2024 IL App (1st) 231137WC-U

Workers' Compensation
Commission Division
Order Filed: May 24, 2024

No. 1-23-1137WC

NOTICE: This order was filed under Supreme Court Rule 23 and may not be cited as precedent by any party except in the limited circumstances allowed under Rule 23(e)(1).

IN THE

APPELLATE COURT OF ILLINOIS

FIFTH DISTRICT

DAKKOTA INTEGRATED SYSTEMS,	)	Appeal from the
	)	Circuit Court of
Appellant,	)	Cook County
	)	
v.	)	Nos. 2022 L 050541
	)	
	)	
THE ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION *et al.*,	)	Honorable
	)	Daniel P. Duffy,
(Paul Allen, Appellee).	)	Judge, Presiding.

JUSTICE HOFFMAN delivered the judgment of the court.
Presiding Justice Holdridge and Justices Mullen, Cavanagh, and Barberis concurred in the judgment.

ORDER

¶ 1 *Held:* We affirmed the judgment of the circuit court confirming the decision of the Illinois Workers' Compensation Commission which awarded the claimant benefits pursuant to the Illinois Workers' Compensation Act, including prospective medical care.

¶ 2 Dakkota Integrated Systems (Dakkota) filed the instant appeal from an order of the Circuit

Court of Cook County which confirmed a decision of the Illinois Workers' Compensation Commission (Commission), awarding the claimant, Paul Allen, benefits pursuant to the Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2016)), including prospective medical care. For the reasons which follow, we affirm.

¶ 3 The claimant filed an application for adjustment of claim pursuant to the Act, seeking benefits for injuries sustained on April 19, 2018, while working for Dakkota. The following recitation of the facts relevant to a disposition of this appeal is taken from the evidence adduced at an arbitration hearing held on November 22, 2021.

¶ 4 The claimant was employed by Dakkota as a machine operator, installing chrome pieces on front bumpers for Ford Explorer vehicles. He testified that, in performing his work duties, he lifted plastic or fiberglass bumpers from a conveyer belt, clamped the bumper into a vice, screwed on small chrome pieces, removed the bumper from the vice, and placed it on another conveyor. The claimant stated that, in performing the task, he lifted the bumpers with both hands above his waist to place them into the vice. According to the claimant, the bumpers weighed between 10 and 20 pounds. Renee Wicinski, Dakkota's Shift Operations Superintendent, testified that the bumpers were about 4 feet in length and weighed no more than 10 pounds. According to Wicinski, machine operators like the claimant were expected to handle approximately 60 to 65 bumpers per hour.

¶ 5 The claimant testified that, on April 19, 2018, he was assigned to work a 6:00 p.m. to 6:00 a.m. shift. At approximately 1:00 a.m. he felt a pain in his left arm and shoulder as he lifted a bumper off of the conveyor belt. The claimant stated that he "really felt the pain" after placing the bumper on the second conveyor. He described the pain as "shooting" and stated that he could barely move his arm. According to the claimant, he "shook it off" and continued working. The

claimant testified that he reported his injury to his direct supervisor, Andre Morris, and was sent to Ingalls Memorial Hospital for treatment. Wicinski testified that Morris informed her of the incident.

¶ 6 On April 19, 2018, the claimant was seen at Ingalls Memorial Hospital, complaining of pain in his left shoulder and arm after moving a 20-pound auto part while working. The claimant denied neck pain, back pain, or any other injury. The claimant was seen by Dr. Mohammed Awan who ordered X-rays of the claimant's left humerus and left shoulder. The X-rays of the left humerus demonstrated an intact left humerus, and the X-rays of the left shoulder demonstrated a normal shoulder. On examination, Dr. Awan noted mild tenderness to the left biceps, normal range of motion, no signs of rotator injury, and normal abduction and adduction of the left upper extremity. The claimant was able to raise his arm above his head and across his chest, and his drop test was negative. Dr. Awan diagnosed a muscle strain. The claimant was advised to follow-up with his physician and was placed on light duty restrictions of no lifting more than 10 pounds.

