Order filed August 13, 2026. 2026 IL App (5th) 250964WC
Motion to publish granted
August 28, 2026. NO. 5-25-0964WC

IN THE

APPELLATE COURT OF ILLINOIS

FIFTH DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

HEARTLAND COCA-COLA BOTTLING CO.,	)	Appeal from the
	)	Circuit Court of
Appellant,	)	Jackson County.
	)	
v.	)	No. 25-MR-10
	)	
THE ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION *et al*.	)	Honorable
	)	Michael A. Fiello,
(Brian McClanahan, Appellee).	)	Judge, presiding.

JUSTICE BARBERIS delivered the judgment of the court, with opinion.
Justices Rochford, Mullen, and Cavanagh concurred in the judgment and opinion.
Presiding Justice Holdridge dissented, with opinion.

OPINION

¶ 1 Employer, Heartland Coca-Cola Bottling Co., appeals from the order of the Jackson County circuit court confirming the decision of the Illinois Workers' Compensation Commission (Commission) that awarded claimant, Brian McClanahan, benefits under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2022)). On appeal, employer argues that the Commission erred by (1) finding that claimant did not exceed his choice of medical providers under section 8(a) of the Act (*id.* § 8(a)), (2) awarding claimant medical bills, and (3) awarding claimant prospective medical treatment. For the following reasons, we affirm.

¶ 2 I. BACKGROUND

¶ 3 On June 4, 2024, an arbitration hearing was held on claimant's application for adjustment of claim filed pursuant to the Act. The following evidence was adduced at the hearing.

¶ 4 Claimant testified that he worked for employer as a full-service driver on June 15, 2022. On that date, claimant was "pulling back" a two-wheeler, or dolly, when he felt a sharp pain in his bicep. The pain radiated up and down claimant's arm. Claimant also experienced numbness and tingling up and down his arm. Claimant reported the alleged accident to employer. At the time of the alleged accident, claimant was 51 years old.

¶ 5 Claimant went on a previously scheduled vacation the two weeks following the alleged accident. Claimant continued to experience pain while on vacation. He sought medical treatment when he returned from vacation.

¶ 6 Claimant first sought medical treatment at the Orthopedic Institute of Southern Illinois (Orthopedic Institute) on July 5, 2022. Claimant was initially seen by a nurse practitioner, who noted an obvious bicep deformity in claimant's right arm and tenderness in his shoulder. The nurse practitioner diagnosed claimant with a rupture of the right bicep tendon, placed him in a splint and sling, ordered an MRI, and directed claimant to remain off work until he could follow up with an orthopedic surgeon, Dr. Steven Young, at Orthopedic Institute.

¶ 7 On July 6, 2022, claimant underwent the MRI, which revealed a completely torn and retracted long head of the right bicep tendon. The MRI also revealed several tears and mild tendinosis of claimant's right shoulder.

¶ 8 On July 11, 2022, claimant saw Dr. Young and reported right shoulder pain and weakness. Dr. Young examined claimant and diagnosed him with tears in his right shoulder and a rupture of the right bicep tendon. Dr. Young referred claimant to Dr. J.T. Davis, another orthopedic surgeon

at Orthopedic Institute. Dr. Davis's physician assistant examined claimant that same day and diagnosed claimant with a work injury to the right shoulder resulting in a long head of the biceps tendon rupture, a partial-thickness rotator cuff tear, and a likely labral tear. Claimant was directed to begin physical therapy and remain off work.

¶ 9 On July 13, 2022, claimant began physical therapy at the Therapy Center of Southern Illinois located in Orthopedic Institute. Claimant reported some relief in his bicep, but his shoulder pain persisted.

¶ 10 On August 15, 2022, claimant followed up with Dr. Davis's physician assistant, who diagnosed claimant with "a right shoulder traumatic partial-thickness rotator cuff tear, long head of the biceps tendon rupture from a work injury with some paresthesias of the right upper extremity and some cubital tunnel syndrome, possible carpal tunnel versus cervical nerve root impingement." Claimant was directed to remain off of work and a cortisone injection was administered to his right shoulder. On September 14, 2022, claimant again followed up with Dr. Davis's physician assistant, who recommended an MRI and EMG nerve conduction study.

