

2018 IL App (2nd) 170117WC-U

NO. 2-17-0117WC

Filed: February 5, 2018

IN THE

APPELLATE COURT OF ILLINOIS

SECOND DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

VILLAGE OF LAKE ZURICH,)	Appeal from the
)	Circuit Court of
Plaintiff-Appellant,)	Lake County.
)	
v.)	No. 16-MR-668
)	
THE ILLINOIS WORKERS')	Honorable
COMPENSATION COMMISSION, <i>et al.</i> ,)	Margaret Mullen,
(Kevin Puckhaber, Appellee).)	Judge, presiding.

JUSTICE OVERSTREET delivered the judgment of the court.

Presiding Justice Holdridge and Justices Hoffman, Hudson, and Harris concurred in the judgment.

ORDER

¶ 1 *Held:* The Illinois Workers' Compensation Commission's finding that the claimant injured his left knee during a functional capacity evaluation and that the injury is therefore causally related to a work-related accident is not against the manifest weight of the evidence.

¶ 2 The employer, Village of Lake Zurich, appeals the decision of the circuit court of Lake County that confirmed the unanimous decision of the Illinois Workers' Compensation Commission (Commission), which found the claimant, Kevin Puckhaber,

had sustained accidental injuries to both knees arising out of and in the course of his employment with the employer. On October 5, 2011, the claimant filed an application for adjustment of claim under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2010)), wherein he alleged that on June 20, 2011, while in the course and scope of his employment as a firefighter, he suffered an injury to his right leg as a result of falling into a hole. An arbitration hearing pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2010)) was conducted on April 21, 2015, in which an additional injury to the claimant's left knee during a functional capacity evaluation (FCE) was the main item of dispute and the only injury at issue in this appeal.

¶ 3 On June 3, 2015, the arbitrator issued his decision, in which he found the claimant's injuries to both knees arose in the course and scope of the claimant's employment. The arbitrator ordered the employer to pay all reasonable and necessary medical bills for both knees, including a prospective surgery on the claimant's left knee, to pay the claimant temporary total disability (TTD) benefits of \$971.67 per week for 118 weeks, with a credit for amounts previously paid, and to pay the claimant temporary partial disability (TPD) benefits of \$642.67 per week for 67 and 1/7 weeks. The employer sought review of the arbitrator's decision before the Commission. On March 4, 2016, the Commission issued a unanimous decision in which it affirmed the decision of the arbitrator, but modified the TTD award to \$971.67 per week for 120 2/7 weeks, and the TPD award to \$642.67 per week for 65 and 5/7 weeks, based on its finding the arbitrator had miscalculated the number of weeks for each award.

¶ 4 The employer filed a timely petition for judicial review in the circuit court of Lake County. On January 10, 2017, the circuit court confirmed the Commission's decision. On February 9, 2017, the employer filed this timely appeal, over which we properly have jurisdiction.

¶ 5 **BACKGROUND**

¶ 6 On June 20, 2011, the claimant sustained a work related injury to his right knee as a result of falling into a hole. An arbitration hearing pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2010)) was conducted on April 21, 2015, in which an additional injury to the claimant's left knee during a functional capacity evaluation (FCE) was the main item of dispute, and the only injury at issue in this appeal. Accordingly, our recitation of the facts is limited to those facts necessary for resolution of the issues involving the claimant's left knee injury.

¶ 7 The first witness to testify at the hearing was the claimant. He testified that on June 20, 2011, he was employed as a firefighter, paramedic, and engineer for the employer for the past 19 years. On that date, he was pulling fire hoses to a structural fire at an attached garage. As he was reconnecting a five-inch hose to a tanker truck, his right foot stepped into a hole and he immediately felt pain to the front of his right knee. The claimant testified he reported the injury to the officer in charge that day and filled out the proper paperwork. Subsequent to the incident, the pain continued in his right knee, and he sought medical care at Advocate Occupational Health the same day.

