

2025 IL App (2d) 230303WC-U  
No. 2-23-0303WC  
Order filed January 8, 2025.

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

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IN THE  
APPELLATE COURT OF ILLINOIS  
SECOND DISTRICT

Workers' Compensation Commission Division

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AXELL GARCIA CALDERON,	)	Appeal from the Circuit Court of
	)	Kane County.
Petitioner-Appellant,	)	
	)	
v.	)	
	)	No. 23-MR-22
	)	
ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION, <i>et al.</i> ,	)	Honorable
	)	Kevin T. Busch,
(Martam Construction, Respondent-Appellee).	)	Judge, Presiding.

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PRESIDING JUSTICE HOLDRIDGE delivered the judgment of the court.  
Justices Hoffman, Mullen, Cavanagh, and Barberis concurred in the judgment.

**ORDER**

¶ 1 *Held:* We affirm the judgment of the circuit court confirming the decision of the Illinois Workers' Compensation Commission, which found the claimant's current condition of ill-being is not causally related to his December 4, 2018, workplace injury, and he is not entitled to prospective medical care.

¶ 2 I. INTRODUCTION

¶ 3 The claimant, Axel Garcia Calderon, filed an application for adjustment of claim under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2018)), seeking benefits for injuries to the head and eye he sustained on December 4, 2018, while working for Martam

Construction (employer) as a finisher doing concrete and framing work (case No. 19 WC 05799). The employer stipulated that the claimant had sustained an accidental injury arising out of and in the course of his employment but contested that his current condition of ill-being was causally related to that injury.

¶ 4 The arbitrator found that the claimant's complaints of continuing headaches and vision issues were not causally related to the claimant's injury. The arbitrator awarded the claimant medical expenses from the date of the accident through the date the claimant was found to be at maximum medical improvement (MMI). The arbitrator denied the claimant's request for medical expenses incurred after that date and the prospective medical treatment sought by the claimant. The arbitrator awarded the claimant temporary total disability (TTD) benefits from December 5, 2018, through January 1, 2019, but denied TTD thereafter.

¶ 5 The claimant appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (Commission). The Commission affirmed and adopted the arbitrator's decision with minor modifications.

¶ 6 The claimant then sought judicial review of the Commission's decision in the circuit court of Kane County, which confirmed the Commission's ruling.

¶ 7 This appeal followed.

¶ 8 **II. BACKGROUND**

¶ 9 The claimant worked for the employer as a finisher doing concrete work and framing. On December 4, 2018, the claimant was struck in the left eye while using a pick. That same day, the claimant was seen at Amita Health for the injury to his eye. The report from Amita stated that the claimant was working by himself, using a picker to pull out rods, and the picker struck his left eye. The claimant reported that, due to the force of the impact, he fell to the ground. He reported feeling dizzy but denied losing consciousness.

¶ 10 The claimant reported waiting a few minutes after his injury, yet still having vision problems in his left eye. The claimant complained of redness, pain in the left eye, and pain on the left side of his head around the orbit. An examination revealed the claimant had a subconjunctival hemorrhage and slight bruising underneath the left eye. A computed tomography scan (CT scan) of the head and brain were negative for acute intracranial abnormality. A CT scan of the orbits showed no clear evidence of an orbital fracture. The claimant was diagnosed with subconjunctival hemorrhage of the left eye, and he was referred to an ophthalmologist.

¶ 11 The claimant sought treatment with Dr. Robert J. Foody of Aurora Eye Clinic, who diagnosed the claimant with unspecified acute and subacute iridocyclitis (eye inflammation). On January 2, 2019, Dr. Foody released the claimant to full-duty work.

¶ 12 On January 15, 2019, the claimant was seen by ophthalmologist Dr. Shannon B. Hunt. The claimant reported being very photophobic with blurred vision, ghosting, and shadowing. Dr. Hunt noted the CT scan performed in the emergency room was negative and that the claimant had also seen a retina doctor at Wheaton Eye Clinic who found no evidence of retinal pathology. After examination and testing, Dr. Hunt found no evidence of ocular pathology to explain the claimant's symptoms.

¶ 13 On January 23, 2019, the claimant returned to Dr. Hunt reporting his left eye had swollen the prior week while he was shoveling snow and that he could not perform his work. Dr. Hunt diagnosed ocular pain in the left eye. After her examination, Dr. Hunt wrote there was no obvious anterior or posterior segment pathology to explain the claimant's symptoms. Dr. Hunt suggested a magnetic resonance imaging (MRI) of the brain and orbits for further evaluation.