¶ 11 On October 17, 2022, claimant presented for an independent medical evaluation (IME) with Dr. Mitchell Rotman of Orthopedic Center of St. Louis at employer's request. Claimant provided a consistent history of his work accident. He complained of weakness and numbness in his hand, along with neck and shoulder blade pain. After reviewing claimant's medical records, Dr. Rotman concluded that claimant suffered from cervical radiculopathy at C7-8 and T1, which was most likely from claimant's neck. Dr. Rotman further concluded that claimant's condition was unrelated to his work accident. Dr. Rotman recommended that claimant undergo additional treatment for the condition but emphasized such treatment should be done through claimant's private insurance. In recommending that claimant undergo nerve studies and an MRI, Dr. Rotman

specifically noted: "This needs to be through his private health insurance. He understands that and is willing to proceed through his private health insurance." Dr. Rotman further opined that claimant was at maximum medical improvement (MMI) for his bicep and shoulder injuries and that no additional treatment for those injuries was necessary.

¶ 12 On December 8, 2022, claimant followed up with Dr. Rotman after undergoing a nerve conduction study and an MRI. Dr. Rotman noted that claimant was there "through his private health insurance." Dr. Rotman noted that claimant had "pretty significant issues in his neck at C7-T1 and C6-7" and recommended that claimant seek treatment with Dr. Benjamin Crane of Orthopedic Center of St. Louis. Dr. Rotman explained that he referred all patients proceeding through private insurance to Dr. Crane.

¶ 13 When claimant's attorney asked claimant at the hearing if Drs. Rotman and Crane were his "choice," claimant responded, "No, sir." On cross-examination, claimant agreed that he saw Dr. Rotman and that Dr. Rotman referred him to Dr. Crane. When asked if he had adopted Dr. Crane as his treating doctor, claimant responded, "Yes." Claimant's attorney objected, stating that "whether somebody adopts something is a matter of law and not a matter of fact." Claimant's attorney added that claimant could "testify that he treated with Dr. Crane, but whether he adopted anybody as a treater, I think that is a matter for the Court." Employer's attorney then asked if claimant continued to treat with Dr. Crane, and claimant responded, "Yes, sir."

¶ 14 On December 14, 2022, claimant saw Dr. Crane, who diagnosed claimant with a soft tissue disc herniation causing mild central and lateral recess stenosis. Dr. Crane recommended that claimant undergo a C7-T1 posterior cervical decompression and discectomy. Claimant underwent the recommended surgery on January 24, 2023.

¶ 15 From February 2023 to April 2023, claimant followed up with Dr. Crane. Claimant reported improvements in his condition in that time and returned to work full duty. Despite initial improvements, claimant's symptoms returned following surgery.

¶ 16 On May 1, 2023, claimant presented for a second IME with Dr. Daniel Kitchens at employer's request. Dr. Kitchens opined that claimant did not sustain an injury to his cervical spine as a result of the work accident. Dr. Kitchens noted that claimant needed additional treatment to evaluate for a possible nerve injury to his right upper extremity and, thus, was not at MMI for the work accident.

¶ 17 On December 21, 2023, claimant sought treatment with Dr. Matthew Bradley of Metro-East Orthopedics for pain in his neck and right upper extremity at the recommendation of his attorney. Dr. Bradley recommended an additional MRI, which claimant underwent the same day. Dr. Bradley referred claimant to Dr. Matthew Gornet of Orthopedic Center of St. Louis.

¶ 18 On January 23, 2024, claimant had an initial appointment with Dr. Gornet. Claimant reported ongoing issues with neck, shoulder, and upper right arm pain with pain and tingling into his fingertips. Claimant explained that his complaints began on the date of his work accident. Dr. Gornet noted that the December 21, 2023, MRI revealed "significant herniations present at 4-5, 5-6 and 6-7, particularly at C6-7 ***." Dr. Gornet also noted that there was "still a herniation present at C7-T1." Dr. Gornet recommended "treatment at a minimum at C4-5, 5-6, 6-7 and 7-1 as well as at C3-4" to address claimant's "trapezial, shoulder and arm symptoms *** and continued scapular pain." Dr. Gornet cautioned claimant that surgical intervention may not rectify claimant's symptoms if he had already suffered nerve damage. Dr. Gornet opined that claimant's symptoms and requirement for treatment related to his work accident. At a follow-up appointment with Dr.

Gornet on April 1, 2024, Dr. Gornet recommended a three-level cervical disc replacement at C7-T1, C6-7, C5-6, and possibly C3-4 and C4-5.

¶ 19 At the time of the hearing, claimant had experienced no significant improvement in his neck pain or right-hand numbness. His pain was exacerbated by using his arm above his head. Claimant continued to work full duty despite the pain and numbness.

