him to return to full and unrestricted police duties. Dr. Ramirez further specified the surgery would be a 30-minute outpatient surgery, and plaintiff's condition "could be fixed relatively successfully and relatively quickly."

¶ 13 Dr. David Fletcher, board-certified in occupational medicine, opined plaintiff's left shoulder injury was a result of his workplace injury on April 14, 2023, and plaintiff currently displayed features of a frozen shoulder, with limited range of motion. As plaintiff chose to forgo additional surgical treatment, he was disabled from regular police duties. Dr. Fletcher opined a shoulder manipulation would substantially improve plaintiff's functionality; however, there was no guarantee plaintiff could return to unrestricted duty with the surgery.

¶ 14 C. Hearing Before the Board

¶ 15 At the hearing before the Board to determine plaintiff's disability application, plaintiff's medical records, the IMEs, plaintiff's job description, and his disability application were admitted as exhibits.

¶ 16 Plaintiff testified he was 40 years old and had worked for the Town as a police officer since September 15, 2008. He injured his left shoulder during a mandatory training exercise, which plaintiff described as training to learn to safely subdue combative subjects. During the training, plaintiff was role playing as a suspect. and another officer placed him into a shoulder lock. As the other officer moved while plaintiff was in the lock, plaintiff felt a pop and burning in his left shoulder. Plaintiff stopped training and reported the injury to his supervisor, and he proceeded to treat the injury with ice and ibuprofen or Tylenol. Over the next few days, the pain increased, so plaintiff sought medical treatment. Plaintiff was seen at McLean County Orthopedics on April 18, 2023. At that time, plaintiff was restricted from his full and unrestricted duties, and since that date, he had not returned to full and unrestricted police duties. After attempting conservative treatment, plaintiff had surgery on his left shoulder on July 19, 2023.

¶ 17 After surgery, plaintiff described participating in several therapies, but he was never able to get the point of being pain-free. Plaintiff acknowledged Drs. Weiss and Li recommended an additional surgery, which included lysis of adhesions in his left shoulder. Plaintiff discussed the potential of further surgery with Dr. Li. Plaintiff explained he decided not to go through with the additional surgery because, after his discussions with Dr. Li, Dr. Weiss, and IME physicians, the surgery was not guaranteed to help with the pain or range of motion. His understanding was the surgery " 'probably can' " or " 'might' " help. Plaintiff did not recall Dr. Anderson stating he had a more than 50% probability of returning to full and unrestricted

police duties if he had the surgery, but it would not have changed his mind about having the surgery.

¶ 18 According to plaintiff, Dr. Li explained the risks of shoulder surgery prior to a 2017 surgical repair of plaintiff's right shoulder and again before the initial surgery on plaintiff's left shoulder, and plaintiff went ahead with both of those surgeries. For the additional surgery on his left shoulder, plaintiff testified no physician specifically explained to him the risks of nerve damage from the surgery, but plaintiff believed there were some "pretty significant risks of nerve damage." Plaintiff asked Dr. Li about the possibility of nerve damage, and Dr. Li responded there was a chance, but it did not happen very often. Plaintiff felt Dr. Li was downplaying the risk. Plaintiff knew of two people who had a similar surgery and had nerve damage. One was another officer who had a similar injury, and he could not feel his fingers after surgery. The other was plaintiff's uncle, who had approximately six surgeries to resolve his shoulder pain, which were unsuccessful.

¶ 19 Plaintiff testified he was in pain every day. He was unable to lift his left arm above his head and could not reach around his back. He could not lift heavy weights. He had trouble sleeping. He could not play golf. With his limitations, plaintiff did not believe he could safely and effectively perform the full and unrestricted duties of a police officer. As of the date of the hearing, he had no plans for further treatment.