¶ 7 The claimant was seen at Ingalls Occupational Health on April 20, 2018, complaining of left upper arm pain and swelling which he described as throbbing and aching and getting worse. The claimant was seen by nurse practitioner Jennifer Schnell who noted that the claimant arrived at the hospital with significant pain and swelling which she attributed to a sprain located in the left triceps brachii and left biceps brachii. Schnell found the claimant's biceps intact, but tender at the bicipital notch and swelling was evident. She also found that the claimant's triceps was swollen and tender. Schnell recorded a concern that the claimant had a partial bicipital or triceps tear. She diagnosed the claimant as having a strain of the muscle, facia, and tendon of the biceps of the left arm, and a strain of unspecified muscle, facia, and tendon at the left shoulder and upper arm level.

Schnell noted that the claimant's condition was work related. She also noted that an MRI would be considered at a follow-up appointment if swelling was present in order to rule out any partial biceps or triceps tears. The claimant was instructed to apply ice for 20 minutes every 2 hours and to use a cryotherapy unit to control pain and swelling. The claimant's left arm was placed in a sling and he was prescribed Ibuprofen. The claimant was advised not to use his left arm, and he was placed on restricted duty with no use of his left arm.

¶ 8 Dakkota accommodated the claimant's light duty restrictions.

¶ 9 On April 23, 2018, the claimant returned to Ingalls Occupational Health where he was again seen by Schnell. The claimant reported pain with certain movements. On examination, the claimant exhibited tenderness over the anterior shoulder, the glenohumeral joint, and the biceps and triceps. No swelling was noted, and he was able to perform flexion of the biceps and triceps without reproducible pain. No weakness or signs of rupture were noted. Schnell noted anterior pain, a positive Hawkins test, and a positive empty can test. She also noted negative drop arm, O'Brien, and lift-off tests. Pronation and supination reproduced pain in the anterior shoulder, biceps, and triceps. Schnell's diagnosis remained unchanged. The claimant's swelling had resolved, and the use of the sling was discontinued. Schnell again placed the claimant on restricted duty with no lifting greater than five pounds.

¶ 10 On April 26, 2018, the claimant began a course of physical therapy at Ingalls Center for Occupational Rehabilitation. At his initial evaluation, it was noted that the claimant experienced pain, weakness, and limited range of motion in his left arm.

¶ 11 On April 30, 2018, the claimant returned to Ingalls Occupational Health where he was seen by nurse practitioner Carmelita Lewis-Buchanan. The claimant reported pain and stiffness in the

left trapezium, deltoid, biceps, and triceps. On examination, tenderness to palpation over the anterior shoulder was noted. No weakness or signs of rupture were noted. The claimant was able to raise his left arm over his head with pain at 180 degrees. Abduction produced proximal triceps pain and adduction produced biceps and mild triceps pain. The claimant's diagnosis remained unchanged. He was instructed on a home exercise program, instructed to continue taking his prescribed medication, and continued on restricted duty status.

¶ 12 On May 7, 2018, the claimant was seen by Dr. Danial Bakston for a follow-up visit at Ingalls Occupational Health. At that visit, the claimant reported pain in his neck. On examination of the claimant's left upper arm and shoulder, Dr. Bakston noted that the claimant exhibited pain with movement in all axes, tenderness to palpation, positive Hawkins and O'Brien's tests, and negative lift-off and Appley tests. Dr. Bakston also noted left trapezium pain with right head rotation and limited range of motion of the cervical spine with lateral bending and rotation. The claimant's diagnosis was unchanged, and he was directed to continue icing and taking his prescribed medication. Dr. Bakston ordered an MRI and continued the claimant's restricted duty status.

¶ 13 Following a physical therapy session on May 7, 2018, the claimant did not return to Ingalls Center for Occupational Rehabilitation.