¶ 20 On July 17, 2024, the arbitrator issued a written decision finding that claimant sustained an accident arising out of and in the course of his employment. The arbitrator further found that claimant's current condition of ill-being was causally related to the work accident. The arbitrator additionally concluded that claimant did not exceed his choice of doctors under section 8(a) of the Act. In support, the arbitrator found that claimant's first choice was Dr. Young at Orthopedic Institute. The arbitrator noted that employer sent claimant to Dr. Rotman, who referred claimant to Dr. Crane. The arbitrator found that "this was not [claimant's] second choice." The arbitrator noted that although claimant may have chosen to treat with Drs. Rotman and Crane, "the doctors themselves were not his choice" but were employer's choice. The arbitrator found that claimant's second choice was Dr. Bradley, who referred claimant to Dr. Gornet. Accordingly, the arbitrator ordered employer to pay claimant's medical expenses and to pay for prospective medical care, specifically the cervical disc replacement and follow-up care recommended by Dr. Gornet. Employer sought review of the arbitrator's decision before the Commission.

¶ 21 On January 23, 2025, the Commission issued a unanimous decision affirming and adopting the arbitrator's decision. Employer sought judicial review of the Commission's decision in the circuit court of Jackson County.

¶ 22 On October 28, 2025, the circuit court entered a decision confirming the Commission's decision. Employer filed a timely notice of appeal.

¶ 23 II. ANALYSIS

¶ 24 On appeal, employer's primary argument is that the Commission erred by finding that claimant did not exceed "his statutorily permitted choice of caregivers" when he sought treatment with Drs. Bradley and Gornet. Presuming success on this argument, employer argues that the Commission erred by awarding claimant medical expenses and prospective medical treatment. Before we address the merits of this appeal, we must first determine the appropriate standard of review.

¶ 25 Employer asserts that this court should review the issue *de novo*, while claimant asserts that this court should review the issue under the manifest-weight-of-the-evidence standard of review. This court applies the manifest-weight-of-the-evidence standard when reviewing the Commission's factual findings. *Lenny Szarek, Inc. v. Illinois Workers' Compensation Comm'n*, 396 Ill. App. 3d 597, 603 (2009). This court additionally employs the manifest-weight-of-the-evidence standard where the facts are undisputed, but more than one reasonable inference may be drawn therefrom. *Federal Marine Terminals, Inc. v. Illinois Workers' Compensation Comm'n*, 371 Ill. App. 3d 1117, 1127 (2007). Generally, the question of whether medical treatment is within the chain of referral 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. *Absolute Cleaning/SVMBL v. Illinois Workers' Compensation Comm'n*, 409 Ill. App. 3d 463, 468 (2011). In contrast, we review *de novo* the Commission's decisions on questions of law. *Otto Baum Co. v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100959WC, ¶ 13. We also apply the *de novo* standard of review when the facts essential to our analysis are undisputed and susceptible to but a single inference and our review therefore involves only an application of the

law to those undisputed facts. *Johnson v. Illinois Workers' Compensation Comm'n*, 2011 IL App (2d) 100418WC, ¶ 17.

¶ 26 With respect to the issue before this court, we agree with claimant that the manifest-weight-of-the-evidence standard of review applies. Employer, here, disputes the accuracy of the Commission's factual finding that Dr. Rotman was not claimant's second choice of physician. In so finding, the Commission, in affirming and adopting the findings of the arbitrator, determined that Dr. Rotman was employer's choice of physician, not claimant's choice. Accordingly, there is a dispute as to the inferences to be drawn from the facts. Accordingly, we will not disturb the Commission's finding unless it is against the manifest weight of the evidence. That is, "we will not reverse unless an opposite conclusion is clearly apparent." *Bob Red Remodeling, Inc. v. Illinois Workers' Compensation Comm'n*, 2014 IL App (1st) 130974WC, ¶ 35. With this in mind, we turn to the merits of this appeal.

¶ 27 Section 8(a) of the Act provides, in pertinent part, as follows:

> "[T]he employer's liability to pay for *** medical services selected by the employee shall be limited to:
>
> (1) all first aid and emergency treatment; plus
>
> (2) all medical, surgical and hospital services provided by the physician, surgeon or hospital initially chosen by the employee or by any other physician, consultant, expert, institution or other provider of services recommended by said initial service provider or any subsequent provider of medical services in the chain of referrals from said initial service provider; plus
>
> (3) all medical, surgical and hospital services provided by any second physician, surgeon or hospital subsequently chosen by the employee or by any other

> physician, consultant, expert, institution or other provider of services recommended by said second service provider or any subsequent provider of medical services in the chain of referrals from said second service provider[.]" 820 ILCS 305/8(a) (West 2022).

¶ 28 Stated simply, section 8(a) of the Act limits an employer's liability to pay for medical services to (1) first aid and emergency treatment plus (2) two additional doctors chosen by the employee and (3) any additional providers and services recommended by the two physicians selected by the employee. *Id.*; *Bob Red Remodeling, Inc.*, 2014 IL App (1st) 130974WC, ¶ 47. This is known as the "two-physician rule." *Absolute Cleaning/SVMBL*, 409 Ill. App. 3d at 468.