¶ 20 D. Board Decision

¶ 21 The Board voted to deny plaintiff's application for disability benefits. In its written order, the Board made several relevant findings of fact. Plaintiff was diagnosed with adhesive capsulitis, a condition known to develop because of plaintiff's surgery. An additional surgery was recommended to relieve the adhesions so plaintiff could fully recover, but plaintiff

refused surgery. After refusing surgery, plaintiff ceased all physical therapy and other medical treatment, and he had no plans for further treatment. Plaintiff refused the additional surgery because it was not guaranteed to help with the pain or range of motion and there was a risk of nerve damage. No physician explained to plaintiff the chances of nerve damage following surgery, but plaintiff knew two people who suffered nerve damage, and he described one of them in his testimony. When plaintiff asked Dr. Li about the chance for nerve damage, Dr. Li stated there was a chance, but it did not happen very often.

¶ 22 The Board concluded plaintiff failed to meet his burden of establishing he was disabled for purposes of receiving any pension benefits. The Board made no finding or determination as to whether plaintiff was injured in the performance of an act of duty when he hurt his left shoulder during training. Rather, the Board concluded the medical evidence overwhelmingly established plaintiff's refusal to have surgery impeded or prevented him from returning to full, unrestricted police duties, so the refusal to have surgery constituted a superseding cause of his current physical condition. The Board found the additional surgery was a minimally invasive procedure unanimously recommended by all physicians who evaluated him, and the additional surgery carried a high likelihood of success. Plaintiff produced no evidence showing surgery was not warranted or did not have a likelihood of success of returning him to full police duties. The Board found the anecdotal evidence offered by plaintiff to justify his refusal to have the additional surgery to be unpersuasive, and plaintiff produced no reliable evidence the surgery would result in significant danger to his life or health or extraordinary suffering.

¶ 23 Plaintiff filed a complaint for administrative review in the circuit court, asserting the Board's determination that he was not disabled was against the manifest weight of the

evidence and contrary to law. The court affirmed the Board's decision, determining the Board's decision denying plaintiff's application for a disability pension was not against the manifest weight of the evidence. This appeal followed.

¶ 24 II. ANALYSIS

¶ 25 On appeal, plaintiff argues the Board erred by denying his application for a disability pension. Plaintiff contends the Board's determination that his decision to forgo the proposed additional shoulder surgery was unreasonable and a superseding cause of his disability was against the manifest weight of the evidence.

¶ 26 Section 3-148 of the Pension Code (40 ILCS 5/3-148 (West 2024)) directs that judicial review of pension board decisions is governed by the Administrative Review Law (735 ILCS 5/3-101 *et seq.* (West 2024)). Under the Administrative Review Law, our role is to review the decision of the administrative agency, not the determination of the circuit court, and "[t]he findings and conclusions of the administrative agency on questions of fact shall be held to be *prima facie* true and correct." *Id.* § 3-110; *Anderson v. Illinois Department of Professional Regulation*, 348 Ill. App. 3d 554, 560 (2004). The administrative agency's factual findings may only be set aside if they are against the manifest weight of the evidence. *Marconi v. Chicago Heights Police Pension Board*, 225 Ill. 2d 497, 532 (2006). A decision is against the manifest weight of the evidence if the opposite conclusion is clearly evident. *Id.* at 534.

¶ 27 Here, the Board denied plaintiff's application for pension benefits, concluding plaintiff failed to meet his burden of establishing he was disabled pursuant to the Pension Code. The question before us is whether the evidence of record supports the Board's denial of plaintiff's application for disability benefits. This is a question of fact. In reviewing the Board's decision, it is not the role of the reviewing court to weigh the evidence or substitute its judgment

for that of the Board. *Id.* "If the record contains evidence to support the agency's decision, that decision should be affirmed." *Id.*

¶ 28 Plaintiff applied for an award of a line-of-duty pension or, alternatively, a not-on-duty disability pension. Section 3-114.1(a) of the Pension Code provides, in relevant part, that a police officer shall be entitled to receive a line-of-duty disability pension if he or she is found to be physically or mentally disabled for service in the police department "as the result of sickness, accident or injury incurred in or resulting from the performance of an act of duty." 40 ILCS 5/3-114.1(a) (West 2024). Section 3-114.2 of the Pension Code provides for a similar, but lower, not-on-duty disability pension for a police officer "who becomes disabled as a result of any cause other than the performance of an act of duty." *Id.* § 3-114.2.