¶ 14 On May 9, 2018, the claimant presented at Suburban Orthopedics and was seen by Dr. Howard Freedburg. The claimant reported neck pain and bilateral shoulder and arm pain. He also reported stiffness in his neck, popping in his left shoulder, tingling in his left finger, and an achy pain in his right shoulder. On examination of the claimant's left upper extremity, Dr. Freedburg noted tenderness to palpation over the anterior acromioclavicular joint, positive impingement signs

with bicipital tenderness, and a positive Speed's test. X-rays of the claimant's cervical spine and bilateral shoulders were taken. Dr. Freedburg found that the X-rays demonstrated normal alignment, closed physis, no fractures, no dislocations, moderate degenerative changes, stenosis, no loose or foreign bodies, and no congenital abnormalities. Dr. Freedburg noted impressions of cervical radiculitis with degenerative disc disease, and left shoulder bicipital tendinitis with a possible rotator cuff tear. He ordered MRIs of the claimant's left shoulder and cervical spine and recommended prescription medications and a home exercise program. Dr. Freedburg placed the claimant on light duty status with restrictions of no lifting greater than 10 pounds. He also placed a hold on the claimant's physical therapy.

¶ 15 On May 16, 2018, the claimant had the recommended MRIs. The MRI of his left shoulder revealed supraspinatus tendinopathy with a partial tear, no high grade or full thickness rotator cuff tear or muscle atrophy, mild bicipital tenosynovitis, and mild degenerative fraying of the interior labrum without acute fracture. The MRI of the claimant's cervical spine revealed multilevel spondylosis with impingement, a mild narrowing of the disc at C4-5, C5-6, and C6-7; mild disc bulges at C4-5 and C5-6 with mild stenosis and encroachment at the orifice of the neural foramina; and a broad-based disc herniation at C6-7, impinging the subarachnoid space nearly obliterating the right lateral recess and producing bilateral foraminal impingement and stenosis moderately distorting the ventral spinal cord.

¶ 16 On May 23, 2018, Dr. Freedburg reviewed the claimant's MRIs and his impressions remained unchanged. The claimant complained of neck and bilateral shoulder pain. Dr. Freedburg again placed the claimant on light duty status with restrictions of no lifting greater than 10 pounds. He also recommended that the claimant continue his prescription medication and referred the

claimant to a program of physical therapy.

¶ 17 On May 29, 2018, the claimant began physical therapy at Team Rehabilitation. At his initial evaluation, it was noted that the claimant presented with impaired posture, decreased joint mobility in his cervical spine and left shoulder, decreased left shoulder strength, and soft tissue restrictions in his biceps insertion, deltoid, pectoralis minor, and supraspinatus that limited his ability with reaching, lifting, carrying, and performing his work duties.

¶ 18 On June 20, 2018, the claimant saw Dr. Freedburg, complaining of increased neck stiffness, shooting pain from his left forearm to his left shoulder, and throbbing elbow pain. Dr. Freedburg's impressions remained unchanged. He administered a cortisone injection into the subacromial space of the claimant's left shoulder. Dr. Freedburg advised the claimant to continue his prescription medication and physical therapy, and he continued the claimant's light-duty restrictions. Dr. Freedburg referred the claimant to Dr. Dmitry Novoseletsky, a pain management specialist, for evaluation and treatment of the claimant's cervical spine.

¶ 19 On July 6, 2018, the claimant was discharged from physical therapy at Ingalls Center for Occupational Rehabilitation after attending only three sessions.

¶ 20 When the claimant next saw Dr. Freedburg on July 18, 2018, he complained of neck pain, bilateral shoulder pain, arm pain, and a throbbing sensation in his left biceps. He reported constant neck stiffness that sometimes spread to the right side. The claimant also reported that he had received no relief from the cortisone injection. As of that visit, Dr. Freedburg recorded a diagnosis of left cervical radiculitis with degenerative disc disease and left shoulder bicipital tendinitis with a partial rotator cuff tear. He recommended that the claimant undergo a left shoulder arthroscopic biceps tenotomy, a possible open distal clavicle excision, rotator cuff repair, and a subacromial

decompression. Dr. Freedburg again continued the claimant's light duty restrictions. When deposed, Dr. Freedburg stated that he believed that the claimant's main pain generator was his biceps tendon. He was of the opinion that the claimant injured his biceps tendon in the April 19, 2018, work accident.