¶ 8 The claimant testified he had an FCE at Accelerated Rehabilitation Services (Accelerated) on June 14, 2012. He further testified that, while performing a kneeling

exercise at the behest of the physical therapist during the FCE, his right knee gave out and all of his weight came down on both kneecaps. He noticed “very much pain” and rolled to his side, then scooted on his backside out from behind a table, rubbing his knees. The physical therapist asked him if he had lost his balance, and he told her no, his right knee gave out. The physical therapist then asked him if he was okay, to which he responded in the negative, and asked for a couple of minutes to rest. According to the claimant, approximately five minutes later, he was able to get back up. His knees were still hurting, but he was able to do what the physical therapist asked. He then performed the kneeling test by kneeling one knee at a time and holding onto a table. Thereafter, he performed a crawling test with his right foot out to the side and his right knee elevated to avoid putting weight on his right knee. During the pushing and pulling aspect of the FCE, he was able to push the sled he was asked to push, but when he tried to pull it back, if his knees got ahead of his toes there was pain in the front of both kneecaps. The claimant testified he completed the FCE with these modifications, but with significant pain in both knees.

¶ 9 The claimant further testified that during the FCE, the physical therapist was engaged in conversation on multiple occasions with another therapist. She was also speaking to a young gymnast about her injuries and her recovery. He testified that after he completed the FCE, the physical therapist gave him ice for both knees and he lay on a table for 20 minutes. He had no contact with the physical therapist after he left the FCE.

¶ 10 The claimant testified that a couple of days after the FCE, he called the physician treating him for his right knee injury, Dr. Anderson, and left a message for him stating he

had fallen on his knees and was having pain. Although he was experiencing bilateral knee pain at that point, the pain in his left knee was greater. He was evaluated for his left knee pain by Dr. Anderson on July 9, 2012, and Dr. Anderson recommended an MRI of the claimant's left knee. He followed up with Dr. Anderson on July 23, 2012, and August 6, 2012, and at each of these visits, Dr. Anderson continued to recommend an MRI and to authorize the claimant off-work. The claimant had the MRI of his left knee completed at Lake Cook Orthopedics Associates on August 16, 2012, and again followed up with Dr. Anderson on August 20, 2012. On that date, Dr. Anderson gave him an injection to his left knee and continued the authorization to be off work.

¶ 11 The claimant testified he followed up with Dr. Anderson monthly in September, October, November, and December 2012, and was authorized to remain off work as a firefighter for the duration of these months. During this time, he was undergoing physical therapy for his knees which was prescribed by Dr. Anderson. Again in January 2013, Dr. Anderson gave him an injection in his left knee and prescribed ongoing physical therapy. At a visit on February 25, 2013, Dr. Anderson recommended surgery for the claimant's left knee. The claimant testified he has not seen Dr. Anderson since that visit, but he wants to have the recommended surgery on his left knee if it is awarded.

¶ 12 The claimant testified that, as of the time of the hearing, he did not have pain in his knees as he sat on the witness stand. However, he experiences left knee pain when he climbs stairs, sits on bleachers or other spots where his knees are crunched tightly and then he straightens them out. He also continues to be unable to kneel or crawl on his knees. As of the time of the hearing, he took 600 milligrams of Motrin twice a day for

pain and swelling in both knees. However, his left knee was giving him the most trouble, including “sounding like a firecracker” when he traversed up a stairway.

¶ 13 The claimant further testified the employer had not paid him any TTD benefits for the periods he was off work after the FCE. In addition, the employer did not pay for the treatment for his left knee. In October 2013, he became employed as a school bus driver. He underwent an IME at the behest of the employer with Dr. Bare, which he testified lasted approximately 15 minutes.

¶ 14 On cross-examination, the claimant testified he previously had a work-related injury to his left knee in 1999 and underwent surgery for that injury. He returned to full-duty work following that injury in 2001. In 2005, he had further problems with his left knee after walking on an inclined treadmill. After the swelling subsided following that incident, he had no more pain.¹ The claimant testified the incident during the FCE occurred at the beginning, following warm up on a treadmill. The claimant admitted he was still able to complete the FCE.

¶ 15 The claimant further testified on cross-examination that following his June 14, 2012, FCE, he took a vacation to Florida, where he went on a party fishing boat and engaged in fishing off the side of the boat while sitting and standing. According to the

¹ Records were admitted into evidence on behalf of the employer that indicate that the claimant did require arthroscopic surgery in 2000, became symptomatic again after walking on a treadmill in 2005, and experienced a “possible lateral meniscal injury” on July 15, 2009.

claimant's testimony, he is able to bend at the waist and lift up to 100 pounds. His problem with being a firefighter is he is no longer able to squat, climb ladders, climb stairs, kneel, and crawl, due to the condition of his knees. He again testified he was able to complete the FCE as to these activities by using modifications, including those he previously indicated, as well as using the "step-two" method of climbing the ladder and relying on his arms quite heavily and placing much of his weight on the railing when climbing stairs. He is no longer treating with an orthopedist because he does not have the money.