¶ 14 On January 31, 2019, the claimant was seen by Dr. Larissa K. Ghadiali of Loyola Medicine. At that visit, the claimant reported ongoing left eye pain, blurred vision, and unilateral left upper, outer quadrant visual field deficit after a blunt injury to the left eye while at work. The claimant

also reported that he lost consciousness during the initial incident and that he lost vision in both eyes shortly after the injury, but that he slowly regained vision, first with his uninvolved right eye, and then with his left eye. Dr. Ghadiali recommended an MRI of the brain and orbits and a neurology consultation. Dr. Ghadiali noted that the claimant's visual defect appeared to be secondary to brow ptosis, a slight drooping of the eyelid that can cause visual field obstruction.

¶ 15 On April 5, 2019, the claimant returned to Dr. Ghadiali complaining of headaches, especially around the left orbit, with associated temple pain and pain on the left side of his head. The claimant reported that moving his gaze quickly often triggered headaches, and the claimant rated his headache pain between 8-9/10. The claimant further reported that his headaches caused blurred vision, pain with eye movement, and light sensitivity.

¶ 16 Dr. Ghadiali noted an MRI of the brain and orbits was done on February 26, 2019, and the results were normal. Regarding the diagnoses of blurred and double vision of the left eye, Dr. Ghadiali stated that all the test results were normal and there was no ocular cause of the claimant's subjectively decreased vision. There were no signs of optic neuropathy. For the diagnosis of headaches and orbital pain, Dr. Ghadiali observed the claimant may have been experiencing post-concussion syndrome and recommended a neurology consultation. Dr. Ghadiali noted the claimant's visual defect was improved with brow taping and did not appear to be neurological.

¶ 17 The claimant was seen for an independent medical examination (IME) by Dr. Sepehr Sani, a board-certified neurosurgeon, on May 17, 2019. Dr. Sani diagnosed the claimant as having sustained a mild concussion and orbital contusion as a result of the December 4, 2018, incident. Dr. Sani observed concussions of this type are typically resolved within 24-48 hours of the incident, but at most within a month of the injury. Dr. Sani additionally stated that the orbital contusion would normally have been resolved within a few days to a few weeks after the incident,

and he said the claimant's brow ptosis was not related to the incident. He found the claimant to be at maximum medical improvement (MMI).

¶ 18 As to his current condition, the claimant testified that he lost consciousness at the time of the injury and hit his head on the ground. The claimant testified he continues to experience blurriness in both eyes, with the left eye being worse than his right eye, and that the blurriness is worse when he works hard. The claimant also testified to experiencing daily headaches and being sensitive to light, and that he is forgetful and experiences bouts of confusion since the accident. He stated he takes six to eight pills a day for pain, consisting of Tylenol, Advil, or other pain medication he purchases at the pharmacy.

¶ 19 Following the arbitration hearing held on October 12, 2021, pursuant to Sections 19(b) and 8(a) of the Act, the arbitrator issued a written decision on December 9, 2021, finding that the claimant suffered an injury to his eye and head which arose out of and in the course of his employment, which resulted in a mild concussion and orbital contusion. However, the arbitrator found that the claimant's complaints of continuing headaches and vision issues are not causally related to the claimant's December 4, 2018, injury. The arbitrator came to this finding because of (1) expert testimony which explained the impossibility of a connection between the claimant's current health conditions and his workplace injury, (2) the lack of an objective explanation for the claimant's subjective health complaints, (3) contradictions in the claimant's testimony that diminished his credibility, and (4) the claimant's lack of expert testimony supporting his claims and rebutting the employer's expert medical testimony.

¶ 20 The arbitrator awarded the claimant medical expenses from the date of the accident through May 17, 2019, the date of the employer's independent medical examination (IME) and the date the claimant was found to be at maximum medical improvement (MMI). The arbitrator denied the claimant's request for medical expenses incurred after the IME and the arbitrator denied the

prospective medical treatment sought by the claimant. The arbitrator awarded the claimant temporary total disability (TTD) benefits from December 5, 2018, through January 1, 2019, but denied TTD thereafter.

¶ 21 The claimant appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (Commission). The Commission affirmed and adopted the arbitrator's decision with modifications indicating that optical coherence tomography (OCT) tests and visual field assessments had been done, but that repeat testing had not; a scrivener's error was also corrected.

¶ 22 The claimant appealed the Commission's decision to the circuit court of Kane County, which confirmed the Commission's ruling.