¶ 21 On July 25, 2018, the claimant presented to Dr. Novoseletsky, complaining of neck pain that shot down his left shoulder and arm. Dr. Novoseletsky noted impressions of neck pain, headaches, and left shoulder pain. He also noted a differential diagnosis of disc herniation, facet syndrome, headache, and shoulder pain. Dr. Novoseletsky instructed the claimant to continue taking his prescribed medication. He recommended that the claimant receive a cervical epidural steroid injection and ordered that the claimant's physical therapy include the cervical spine. He also continued the claimant's light duty restrictions.

¶ 22 When the claimant saw Dr. Freedburg on August 8, 2018, he complained of increased left-side neck stiffness and shoulder popping. The notes of that visit reflect that the claimant reported that his range of motion had improved. X-rays of the claimant's cervical spine and bilateral shoulders were taken which demonstrated normal alignment, closed physis, no fractures, no dislocations, moderate degenerative changes, sclerosis, no loose or foreign bodies, no congenital abnormalities, and no other bone or soft tissue abnormalities. Dr. Freedburg's diagnoses of cervical radiculitis, degenerative disc disease, bicipital tendinitis, and partial rotator cuff tear remained unchanged, and he continued to recommend surgery. The claimant's light duty restrictions were continued.

¶ 23 On August 14, 2018, Dr. Novoseletsky administered the recommended cervical epidural steroid injection.

¶ 24 On September 5, 2018, the claimant saw Dr. Freedburg again complaining of continued neck and bilateral shoulder pain and also of muscle spasms in his left biceps. He also reported that he received no pain relief from the steroid injection administered by Dr. Novoseletsky. Dr. Freedburg's diagnoses remained unchanged. He renewed the claimant's prescriptions, prescribed topical Lidocaine ointment and Terocin patches, and continued the claimant's light duty restrictions.

¶ 25 The claimant next saw Dr. Novoseletsky on September 12, 2018, and reported no relief from the steroid injection. The claimant continued to complain of neck pain radiating down to his left elbow. At that visit, Dr. Novoseletsky recommended a cervical medial branch block for diagnostic and prognostic purposes and continued the claimant's light duty restrictions.

¶ 26 When the claimant saw Dr. Freedburg on October 3, 2018, he reported unchanged symptoms. Dr. Freedburg's diagnoses remained unchanged. He renewed the claimant's prescriptions and again continued the claimant's work restrictions.

¶ 27 On October 9, 2018, the claimant had the cervical medial branch block recommended by Dr. Novoseletsky. The claimant's post-operative diagnoses were chronic neck pain, cervical facet syndrome, and cervical spondylosis. On October 10, 2018, Dr. Novoseletsky continued the claimant's work restrictions.

¶ 28 When the claimant saw Dr. Novoseletsky on October 24, 2018, he reported that he experienced 50% relief from his neck pain within 30 minutes after receiving the branch block, and the relief lasted about 2 hours. He stated that, after the 2-hour period, he experienced pre-injection pain and that his pain was moving to the right side of his neck. He continued to complain of stiffness, restricted range of motion, and pain radiating into his left shoulder and biceps. Dr.

Novoseletsky's impressions remained unchanged, and he referred the claimant to Dr. Dalip Pelinkovic for a surgical consult.

¶ 29 The claimant presented to Dr. Pelinkovic on October 26, 2018, and reported neck pain radiating down his left shoulder into his left arm, stiffness in his neck, and headaches. Dr. Pelinkovic diagnosed a cervical spine stenosis disc bulge at C4-5, a C5-6 stenosis disc bulge, and a cervical herniation at C6-7. Dr. Pelinkovic opined that the claimant's work injury aggravated his cervical spine condition and that the claimant would benefit from an anterior cervical discectomy and fusion at C6-7, C5-6, and C4-5 with iliac bone graft.

¶ 30 The claimant next saw Dr. Freedburg on October 31, 2018, complaining of increased pain in his right shoulder and difficulty raising his arm above his head. X-rays of the claimant's cervical spine and bilateral shoulders were taken and no changes from the prior X-ray films were noted. Dr. Freedburg's diagnoses and surgical recommendations remained unchanged. He renewed the claimant's prescriptions and work restrictions.