¶ 16 Christina Smith testified on behalf of the employer. She testified she has been a practicing physical therapist since 1988 and has been employed by Accelerated since 2006. She performed the FCE on the claimant in June 2012. She testified by making reference to the FCE report, as she did not have an independent recollection of the FCE. She prepared the report on a computer following handwritten notes taken "on that day or in the evening." She testified she is trained to document in her report if a patient has an injury or trauma during the FCE. In reviewing her report, she testified the claimant had a complaint of his right knee giving way on his attempt to descend on the right leg during his repetitive kneeling exercise. However, she did not have a report of any injury or trauma the claimant sustained during that time.

¶ 17 Ms. Smith testified that even though she may have been having conversations with other people in the gym during the claimant's FCE, that does not mean she was not paying attention to the administration of the FCE. She testified the claimant never told her he injured his left knee or had left knee pain during the FCE. She testified, upon

reviewing the report, that she administered a pain diagram to the claimant at the beginning of the FCE, and a second one after the kneeling activity was done. Referencing this second pain diagram, Ms. Smith testified the claimant's markings indicated pain to the right knee only. She also testified if the claimant had told her his knee gave out and he was having pain in his left knee, she would have documented such an incident separately in her report. However, when she was asked immediately thereafter, whether she does this as a therapist, she testified "[i]t might be in my notes. It might end up in this report." She continued, "[t]he [FCE] is objective. It's an objective test and there is – [a]t the time it is subjective, but if it is objective and it doesn't interfere with the function I might not write about it unless it interferes."

¶ 18 Consistent with the testimony of the claimant, Ms. Smith testified from her report that during the crawling, the claimant demonstrated compensatory weight-bearing on the right toe rather than the right knee, with the hip abducted and externally rotated slightly. In addition, during stair-climbing, he ascended the steps demonstrating either a reciprocal or step-two pattern, alternating it when descending the steps. He also favored his right side when descending the steps. On the ladder-climbing, Ms. Smith noted "mild upper extremity assist," which means he was holding on, not powering through, with the arms to help.

¶ 19 On cross-examination, Ms. Smith reiterated she had no independent recollection of what occurred during the FCE with the claimant but for her reviewing her notes. She also testified normally the claimant would complete a pain scale subsequent to finishing the final portion of the FCE, which is the job task portion, but for an unknown reason, one is

not included in the claimant's FCE report. She does not recall bringing the claimant ice at the end of the FCE, and specifically whether she placed ice packs on both knees.

¶ 20 Following Ms. Smith's testimony, the claimant was recalled to testify. The claimant was asked about when he filled out the pain drawing in which he did not indicate pain in his left knee, and the following colloquy occurred:

“Q: Okay. When did you complete this form?

A: This was probably – I can't recall when I completed this form, but I know I didn't do one at the end. I think it was done right after I walked on the treadmill.

Q: Do you recall if it was before or after the kneeling portion of the test?

A: It was after.

Q: Can you explain to the [a]rbitrator why there is nothing on there regarding your left knee if it was after the kneeling portion.

A: I can't explain it. I didn't put it down.

Q: Were you having any left-knee pain after you completed the FCE?

A: Yes. To be honest with you I don't recall when I did that second one.”

¶ 21 The evidence deposition of Dr. Anderson was admitted into evidence on behalf of the claimant. Again, we will focus our recitation of Dr. Anderson's testimony on the claimant's left knee, as this is the injury that is at issue in this appeal. Dr. Anderson is a board certified orthopedic surgeon with a subspecialty in sports medicine. Dr. Anderson testified that when he first saw the claimant following the accident, the claimant was not having any left knee complaints. At that time, the claimant's treatment was focused on his right knee, which Dr. Anderson surgically treated on September 8, 2011. Following

surgery, the claimant was still having a lot of sensitivity with kneeling, and it was painful to go down stairs. By the beginning of 2012, the claimant continued to have episodes where his right knee would give out during squatting.