¶ 23 This appeal followed.

¶ 24 **III. ANALYSIS**

¶ 25 The claimant's briefs are challenging to parse and frequently depart from the topic of the claimant's injury to discuss the structure of the worker's compensation system and the credibility of the IME. We remind the claimant that this court is entitled to have issues on appeal clearly defined with citations to authority and a cohesive legal argument presented. "Supreme Court Rules governing the content of an appellant's briefs are not merely advisory suggestions, they are rules necessary for the efficient administration of the courts." *Walters v. Rodriguez*, 2011 IL App (1st) 103488, ¶ 5. Issues that are ill-defined or insufficiently presented do not satisfy the rule and are considered waived, and this court has the authority to strike a brief in its entirety for failure to comply with these rules. *Id.* ¶ 6. Nonetheless, in the interest of judicial economy, we will address what we believe to be the claimant's primary contentions: that Commission erred in finding (1) the claimant failed to prove a causal connection between his continuing headaches and vision issues and his December 4, 2018, workplace injury and (2) the claimant failed to prove he was entitled to receive prospective medical care.

¶ 26 We will first address whether the claimant’s current condition of ill-being was causally related to his workplace injury. “A determination as to a causal connection is a question of fact to be decided by the Commission, which will not be disturbed unless it is against the manifest weight of the evidence, *i.e.* unless the opposite conclusion is clearly apparent.” *Bennett Auto Rebuilders v. Industrial Commission*, 306 Ill. App. 3d 650, 654 (1999). In resolving disputed issues of fact, including issues related to causation, it is the Commission’s province to assess the credibility of witnesses, draw reasonable inferences from the evidence, determine what weight to give testimony, and resolve conflicts in the evidence, particularly medical opinion evidence. *Hosteny v. Illinois Workers’ Compensation Comm’n*, 397 Ill. App. 3d 665, 675 (2009); *Fickas v. Industrial Comm’n*, 308 Ill. App. 3d 1037, 1041 (1999). A reviewing court should not overturn the Commission’s findings “simply because it would have drawn different inferences other than those of the Commission.” *General Telephone Company v. Industrial Comm’n*, Ill. App. 3d 420, 423 (1988).

¶ 27 The Commission relied on the testimony of Dr. Sani, a board-certified neurosurgeon, who performed the IME of the claimant on May 17, 2019. Dr. Sani testified that studies have shown that the most reliable indicator of the severity of a concussion is the duration of memory loss or amnesia at the time of a hit or traumatic event. Dr. Sani diagnosed the claimant with a mild concussion and orbital contusion because the claimant was able to report independently what happened immediately before the incident and how he received the injury to his head and eye. While the claimant reported that he lost consciousness, he remembered all the events immediately upon coming back to consciousness. Dr. Sani observed that if there was amnesia, it was brief, and therefore the concussion was mild.

¶ 28 Dr. Sani also pointed to the results of the MRI of the brain and orbits that showed no abnormalities as further support for his opinion that the claimant sustained no more than a mild

concussion and orbital contusion. He noted the typical recovery time for a mild concussion is 24 to 48 hours, although a patient's symptoms can linger a week or two. In extremely rare cases, where there are other significant confounding variables or other coexisting medical problems, the symptoms of a concussion can linger longer. He believed the concussion should have resolved itself within a month of the incident. He had no neurosurgical explanation for why the claimant had ongoing symptoms. He did not believe the claimant required any further treatment for the conditions he diagnosed, and he did not believe any activity restrictions were required. He believed the mild concussion and orbital contusion had both been resolved, and that the claimant was at MMI.

¶ 29 Dr. Sani provided additional testimony on how the claimant's vision complaints could not possibly be related to the claimant's workplace injury. According to Dr. Sani, the left eyebrow weakness, eyelid drooping, and visual field defect of the left eye are also not related to the incident. Dr. Sani explained that some people are born with one eyelid that does not rise to the normal level, and, therefore, part of the upper eyelid covers the cornea and blocks the upper, outer quadrant visual signals. This typically occurs at birth and within the first two years of life, and as a result of not getting any visual signals, the portion of the brain that processes the signals from the upper, outer visual field never develops and matures. In the claimant's case, the left upper outer quadrant never developed. The left eyebrow weakness and ptosis explain the visual field defect in the upper, outer quadrant of the claimant's left eye.