¶ 31 At the request of Dakkota, Dr. Kevin Walsh performed a review of the claimant's medical records. In a report dated November 1, 2018, Dr. Walsh set forth the records that he reviewed and noted the claimant's history of his April 19, 2018, accident. Dr. Walsh opined that the claimant's proposed surgeries were not related to his April 19, 2018, injury. He noted that his opinion that the claimant's tenotomy verses tenodesis was unrelated was based on the fact that the claimant had only mild bicipital tenderness when he initially presented for treatment on April 19, 2018. According to Dr. Walsh, lifting a 15-pound object would not cause an acute tendon injury. He was also of the opinion that an open clavicle excursion was unrelated to the claimant's work injury because the procedure is performed for treatment of osteoarthritis, and it is unlikely that a single

act of lifting a 15-pound object caused, aggravated, or accelerated osteoarthritis. The basis for Dr. Walsh's opinion that rotator cuff repair surgery is unrelated to the claimant's work injury is the fact that he was able to lift his arm above his head at the initial evaluation and a rotator cuff injury was ruled out by the initial examining physician. He found that the claimant's MRI showed only tendonitis of his rotator cuff. Dr. Walsh was also of the opinion that a subacromial decompression would not relieve the claimant's pain because the Neer impingement test performed by Dr. Freeburg offered no relief from the claimant's symptoms. According to Dr. Walsh's report, the claimant could return to work without formal restrictions and did not require any additional medical care as a result of his work accident.

¶ 32 The claimant saw Dr. Novoseletsky on November 28, 2018, and reported no change in his symptoms. Dr. Novoseletsky's impressions remained unchanged. The claimant was prescribed medication to reduce inflammation in his neck, and his work restrictions remained the same.

¶ 33 On December 12, 2018, the claimant saw Dr. Freedburg for follow-up treatment. The claimant reported that his left shoulder symptoms were worse, and his neck pain was constant. Dr. Freedburg renewed the claimant's prescriptions and continued his light duty restrictions. He continued to recommend surgery for the claimant. Following the December 12, 2018, visit, the claimant continued seeing Dr. Freedman on a monthly basis. During that period, the claimant continued to report bilateral shoulder pain and neck pain. Dr. Freedburg's diagnoses remained unchanged, and he continued to recommend surgery for the claimant. Dr. Freedburg continued the claimant's work restrictions during that period.

¶ 34 On December 28, 2018, the therapist at Team Rehabilitation noted slow progress in the claimant's physical therapy due to attendance issues.

¶ 35 On March 19, 2019, Dr. Freedburg was deposed. He opined that the claimant's shoulder injury was caused by his April 19, 2018, work accident and that the claimant's mechanism of injury was consistent with his neck and shoulder conditions. Dr. Freedburg noted the claimant's consistent symptomology and the corroboration from his MRIs. He also opined that the claimant's work injury was the cause of his biceps problem, a contributing factor to his acromioclavicular joint arthritis, and possibly a production of the claimant's rotator cuff pathology. According to Dr. Freedburg, the claimant sustained an injury to his biceps and an interstitial tear to his rotator cuff as a result of his work injury, and the claimant also sustained an exacerbation of the mild degenerative change of the acromioclavicular joint. Dr. Freedburg reviewed Dr. Walsh's November 1, 2018, report and disagreed with Dr. Walsh's findings of no causation between the claimant's conditions and his work accident. He noted that the claimant had no shoulder problems prior to his work accident. Dr. Freedburg also observed that his surgery recommendations were all encompassing; whereas Dr. Walsh's opinions as to the necessity for surgery focused on the rotator cuff and distal clavicle resection but ignored the biceps. Dr. Freedburg testified that, although the claimant does not have a full thickness tear of the rotator cuff, he does have rotator cuff pathology as a result of his work accident. He opined that the partial thickness tearing noted on the claimant's MRI is related to, or a result of, his work accident. He stated that, because the MRI disclosed no muscle atrophy, the only account for the claimant's partial rotator cuff tearing would be his work accident. According to Dr. Freedburg, the claimant's MRI demonstrated mild bicipital tenosynovitis. He stated that biceps tendons are not well imaged on MRIs or arthrograms, and can be seen more clearly arthroscopically. Dr. Freedburg also stated that a subacromial decompression might also be necessary if he sees any fraying or irregularity of the CA ligament in the subacromial

space. He noted that, throughout the claimant's treatment, he was on some form of work restrictions because he was not physically capable of performing his full duty job.