¶ 22 Dr. Anderson testified that on June 22, 2012, his nursing staff made a record of telephone encounters of that date, as well as the week prior, whereby the claimant had, on both occasions, relayed to his staff that during his FCE, he fell onto both knees. The note states the right knee took the brunt of the fall, but his left knee had also been sore. He had not improved much since the incident, and requested an appointment. This is the first time Dr. Anderson received a left knee complaint from the claimant. This appointment took place on July 9, 2012, wherein the claimant was seen for follow-up for the right knee and the injury to his left knee that occurred during his FCE, according to Dr. Anderson's records. During that visit, the claimant gave a history that during his FCE, he was squatting, and the right knee gave out, and he fell onto his right knee, also noting left posterior-lateral knee pain. He did note some swelling in the left knee, but denied any lock and catching or instability of either knee.

¶ 23 Dr. Anderson testified his examination of the claimant's left knee revealed minimal effusion and tenderness over the posterior-lateral aspect of the knee, more so than the lateral joint line. He had a positive flexion and circumduction test with the heel lateral, which reproduced his lateral pain. The positive result on this test indicated a possible meniscal tear. At that point, Dr. Anderson recommended an MRI of the claimant's left knee, and then possible x-rays, with follow-up in two weeks. Dr. Anderson next saw the claimant on July 23, 2012, at which time the claimant reported his

left knee had really been acting up, presenting in the form of increased lateral left knee pain in addition to mechanical symptoms of clicking and popping. This had caused him to start limping and putting more stress back on his right knee. The right knee was starting to snap more when traversing stairs, and he was still unable to squat or kneel. Upon examination, Dr. Anderson noted swelling of the left knee. As they were still awaiting the claimant's left knee work-up as far as MRI and x-rays, Dr. Anderson ordered the claimant to remain off work, to use pain medications, a home exercise program, ice, and heat.

¶ 24 The claimant returned to see Dr. Anderson on August 6, 2012, with the same complaints of the right knee popping and his left knee pain and stiffness, especially in the lateral and anterior aspects. Dr. Anderson's recommendations for the claimant remained the same at that point. On August 16, 2012, the claimant underwent an MRI of his left knee and returned to Dr. Anderson for follow-up on August 20, 2012. The MRI revealed an increased signal in the posterior horn of the medial meniscus, which is likely a tear. There were some chondral changes in the patellofemoral articulation and also an area in the medial femoral condyle where there was some localized subchondral edema. These results were consistent with the claimant's complaints.

¶ 25 When asked whether the MRI findings were caused by the history the claimant gave him of falling during the FCE, Dr. Anderson responded: "I think it's hard to say, but I – certainly, without having symptoms before and then the reported incident, and then the symptoms after, I would associate at least his symptoms more likely than not from that." Dr. Anderson testified he recommended a cortisone injection and physical therapy

and discussed the possibility of a left knee arthroscopy, for which Dr. Anderson testified the claimant would be a good candidate. Dr. Anderson also opined at that time the claimant would require permanent restrictions for both knees. The claimant continued to treat with Dr. Anderson, continuing with his physical therapy, through February 25, 2013. At that time, he was still a surgical candidate with respect to his left knee. Finally, Dr. Anderson testified all of the care he provided to the claimant was reasonable and necessary to relieve the claimant of his symptomatic pain complaints with respect to his left and right knees.

¶ 26 On cross-examination, Dr. Anderson testified he had an independent recollection of the claimant, but did refer to his notes to provide his testimony about the care and treatment of the claimant. Dr. Anderson admitted the history a patient provides can be very important in determining the cause of his symptoms. He relied entirely on what the claimant told him concerning the history of his injuries. If the history provided by the claimant is inaccurate or incomplete, then his opinions regarding causation would also be inaccurate or incomplete. Dr. Anderson testified that throughout his treatment of the claimant, he would not have found him to be unreliable or untruthful, but if the physical therapist said the claimant never fell on both knees during the FCE, such a history could cause him to question whether he was telling the truth. Dr. Anderson admitted it can be hard to tell whether the MRI findings on the claimant's left knee were of an acute or degenerative origin. In addition, Dr. Anderson acknowledged the claimant's preexisting history of left knee surgery, as well as his height and weight of five foot seven inches and 280 pounds, can cause an increase in knee pain.