¶ 30 Further, Dr. Sani found no abnormalities to the cranial nerves traveling to the forehead above the left eye. According to Dr. Sani, it is medically impossible for ptosis to have occurred by virtue of the trauma to the claimant's eye as it was described. It is impossible to damage the nerve in that manner unless there was a laceration or cutting of the nerve, and there was no evidence to suggest the claimant sustained any lacerations to the nerve. The claimant admitted he sustained no



cuts above his eye, and no damage was observed when Dr. Sani examined the claimant's cranial nerve. Moreover, there was no loss of function. The eyebrow was asymmetric with weakness, meaning that it could still be raised. Ptosis caused by trauma would have totally removed function from the muscles and/or nerves. Instead, Dr. Sani observed that the claimant's muscles and nerves were functional, albeit not as strong as the muscles and nerves of the right eye.

¶ 31 No objective explanation was found for the claimant's subjective complaints of blurred vision, double vision, and photophobia. On December 4, 2018, a CT scan of the claimant's head and brain was performed, and the results were found to be negative for acute intracranial abnormality. A retina doctor at Wheaton Eye Clinic found no evidence of retinal pathology. After examination and testing on January 15, 2019, Dr. Hunt found no evidence of ocular pathology to explain the claimant's symptoms. On January 23, 2019, Dr. Hunt found no obvious anterior or posterior segment pathology to explain his symptoms. On April 5, 2019, Dr. Ghadiali noted that the MRI of the brain and orbits yielded normal results. As for the diagnoses of blurry vision and double vision of the left eye, Dr. Ghadiali stated that all the test results were normal, that there was no ocular cause of the subjectively decreased vision identified, and that there were no signs of optic neuropathy.

¶ 32 As of May 17, 2019, the date of the IME, there was no objective explanation for the claimant's subjective vision complaints.

¶ 33 Additionally, there were contradictions in the claimant's recounting of his injury. The initial December 4, 2018, Amita report stated that the claimant indicated he did not hit his head, yet he testified at the hearing that he hit his head on the ground after falling. The claimant also testified at the hearing and told Dr. Sani during the IME that he lost consciousness at the time of the accident, yet the Amita report stated he denied losing consciousness. The claimant reported to Dr. Ghadiali on January 31, 2019, that he lost vision in both eyes after the incident. The claimant

did not report the loss of vision in both eyes to any other doctors or at any time prior to January 31, 2019.

¶ 34 These inconsistencies led the Commission to find the claimant was lacking in credibility, especially given that the only evidence he presented was his own subjective experience.

¶ 35 Given the overwhelming evidence that the claimant's current complaints were not causally related to his injury, we cannot say the Commission's conclusions were inaccurate. As noted above, it is for the Commission to assess the credibility of witnesses and draw reasonable inferences from the evidence. *Walker v. Indus. Comm'n*, 345 Ill. App. 3d 1084, 1089 (2004). Here, the commission determined the claimant was not credible and drew reasonable inferences from the evidence presented.

¶ 36 The last factor referenced by the Commission in coming to its decision was the claimant's failure to present any expert testimony contradicting the opinions of Dr. Sani pertaining to the mild concussion or orbital contusion. Relying on our decision in *Nunn v. Industrial Comm'n*, 157 Ill. App. 3d 470, 478 (1987), the Commission ruled that when a medical question is specifically within the purview of experts, expert medical testimony is *mandatory* to show the claimant's work activities caused the condition of which the employee complains. However, the exact language from *Nunn* is "[a]lthough medical testimony as to causation is not necessarily required [citation], where the question is one within the knowledge of experts only and not within the common knowledge of laypersons, expert testimony is necessary to show that claimant's work activities caused the condition complained of." *Nunn*, 157 Ill. App. 3d at 478. However, this legal proposition specifically concerns cases involving repetitive trauma. *Id.* at 477. Repetitive trauma "is a distinct theory of recovery requiring certain proofs and procedural steps." *Osman v. Illinois Workers' Compensation Comm'n*, 2024 IL App (2d) 230180WC, ¶ 60. Additionally, in *Nunn*, no

medical opinion testimony was offered by the claimant or by the employer, and it is in this context that medical opinion testimony may be necessary. *Nunn*, 157 Ill. App. 3d at 477.