¶ 36 Dakkota continued to accommodate the claimant's light duty restrictions through March 2019 when the accommodation was withdrawn when Dakkota ceased doing bumpers and switched to front-end suspension parts. The front-end suspension parts were heavy, and Dakkota had no light duty work for the claimant within his restrictions.

¶ 37 On April 1, 2019, the claimant was discharged from physical therapy at Team Rehabilitation after attending 45 sessions. On discharge, it was noted that the claimant met his goal of sleeping for 6 consecutive hours without awakening from symptoms and being able to partially lift from the waist up for 8 hours consecutively. According to the claimant, the physical therapy failed to provide him any symptom relief.

¶ 38 Dr. Walsh issued a second report on August 14, 2019, based on his review of additional medical records and a transcript of Dr. Freeburg's deposition. Dr. Walsh opined that the claimant's MRI, at best, demonstrated mild inflammation of the rotator cuff, not a full-thickness tear. He again opined that biceps tendonitis, rotator cuff tendinopathy, impingement syndrome, or AC joint arthritis were not the result of a single lifting episode. He also opined that continued work restrictions for the claimant would be unreasonable and unrelated to his work accident.

¶ 39 The claimant testified that he began working at Laci Transport on November 24, 2019, as a truck driver. He stated that his work as a truck driver is within Dr. Freedburg's work restrictions. The claimant testified that when driving both of his hands are on the steering wheel at shoulder level. The truck he drove was an automatic. According to the claimant, he worked 11-hour shifts, but his job did not require 11 continuous hours of driving. There are approximately 1-hour breaks

between dropping loads and waiting to pick up the next load. The claimant also admitted that he made more money driving a truck for Laci Transport then he made working for Dakkota.

¶ 40 Dr. Walsh was deposed on December 19, 2019. His opinions and the reasons therefore were consistent with the opinions and reasons contained in his two reports. He admitted that he was unaware of any medical treatment rendered to the claimant prior to April 19, 2018, for conditions of ill-being of the claimant's left biceps, left shoulder, or neck, and he was not given any pre-April 19, 2018, medical records relating to the claimant.

¶ 41 The claimant testified that, prior to April 19, 2018, he never had any medical issues with either of his shoulders and had never received any orthopedic treatment. He stated that, prior to his April 19, 2018, accident, he had no shoulder problems, and he had not experienced pain, soreness, or stiffness in either of his shoulders. According to the claimant, he still experienced occasional right shoulder pain and shooting pain in his left shoulder down to his forearm. He denied sustaining any injuries subsequent to his work accident.

¶ 42 Following the arbitration hearing held on November 22, 2021, pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2020)), the arbitrator issued a written decision on February 3, 2022, finding that the claimant sustained an accident on April 19, 2018, that arose out of and in the course of the his employment by Dakkota and that the claimant's current condition of ill-being is causally related to that accident. The arbitrator awarded the claimant 29 weeks of temporary total disability (TTD) benefits for the period from March 14, 2019, through October 2, 2019, and ordered Dakkota to pay for all reasonable and necessary medical expenses incurred by the claimant as set forth in his Exhibit 1. In addition, the arbitrator ordered Dakkota to authorize and pay for the claimant's prospective medical care recommended by Dr. Howard Freedburg, including a left

shoulder arthroscopic biceps tenodesis, possible open distal clavicle excision, rotator cuff repair, and subacromial decompression. The arbitrator granted Dakkota a credit of $2,730 for nonoccupational disability benefits paid.

¶ 43 Dakkota filed a petition for review of the arbitrator's decision before the Commission. On August 23, 2022, the Commission issued a unanimous decision affirming and adopting the arbitrator's decision and remanding the matter back to the arbitrator for further proceedings pursuant to *Thomas v. Industrial Commission,* 78 Ill. 2d 327 (1980).