¶ 27 A March 6, 2014, letter from Dr. Anderson was introduced into evidence, which provides, in relevant part, that although the claimant did not have any left knee complaints documented at the time of his injury on June 20, 2011, Dr. Anderson felt his ongoing left knee symptoms are associated with the incident the claimant asserts took place during the FCE. Dr. Anderson points out in the letter he had no reason to doubt the history given to him by the claimant, because he has been very forthright, truthful, and compliant throughout his treatment. Dr. Anderson's records, also in evidence, include a telephone encounter note dated June 19, 2012, stating the claimant called and left the following message: "He was doing his FCE last Thursday and he fell on his right knee. Also stated his left knee hurts too. He wanted this documented in his medical records." A June 22, 2012, telephone encounter, dictated by Dr. Anderson states:

"I spoke with Kevin today. He had spoken with the nursing staff last week to let us know that during his [FCE], he fell onto both knees. The right knee took the brunt of the fall but his left knee has also been sore. He has not improved very much since that incident. Kevin has an appointment to see me in about two weeks. I will be out of town for a bit more than one week, starting the middle of next week. When he returns to the office, we will discuss the next step in his care."

Our review of the remainder of Dr. Anderson's medical records reveals no inconsistencies with the testimony of either the claimant or Dr. Anderson.

¶ 28 A review of the FCE report from Accelerated contains the following relevant information. With regard to the reliability of the claimant's pain ratings during the FCE, the report noted the claimant reported reliable pain ratings 100 percent of the time which

would suggest pain could have been considered a limiting factor during testing. Regarding repetitive kneeling, the report indicates the claimant demonstrated moderate difficulty to initiate descending on the right knee, requiring moderate upper extremity assist with a subjective complaint of the right knee giving way on his attempt to descend on the right leg. Comments in the report regarding the claimant's modifications during kneeling, repetitive kneeling, crawling, and stair climbing were consistent with both the claimant's testimony as well as the testimony of Ms. Smith.

¶ 29 The evidence deposition of Dr. Aaron Bare was admitted into evidence on behalf of the employer. Dr. Bare testified he is a board certified orthopedic surgeon who primarily treats injuries of the knee and shoulder. Dr. Bare examined the claimant on August 20, 2012, and reviewed medical records including the FCE and a questionnaire filled out by Ms. Smith regarding the claimant's left knee. At the time of Dr. Bare's examination, the claimant complained of bilateral knee pain with difficulty squatting, crawling, kneeling, and traversing stairs. He had a prior history of arthroscopic surgery to the left knee in 2000, but was not symptomatic as to his left knee prior to the FCE. Dr. Bare testified his examination of both knees was "essentially normal." As to the left knee, Dr. Bare testified the claimant's kneecap was stable, his strength was intact, and his neurological exam was normal. Dr. Bare admitted however, the claimant's left knee pain would make squatting, kneeling, and stair climbing challenging. However, he opined, within a reasonable degree of medical and surgical certainty, the claimant's left knee pain is not related to the FCE or the work injury, but is more likely "an underlying problem."

¶ 30 On cross-examination, Dr. Bare testified his exam of the claimant took approximately 20 minutes. Dr. Bare agreed neither the FCE nor his examination of the claimant revealed any evidence of malingering or symptom magnification. The only detail of which Dr. Bare was aware regarding the claimant's left knee injury was the claimant said it occurred during the FCE. He did not have any information regarding the time or circumstances of the occurrence as reported by the claimant. His opinion regarding whether the left knee injury occurred was simply based on believing Ms. Smith's version of what transpired during the FCE over that of the claimant. Dr. Bare reiterated his opinion on lack of causation as to the claimant's left knee is assuming the incident during the FCE never occurred, and if the incident had occurred, then he believes causation would exist. Finally, Dr. Bare acknowledged he never reviewed the MRI of the claimant's left knee, and did not inquire of the claimant regarding the details of his fall during the FCE.

¶ 31 On June 3, 2015, the arbitrator issued a decision finding the claimant proved, by a preponderance of the evidence, that he continues to suffer bilateral knee pain and his condition of ill-being for the right knee is directly related to his work injury on June 20, 2011, and his left knee pain is related to a fall suffered during the FCE while treating his right knee injury. The arbitrator ordered the employer to pay all reasonable and necessary medical bills for both knees, including a prospective surgery on the claimant's left knee, to pay the claimant temporary total disability (TTD) benefits of \$971.67 per week for 118 weeks, with a credit for amounts previously paid, and to pay the claimant temporary partial disability (TPD) benefits of \$642.67 per week for 67 and 1/7 weeks. The employer

sought review of the arbitrator's decision before the Commission. On March 4, 2016, the Commission issued a unanimous decision in which it affirmed the decision of the arbitrator, but modified the TTD award to \$971.67 per week for 120 2/7 weeks, and the TPD award to \$642.67 per week for 65 and 5/7 weeks, based on its finding the arbitrator had miscalculated the number of weeks for each award.