¶ 29 "[A] plaintiff to an administrative proceeding bears the burden of proof, and relief will be denied if he or she fails to sustain that burden." *Marconi*, 225 Ill. 2d at 532-33. A pension claimant does not need to prove his injury was the sole or primary cause of his disability, only that it was a causative or contributing factor to his disability. *McCumber v. Board of Trustees of the Oswego Fire Protection District Firefighters' Pension Fund*, 2019 IL App (2d) 180316, ¶ 52; *Rose v. Board of Trustees of the Mount Prospect Police Pension Fund*, 2011 IL App (1st) 102157, ¶ 92. While recognizing this premise, and the differences between the Pension Code and the Illinois Workers' Compensation Act (820 ILCS 305/1 *et seq.* (West 2024)), Illinois courts have concluded an unreasonable refusal of medical treatment may constitute an intervening sole cause of a claimant's disability under the Pension Code. *Luchesi v. Retirement Board of Firemen's Annuity & Benefit Fund of Chicago*, 333 Ill. App. 3d 543, 553 (2002); *Shirley v. Village of Clarendon Hills Police Pension Fund*, 2024 IL App (3d) 230257, ¶ 39 ("[R]egardless of the type of pension that a claimant seeks, a compensable disability will not be found if the

claimant unreasonably refuses the necessary medical treatment of the disabling injury."). In other words, the term "disability," as used in the Pension Code, "excludes conditions that can be remedied without significant danger or extraordinary suffering, and when medical opinion offers a reasonable prospect for relief." *Coyne v. Milan Police Pension Board ex rel. Jones*, 347 Ill. App. 3d 713, 725 (2004). For a claimant's refusal to be unreasonable, and the refusal to be the superseding cause of a claimant's disability, a pension board must find, but for the claimant's refusal to have the medical treatment, he would have more likely than not overcome the disability. *Luchesi*, 333 Ill. App. 3d at 554. In sum, the pension board must determine if an officer's disability is the result of his accident or more fairly considered the result of a refusal to submit to reasonable medical treatment. *Mulack v. Hickory Hills Police Pension Board*, 252 Ill. App. 3d 1063, 1070 (1993).

¶ 30 Here, the Board determined plaintiff's initial surgery resulted in adhesive capsulitis, a known complication of his shoulder surgery. The physicians of record agreed the treatment for such a condition was an additional arthroscopic surgery to release the adhesions. The Board concluded, as plaintiff refused the additional surgery, plaintiff's disabling injury was more fairly considered a result of his refusal of the additional surgery on his shoulder, not a result of the original injury. Thus, plaintiff's refusal to have the additional surgery was the superseding cause of his continued disability, and his refusal to have surgery was what impeded or restricted plaintiff from returning to full, unrestricted police duties.

¶ 31 Based on our careful review of the record, we hold the Board's conclusion was not contrary to the manifest weight of the evidence. The Board's factual finding that all five physicians who examined plaintiff found an additional surgery to be medically necessary and appropriate is supported by the record. The Board specifically relied on the opinions of Drs.

Anderson and Ramirez. Dr. Anderson opined a left shoulder arthroscopy with lysis of adhesions and manipulation would reasonably enable plaintiff to recover from his disability and enable him to return to full and unrestricted police duties. Assuming no significant complications, Dr. Anderson opined plaintiff had a greater than 50% probability of returning to full and unrestricted police duties . Dr. Ramirez opined, with surgical intervention, there was no expected disability from plaintiff's condition, and plaintiff could likely return to full and unrestricted police duties.