¶ 44 Dakkota sought a judicial review of the Commission's decision in the circuit court of Cook County. On May 24, 2023, the circuit court confirmed the Commission's decision, and this appeal followed.

¶ 45 Dakkota has fixed the issues in this appeal as whether the circuit court's decision is against the manifest weight of the evidence. However, we remind the litigants that, when an appeal is taken following the entry of a judgment by the circuit court on review from a decision of the Commission, we review the rulings of the Commission, not the circuit court. *Dodaro v. Illinois Workers' Compensation Comm'n*, 403 Ill. App. 3d 538, 543 (2010). We will review Dakkota's arguments addressed to the circuit court's rulings as arguments addressed to the Commission's decision.

¶ 46 Dakkota argues that the Commission's determination that the claimant's shoulder condition of ill-being is causally related to his accident while working on April 19, 2018, is against the manifest weight of the evidence. We disagree.

¶ 47 To obtain compensation under the Act, the claimant must establish by a preponderance of the evidence that he suffered a disabling injury that arose out of and in the course of his

employment. *Land & Lakes Co.* v. *Industrial Comm'n*, 359 Ill. App. 3d 582, 591–92 (2005). Whether a causal relationship exists between a claimant's employment and his injury is a question of fact to be resolved by the Commission and its resolution of the issue will not be disturbed on review unless it is against the manifest weight of the evidence. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984). For the Commission's resolution of a fact question to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Tolbert v. Illinois Workers' Compensation Comm'n*, 2014 IL App (4th) 130523WC, ¶ 39. Whether a reviewing court might reach the same conclusion is not the test of whether the Commission's determination of a question of fact is supported by the manifest weight of the evidence. Rather, the appropriate test is whether there is sufficient evidence in the record to support the Commission's determination. *Benson v. Industrial Comm'n*, 91 Ill. 2d 445, 450 (1982).

¶ 48 In this case, by adopting the arbitrator's decision, the Commission found that a causal connection exists between the claimant's current conditions of ill-being relating to his upper left extremity and his work accident of April 19, 2018. That finding was based on "(1) Dr. Freedburg's records and testimony; (2) *** [the claimant's] credible denial of any pre-accident problems or treatment; and (3) the fact that none of the records in evidence reflect any pre-accident treatment or problems." The Commission called into question Dr. Walsh's opinions, finding that they are inconsistent with the claimant's treatment records and observing that Dr. Walsh had not reviewed any pre-April 19, 2018, treatment records for the claimant. The Commission found that Dr. Freedburg's diagnoses and opinions were corroborated by his physical examination of the claimant; whereas Dr. Walsh never physically examined the claimant and based his opinion solely on a records review. The Commission also found that the claimant testified credibly.

¶ 49 Dakkota's causation argument is based on its assertions that Dr. Walsh's opinions are credible and that the claimant's complaints of pain are merely subjective and not credible. Simply put, Dakkota is asking this court to substitute its opinion on fact issues for that of the Commission, which we cannot do. It was the function of the Commission to decide questions of fact, judge the credibility of witnesses, and resolve conflicting medical evidence. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). The Commission's resolution of such matters will not be disturbed on review unless against the manifest weight of the evidence. *Orsini v. Industrial Comm'n*, 117 Ill. 2d 38, 44 (1987).

¶ 50 Whether a causal relationship exists between a claimant's employment and his injury is a question of fact to be resolved by the Commission. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984). For a finding of fact to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill. App. 3d 288, 291 (1992).

¶ 51 As the claimant correctly notes in his brief, "[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." *International Harvester v. Industrial Comm'n*, 93 Ill. 2d 59, 63–64 (1982). In this case, the uncontradicted testimony of the claimant established that: he was asymptomatic prior to April 19, 2018; he never had any medical issues with either of his shoulders prior to that date or received any orthopedic treatment; and prior to April 19, 2018, he had not experienced pain, soreness, or stiffness in either of his shoulders. The evidence in the record established that, beginning on April 19, 2018, and continuing throughout the entire course of the claimant's medical

care, he gave consistent histories of the mechanism of his injury while working. That evidence coupled with the opinions of Dr. Freedburg is clearly sufficient to establish a causal relationship between the claimant's employment and his condition of ill-being. We conclude, therefore, that the Commission's determination that the claimant's shoulder condition of ill-being is causally related to his accident while working on April 19, 2018, is not against the manifest weight of the evidence.