¶ 37 It bears repeating that it is the Commission's province to assess the credibility of witnesses, draw reasonable inferences from the evidence, determine what weight to give testimony, and resolve conflicts in the evidence, particularly medical opinion evidence. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 675 (2009); *Fickas v. Industrial Comm'n*, 308 Ill. App. 3d 1037, 1041 (1999). "[T]he Commission in its discretion is not bound by unrebutted medical testimony." *Fickas* at 1042. "[S]ole medical opinion may not be arbitrarily rejected. However, it is not binding on the Commission simply by virtue of the fact it is the sole medical opinion." *Id.*

¶ 38 The Commission ultimately found that there was no causal connection between the claimant's headaches and vision issues and his December 4, 2018, workplace injury. The Commission based its decision on the following factors: (1) Dr. Sani's expert medical testimony explaining how the claimant's workplace injury could not have caused the claimant's vision issues, (2) the lack of an objective explanation for the claimant's subjective health complaints, (3) the contradictions in the claimant's recitation of events, and (4) the claimant's lack of expert testimony rebutting Dr. Sani's expert opinion. Irrespective of the fourth factor, because there was ample evidence to support the Commission's finding of a lack of causal connection between the claimant's health complaints and his workplace injury, we find the Commission's decision was not against the manifest weight of the evidence.

¶ 39 We next turn to whether the claimant is entitled to receive prospective medical care. The Commission found the employer was only liable for medical expenses from the date of the claimant's work accident through May 17, 2019, the date the claimant was found to be at MMI. The claimant argues that he needs prospective medical care consisting of a neurology consultation

to address possible symptoms related to postconcussion syndrome and other testing of his eyes and vision.

¶ 40 Section 8(a) of the Act entitles a claimant to compensation for all necessary medical, surgical and hospital services incurred that are reasonably required to cure or relieve the effects of injury. 820 ILCS 305/8(a) (West 2018). Procedures or treatments that have been prescribed by a medical service provider are incurred within the meaning of the statute, even if they have not yet been paid. *Plantation Mfg. Co. v. Industrial Comm'n*, 294 Ill.App.3d 705, 710 (1997).

¶ 41 As set forth above, the Commission found the claimant failed to prove that his current condition of ill-being was causally related to his work injury of December 4, 2018, and, therefore, the claimant failed to prove that he was entitled to receive prospective medical care after the date he was found to be at MMI.

¶ 42 Dr. Ghadiali, in her April 5, 2019, report, recommended the claimant receive a consultation to assess neurological issues potentially relating to the claimant's post-concussion syndrome. This was done through the examination by Dr. Sani, who found no neurological explanation for the claimant's subjective complaints. He found the claimant required no further treatment and was at MMI as it pertains to the mild concussion and orbital contusion diagnosed. Dr. Sani did not suggest that the claimant undergo any further neurocognitive testing as there was no indication in his examination that this testing was warranted.

¶ 43 The claimant has argued that Dr. Ghadiali recommended OCT tests to assess the macula and the optic nerve itself, and repeat visual field assessments, which were allegedly never authorized or performed. The claimant has additionally argued that he was entitled to receive the neurological consultation recommended by Dr. Ghadiali from a nonpartisan doctor of his choosing.

¶ 44 Section 8(a) of the Act requires the employer to pay for all *necessary* medical, surgical and hospital services that are *reasonably* required to cure or relieve the effects of injury. (Emphasis added.) 820 ILCS 305/8(a) (West 2018). The claimant has the burden of proving that the medical services were necessary and the expenses were reasonable. *Gallentine v. Industrial Comm’n*, 201 Ill. App. 3d 880, 888 (1990). “Whether medical expenses are reasonable and necessary is a question of fact for the Commission, and the Commission’s determination will not be overturned unless it is against the manifest weight of the evidence.” *Shafer v. Illinois Workers’ Compensation Comm’n*, 2011 IL App (4th) 100505WC, ¶ 51.

¶ 45 The Commission found the claimant failed to prove that his current condition of ill-being is causally related to his work injury, that he had reached MMI, and that all reasonable and necessary medical examinations and testing had been completed. The Commission noted that that recommended OCT tests to assess the macula, OCTs to assess the optic nerve itself, and repeat visual field assessments had been completed, and that it was the retesting that had not been done, and the Commission declined to award further neurological evaluation requested by the claimant.

¶ 46 Because it is for the Commission to decide what medical treatment is reasonable and necessary, and because there was sufficient evidence in the record for the Commission to determine that no further medical care and testing was needed by the claimant, we cannot conclude that the Commission’s decision to deny the claimant further prospective medical care is against the manifest weight of the evidence.

¶ 47 **IV. CONCLUSION**

¶ 48 For the foregoing reasons, we affirm the judgment of the circuit court of Kane County, which confirmed the decision of the Commission.

¶ 49 Affirmed.