¶ 32 Plaintiff argues he presented evidence that his refusal to consent to the additional surgery, considering his entire course of treatment, was reasonable. Plaintiff points out he had consented to the initial left shoulder surgery and participated in extensive postsurgical therapies to resolve his shoulder injury. In addition, plaintiff argues there was conflicting evidence in the record regarding his potential to heal without surgery, and the medical opinions confirmed only a more than 50% probability of success if he had no significant complications. Lastly, plaintiff argues there was unrebutted evidence in the record of various risks involved in the additional surgery, including infection, weakness, and nerve injury.

¶ 33 In support of his arguments, plaintiff relies on *Turcol v. Pension Board of Trustees of Matteson Police Pension Fund*, 359 Ill. App. 3d 795 (2005). In *Turcol*, an officer suffered a shoulder injury and underwent a recommended shoulder surgery. *Id.* at 797. After the officer's pain continued, he sought a second opinion with a different surgeon, who recommended a second arthroscopic shoulder surgery. *Id.* at 798. The original surgeon agreed with the surgical recommendation but warned there was no guarantee the procedure would be successful. *Id.* at 798. The officer ultimately declined the second surgery because there was no guarantee the operation would work. *Id.* Of the three physicians selected to perform IMEs of the officer, two opined the officer was disabled. *Id.* The third physician, however, concluded the officer was not

permanently disabled or prevented from returning to police duties. *Id.* The board denied the officer's disability pension application, finding the third physician to be more credible and concluding the officer was not disabled. *Id.* at 800. It reaching that decision, the board also referred to the officer's decision to decline the second surgery. *Id.*

¶ 34 The appellate court in *Turcol* affirmed the board's decision, finding it was for the board to weigh the credibility of the physicians and there was sufficient evidence in the record to support the board's finding that the officer was not disabled. *Id.* at 801. Despite affirming on that basis, the court went on to find the board erred in considering the officer's refusal to have the second surgery as a basis for the denial of disability benefits. *Id.* at 804. The court concluded the officer's refusal was within the bounds of reason. *Id.* While one treating surgeon stated he could correct the officer's shoulder " 'without difficulty,' " the other opined a second surgery might make the officer's condition better but also might make it worse. *Id.* at 798. Further, one of the IME physicians opined the surgery was unlikely to affect the officer's disability from police work. *Id.* at 803.

¶ 35 We conclude the facts in *Turcol* are distinguishable and that court's *dicta* regarding the reasonableness of the officer's decision to forgo a second surgery is unpersuasive. Here, unlike the disagreement among the physicians in *Turcol* regarding the effectiveness of a second surgery, all the medical professionals opined the additional surgery was likely to resolve plaintiff's disability and was a reasonable medical treatment.

¶ 36 Further, we disagree with plaintiff's argument that there was evidence in the record indicating his decision to forgo the additional surgery was reasonable. In response to a question about the likely duration of plaintiff's disability, Dr. Ramirez stated: "In the absence of repeat surgery, it [is] not possible to determine whether this will get better on its own. The lack

of range of motion may be permanent without intervention." Plaintiff cites this statement, along with medical records showing his improvements in physical therapy, as evidence of disagreement in the record about whether the additional surgery was medically necessary. We conclude Dr. Ramirez's statement, when considered in the context of his entire IME report, does not support the proposition that the additional surgery was not medically necessary. In fact, Dr. Ramirez stated plaintiff was disabled in his current state but, if he had the additional surgery, he would not expect him to be disabled.

¶ 37 With respect to plaintiff's improvements in physical therapy, the medical records indicate, and the Board concluded, plaintiff made progress after his July 2023 surgery. However, after more than six months of such conservative treatment, Dr. Li declared in March 2024 that plaintiff had reached his maximum medical improvement. Dr. Weiss agreed with that assessment in July 2024, which was a year after plaintiff's original surgery. All three IME physicians found plaintiff to be permanently disabled more than a year after the original surgery. Thus, we hold the Board's conclusion that plaintiff failed to introduce any medical evidence showing the additional surgery was not warranted or did not have a likelihood of success of returning him to full and unrestricted police duty was not against the manifest weight of the evidence.