¶ 32 The employer filed a timely petition for judicial review in the circuit court of Lake County. On January 10, 2017, the circuit court confirmed the Commission's decision. On February 9, 2017, the employer filed this timely appeal, over which we properly have jurisdiction.

¶ 33

ANALYSIS

¶ 34 The first issue the employer raises on appeal is whether the Commission erred in finding the claimant's left knee injury to be causally related to the June 20, 2011, work accident. Generally, the determination of whether an injury is causally related to employment is a question of fact for the Commission and its determination will not be disturbed unless it is against the manifest weight of the evidence. *Brais v. Illinois Workers' Compensation Comm'n*, 2014 IL App (3d) 120820WC, ¶9. "In resolving questions of fact, it is within the province of the Commission to assess the credibility of witnesses, resolve conflicts in the evidence, assign weight to be accorded the evidence, and draw reasonable inferences from the evidence." *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). On review, the "court is not to discard the findings of the Commission merely because different inferences could be drawn from the same evidence." *Kishwaukee Community Hospital v. Industrial Comm'n*,

356 Ill. App. 3d 915, 920 (2005). “The appropriate test is whether there is sufficient evidence in the record to support the Commission’s finding, not whether this court might have reached the same conclusion.” *Metropolitan Water Reclamation District of Greater Chicago v. Illinois Workers’ Compensation Comm’n*, 407 Ill. App. 3d 1010, 1013 (2011). “For the Commission’s decision to be against the manifest weight of the evidence, the record must disclose an opposite conclusion clearly was the proper result.” *Land & Lakes Co. v. Industrial Comm’n*, 359 Ill. App. 3d 582, 592 (2005). After a thorough review of the record on appeal, and for the following reasons, we simply cannot find the Commission’s decision is against the manifest weight of the evidence.

¶ 35 First, we note the employer does not dispute an injury occurring during a FCE while treating for a work-related injury is considered to be causally related. Instead, the employer argues the claimant’s testimony he fell and injured his left knee during his FCE is incredible and against the manifest weight of the evidence. First, the employer points to the FCE report, arguing the report does not document the fall as the claimant described it in his testimony. In addition, the employer argues Ms. Smith’s assertion that she had no recollection of this fall is more credible than that of the claimant. We find these arguments present factual disputes which it was in the Commission’s province to resolve, and which the Commission resolved in favor of the claimant. See *Id.* While the FCE report did not narrate, with specificity, the claimant’s fall and left knee injury in the detail with which the claimant testified, the report does mention an incident during repetitive kneeling that is not inconsistent with the claimant’s testimony his right knee gave way. In addition, while the claimant testified in detail regarding the incident during the FCE, Ms.

Smith had no independent recollection of the FCE. In addition, the claimant called and discussed the FCE and his left knee injury with Dr. Anderson and his staff on two occasions, and both calls are well-documented in the claimant's medical records. Based on this history, Dr. Anderson opined the claimant's left knee injury was causally connected to his work-related right knee injury. Dr. Bare's testimony to the contrary was based solely on his opinion of the believability of the FCE report and Ms. Smith's version of events over that of the claimant. The Commission unanimously found the claimant's version of events to be credible, and we will not disturb the Commission's findings on matters of credibility. See *Hosteny*, 397 Ill. App. 3d at 674.

¶ 36 The remaining issues the employer raises on appeal, regarding the claimant's entitlement to medical expenses, prospective medical care, TTD, and TPD benefits for his injury to his left knee, all hinge on the employer's argument the claimant's left knee injury is not causally related to his work-place injury. The employer makes no arguments with respect to these issues that are independent from the causation argument. Because we find the Commission did not err in its finding of causation, we also find the Commission did not err in awarding these benefits with respect to the claimant's left knee injury.

¶ 37 **CONCLUSION**

¶ 38 For the foregoing reasons, we affirm the judgment of the circuit court of Lake County confirming the Commission's decision and remand this matter to the Commission pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 337 (1980).