¶ 29 Here, the Commission, in affirming and adopting the decision of the arbitrator, found that claimant did not exceed the two-physician rule when he sought treatment from Drs. Bradley and Gornet. In so finding, the Commission determined that Dr. Young of Orthopedic Institute was claimant's first choice of physician, and that Dr. Young's referral of claimant to Dr. Davis in the same practice continued claimant's first choice of physician under section 8(a). The Commission further determined that Dr. Rotman—the second physician claimant received treatment from—was employer's choice of physician and, thus, Dr. Rotman did not constitute claimant's second choice of physician for purposes of section 8(a) of the Act.

¶ 30 After carefully reviewing the record, we cannot say that the Commission's finding on this issue was against the manifest weight of the evidence. It is undisputed that the medical providers at Orthopedic Institute constituted claimant's first choice of physicians for purposes of section 8(a). It is also undisputed that claimant presented for an IME with Dr. Rotman at employer's request pursuant to section 12 of the Act. See 820 ILCS 305/12 (West 2022) ("An employee entitled to receive disability payments shall be required, if requested by the employer, to submit

himself, at the expense of the employer, for examination to a duly qualified medical practitioner or surgeon *selected by the employer*, at any time and place reasonably convenient for the employee ***." (Emphasis added.)). Following the IME, claimant underwent an MRI and nerve studies at Dr. Rotman's recommendation. Dr. Rotman ultimately referred claimant to Dr. Crane, who subsequently performed surgery on claimant. It is unclear from the medical records whether claimant actively chose to continue treating with Dr. Rotman or whether claimant felt obligated to follow Dr. Rotman's recommendations. However, claimant testified that neither Dr. Rotman nor Dr. Crane were his "choice." Thus, there was some evidence supporting the Commission's finding that Dr. Rotman was not "chosen by" claimant for purposes of section 8(a) of the Act, and this court cannot say that the opposite conclusion is clearly apparent.

¶ 31 Accordingly, the Commission's finding that claimant's second choice of physician was Dr. Bradley, who referred claimant to Dr. Gornet, was not against the manifest weight of the evidence. Thus, claimant did not exceed the two-physician rule.

¶ 32 Our conclusion is consistent with the purpose of the Act—to afford "protection to workers by providing prompt and equitable compensation for workplace injuries." *Hagene v. Derek Polling Construction*, 388 Ill. App. 3d 380, 383 (2009). The Act is "a humane law of a remedial nature that should be liberally construed to achieve its purpose," and "[t]he right to be compensated for medical costs associated with work-related injuries is at the very heart of the Workers' Compensation Act." *Id.*

¶ 33 As noted, employer's remaining arguments relating to the Commission's award of medical expenses and prospective medical treatment were premised upon the success of employer's argument that claimant exceeded the two-physician rule. Because we have rejected employer's argument in that regard, we need not address employer's remaining arguments on appeal.

¶ 34 III. CONCLUSION

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

¶ 36 Affirmed.

¶ 37 PRESIDING JUSTICE HOLDRIDGE, dissenting:

¶ 38 I respectfully dissent from the majority's conclusion that claimant did not exceed his choice of physicians under section 8(a) of the Act. In my view, the Commission's finding that Dr. Rotman was not claimant's second choice of physician is against the manifest weight of the evidence, and I would reverse.

¶ 39 It is undisputed that claimant's initial examination by Dr. Rotman, conducted at employer's request pursuant to section 12 of the Act (820 ILCS 305/12 (West 2022)), did not itself constitute claimant's choice of physician. The record, however, indicates that claimant elected to continue treating with Dr. Rotman once that limited examination concluded. Dr. Rotman's own notes reflect that claimant proceeded "through his private health insurance" for the nerve conduction study and MRI that Dr. Rotman ordered and reviewed on follow-up. Dr. Rotman then referred claimant to Dr. Crane, who performed the January 2023 surgery—a referral flowing from the treatment relationship claimant had, by that point, affirmatively chosen to pursue, not from the section 12 examination.

¶ 40 I would therefore reverse the judgment of the circuit court confirming the Commission's decision, and I would reverse the decision of the Commission.

Heartland Coca-Cola Bottling Co. v. The Illinois Workers' Compensation Commission et al.,
2026 IL App (5th) 5-25-0964WC

Decision Under Review: Appeal from the Circuit Court of Jackson County, No. 25-MR-10, the Honorable Michael A. Fiello, Judge, presiding.

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