¶ 38 We find *Shirley* to be persuasive. In *Shirley*, a police officer injured his shoulder while restraining a suspect, and he sought a disability pension. 2024 IL App (3d) 230257, ¶¶ 1, 3. The officer was diagnosed with a torn labrum and elected to persist with conservative treatment rather than surgery. *Id.* ¶¶ 5-6. The pension board denied benefits, finding the officer's refusal to undergo surgery was unreasonable, so the officer's disability was not attributable to the work injury. *Id.* ¶ 14. The appellate court affirmed, holding it was not against the manifest weight of the evidence to find the recommended surgery would have restored the officer's ability to work

as a police officer and his refusal to undergo the surgery was a superseding cause of his continued disability. *Id.* ¶ 31. In *Shirley*, three physicians stated there was a high probability of success if the officer had surgery and, while one physician stated there were no guarantees, no physician contradicted the statements. *Id.* ¶ 28.

¶ 39 Such is the case here. While the physicians did not make guarantees, they opined an additional surgery would give plaintiff a more than 50% probability of recovering and returning to full and unrestricted police duties (Dr. Anderson), plaintiff's condition "could be fixed relatively successfully and relatively quickly" and would likely return plaintiff's full range of motion and strength, allowing him to return to full and unrestricted police duties (Dr. Ramirez), and surgery would substantially improve plaintiff's functionality (Dr. Fletcher). See *Turcol*, 359 Ill. App. 3d at 803 ("[H]olding out for a 'guarantee' of beneficial results would be an unreasonable refusal of medical treatment."). Such opinions established that surgery offered plaintiff a reasonable prospect of relief from his disability and, but for his refusal, he would more likely than not have overcome the disability. See *Luchesi*, 333 Ill. App. 3d at 554 (requiring, for a refusal of treatment to be the superseding cause, a finding the pension claimant would more likely than not have overcome the disability with the treatment). No other medical opinion contradicted these statements. Plaintiff's evidence to the contrary was anecdotal, which the Board found not to be credible considering the physicians' opinions. Further, there was no evidence in the record of more than the usual risks from an arthroscopic procedure. See *Shirley*, 2024 IL App (3d) 230257, ¶ 29 ("[W]e are aware of no governing law that requires a treatment option to be completely risk-free in order to be deemed reasonable.").

¶ 40 The manifest weight standard does not mean the appellate court rubber stamps an administrative agency's decision; the court must examine the factual findings and determine

whether the opposite conclusion is clearly evident. *People v. Anderson*, 303 Ill. App. 3d 1050, 1057 (1999). We have examined the record and conclude it contains evidence supporting the Board's conclusion that the recommended surgery would have restored plaintiff's ability to work as a police officer and his refusal to undergo the surgery constituted a superseding cause of his continuing disability. See *McCumber*, 2019 IL App (2d) 180316, ¶ 48 ("There need be only some competent evidence in the record to support the Board's findings."); see also *Moreland v. Retirement Board of the Policemen's Annuity & Benefit Fund of City of Chicago*, 2025 IL 131343, ¶ 35 (" 'The mere fact that an opposite conclusion is reasonable or that the reviewing court might have ruled differently will not justify reversal of the administrative findings.' "). As noted above, it was plaintiff's burden to establish he was disabled pursuant to the Pension Code and such disability excludes conditions that can be reasonably treated without significant danger or extraordinary suffering. See *supra* ¶ 29. Based on the evidence before the Board, its conclusion that plaintiff failed to do so and resulting denial of plaintiff's disability application was not against the manifest weight of the evidence.

¶ 41 III. CONCLUSION

¶ 42 For the reasons stated, we affirm the judgment of the circuit court, which confirmed the Board's decision.

¶ 43 Affirmed.