¶ 52 Next, Dakkota argues that the Commission's finding that the medical services rendered to the claimant were reasonable and necessary is against the manifest weight of the evidence. In support of the argument, Dakkota again relies on the opinions of Dr. Walsh as to the extent of the claimant's injuries and also its contention that the claimant admitted that he did not need or take the majority of the medication that he was prescribed.

¶ 53 Whether medical expenses are reasonable and necessary is a question of fact for the Commission to resolve, and its decision will not be disturbed on review unless it is against the manifest weight of the evidence. *Shafer v. Illinois Workers' Compensation Commission*, 2011 IL App (4th) 100505WC, ¶ 51. As noted earlier, the Commission rejected Dr. Walsh's opinions as to the nature and extent of the claimant's injuries, finding that his opinions are inconsistent with the claimant's treatment records. Rather, it was Dr. Freedburg's opinions as to the nature and extent of the claimant's injuries that the Commission relied on. Dr. Freedburg treated the claimant's injuries conservatively until July 18, 2018, when he recommended surgery. Dakkota never approved that surgery, and Dr. Freedburg continued to treat the claimant's pain by prescribing medication.

¶ 54 As to Dakkota's contention that the claimant admitted that he did not need or take the majority of the medication that he was prescribed, we find it rather disingenuous. The claimant did

not testify that he did not need his prescribed medication, nor did he testify that he did not take the majority of the medication that he was prescribed. He testified that he takes his medication as needed so as not to interfere with his ability to drive a truck. As the claimant correctly argues, his testimony does not support the conclusion that he does not need the medication prescribed by Dr. Freedburg.

¶ 55 The Commission found that the medical treatment rendered to the claimant was reasonable and necessary and ordered Dakkota to pay the medical expenses incurred by the claimant as set forth in his Exhibit 1, which included expenses for prescription drugs. Based on Dr. Freedburg's opinions as to the nature and extent of the claimant's injuries, which the Commission credited, Dr. Freedburg's course of treatment of the claimant's consistent pain, and the Commission's rejection of Dr. Walsh's opinion that the claimant only suffered a strain as a result of his work accident, we are unable to find that the Commission's determination that the medical care rendered to the claimant was reasonable and necessary and its resulting order that Dakkota pay the outstanding medical expenses set forth in the claimant's Exhibit 1are against the manifest weight of the evidence.

¶ 56 Next, Dakkota argues that the Commission's award of prospective medical care is against the manifest weight of the evidence. We reject the argument for two reasons.

¶ 57 First, Dakkota cites no authority in support of the argument, and it is, therefore, procedurally forfeited. Ill. S. Ct. R. 341(h)(7) (eff. Oct. 1, 2020). Second, the argument is supported only by the opinion of Dr. Walsh that the claimant did not require the surgery recommended by Dr. Freedburg, an opinion that the Commission clearly rejected as unpersuasive. Dr. Freedburg gave his opinions as to the necessity of the recommended surgery, opinions that the Commission

found credible. As stated earlier, it was the function of the Commission to resolve the conflicting medical opinions (see *O'Dette*, 79 Ill. 2d at 253), and we are unable to find based on the record that the Commission's reliance upon Dr. Freedburg's opinions relating to the claimant's need for the recommended surgery is against the manifest weight of the evidence.

¶ 58 Finally, Dakkota argues that the Commission's finding that the claimant is entitled to TTD benefits is against the manifest weight of the evidence. Again, Dakkota cited no authority in support of the argument, and the argument is based solely on Dr. Walsh's opinion that the claimant only suffered a strain as a result of his work accident. We reject Dakkota's argument addressed to the Commission's TTD award for the same reasons that we rejected Dakkota's argument addressed to the Commission's award of prospective medical care.

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

¶ 60 Affirmed.