

not arise out of and in the course of her employment and was not causally connected to the doctor-ordered work conditioning program was not against the manifest weight of the evidence.

¶ 2 On December 24, 2007, the claimant, Angela Porter, suffered an injury to her left elbow in the course of her employment with her employer, Target Corporation. The elbow injury required surgery, physical therapy, and work conditioning. The claimant's workers' compensation claim for the left elbow was undisputed between the parties and is not at issue in this appeal.

¶ 3 As part of the treatment for her injured elbow, the claimant participated in a work hardening program. The claimant filed an application for adjustment of claim seeking workers' compensation benefits for an injury to her left knee allegedly caused at the work hardening program. The claim proceeded to an arbitration hearing under Section 19(b) of the Workers' Compensation Act (the Act) (820 ILCS 305/19(b) (West 2008)). The arbitrator found that the claimant sustained a left knee injury during work conditioning prescribed for her left elbow injury, a condition of ill-being that arose out of and in the course of her employment. He ordered the employer to pay medical expenses in the amount of \$5,273.99 related to the left knee. The arbitrator awarded the claimant temporary total disability for 63 ⁵/₇ weeks at a rate of \$230 per week less a credit of \$6,821.20 for benefits the employer paid during that period. The arbitrator found that the claimant's condition of ill-being in her left knee required prospective medical/surgical treatment and awarded her the prospective costs of her medical/surgical treatment.

¶ 4 The employer appealed to the Illinois Workers' Compensation Commission (Commission). The Commission reversed the arbitrator, finding that the claimant

failed to prove she sustained an accidental injury arising out of and in the course of her employment and failed to prove a causal connection existed between the alleged accident and her present condition of ill-being in her left knee. The Commission vacated the arbitrator's award of temporary total disability benefits and medical expenses. One Commissioner dissented. The claimant filed a timely petition for review in the circuit court of Will County. The circuit court confirmed the Commission's decision, and the claimant appealed.

¶ 5

BACKGROUND

¶ 6 At the arbitration hearing, the claimant testified that she injured her left elbow on December 24, 2008, in a work-related accident. She stated that she was treated by Dr. Giridhar Burra, an orthopaedic surgeon. After Dr. Burra performed surgery on her elbow, the claimant attended physical therapy at ATI Physical Therapy (ATI). Upon completion of physical therapy, Dr. Burra recommended that the claimant attend a work hardening program. The claimant testified that she started the ATI work hardening program on August 19, 2008. She stated that the program lasted four hours per day and that she alternated working on her upper body one day and then her lower body the next.

¶ 7 The claimant testified that on August 28, 2008, she felt good when she went to work hardening. On that day she worked her lower body. The claimant testified that she worked with a therapist named Katie. After she finished leg presses, squats, stair lifts, walking up and down stairs, and hamstring exercises, the therapist asked if she could stretch the claimant. The claimant testified, "She was stretching me and my leg was straight, almost over my shoulder and I said ouch. I heard a pop. That's when it happened." The claimant advised the therapist that she felt a pop and pain in her left knee and the therapist said "sorry" and offered

her some ice. The claimant testified that she iced her knee for 15 minutes then left. Once home, she iced her knee every hour for 10 minutes for about four hours.

¶ 8 In the ATI records for August 28, 2008, therapist, Michael Gadomski, wrote that the claimant worked her legs and performed leg extensions, dead lifts, lateral walking, leg presses, and lift and carry. There is nothing in the record that indicates that the claimant complained of knee pain or being hurt while stretching. At the bottom of the notes, under Mr. Gadomski's signature, is the word "ICE."

¶ 9 The claimant testified that she went to work hardening the next day. She stated that she complained the entire time she was there because she was in constant pain. She stated that she worked her upper body and that the only lower body work involved stretching.

¶ 10 In the workout notes for August 29, 2008, Mr. Gadomski made no mention that the claimant complained of knee pain. In the ATI progress report for August 25, 2008, through August 31, 2008, completed by Mr. Gadomski, there is no mention of knee pain. The only mention of pain is the comment that the claimant stated, "My elbow is feeling good right now. I am just sore all over right now."

¶ 11 The claimant was scheduled to return to work hardening on Tuesday, September 2, 2008, following the Labor Day holiday. She testified that she did not attend her session because her knee was still bothering her. She telephoned ATI and left a message stating that she would not be in because she was still experiencing pain running down her leg from her knee, and that if there were any questions, to telephone her. In the ATI patient log/fax log entry dated September 2, 2008, it was recorded that the claimant contacted the office and "LVMM not coming for FIRST today. She stated her knee bothering her all weekend."

¶ 12 The claimant testified that she went to work hardening on Wednesday, September 3, 2008, and worked her lower body. She testified that she was only able to do a minimum amount of the activities related to her left knee. She said she was still in pain and told the ATI staff about her pain. She testified that the staff told her to "work through it." The claimant stated that, because of her knee pain, she was not able to complete the entire four hour work out, but had to stop after two or three hours. She said that the ATI staff gave her ice for her knee. The claimant stated that her knee continued to hurt that entire day.

¶ 13 Mr. Gadomski completed a workout sheet for the claimant's September 3, 2008, visit. He recorded on the form that the claimant did not perform leg extensions, but did perform dead lifts, lateral walking, leg presses, and lifts and carry exercises for her legs. At the bottom of the form Mr. Gadomski wrote "ice to go L knee." The ATI attendance/charge sheet shows the claimant attended work hardening for four hours.

¶ 14 The claimant testified that she returned to work hardening on September 4, 2008, and worked her upper body. She stated that her knee continued to hurt and that her pain had increased. In the workout notes dated September 4, 2008, therapist Kathryn Hannon wrote "ifc & ice 15." On Friday, September 5, 2008, the claimant testified that she telephoned ATI and told them that she could not continue the work hardening program because "It's not worth it, the pain." She requested to be discharged from the program due to knee pain. She stated that ATI informed her that they would notify her physician.

¶ 15 In the progress report for the period September 1, 2008 through September 7, 2008, Mr. Gadomski wrote that:

"On 9/2/08, [the claimant] informed our facility that over the weekend, she was experiencing left knee pain. She stated 'I don't know what happened it just started hurting.' During previous sessions, [the claimant] did not report any LE discomfort. Upon returning to our facility on 9/3/08, the client was able to chair-to-floor lift 20 lbs. For 10 consecutive repetitions with no LE pain reports and she was able to complete the program with minimal modifications."

¶ 16 The claimant contacted ATI on September 7, 2008, and an employee wrote in the patient log/fax log "Pt called & said 'I still have shooting pn down my leg from knee. It was bad all wknd. Not coming in tmrw. If Mike needs to call me he can.' " The entry in the patient log/ fax log dated September 9, 2008, states "She stated that her knee still hurts - requested to be d/c'd. Informed her that we will notify MD of self-D/C."

¶ 17 The claimant testified that her knee popped when being stretched, but that she was not sure exactly when it was injured. She stated that prior to the pop her knee was sore during exercising, and the therapist working with her told her to work through it. She said that the employee "put my knee practically over my shoulder while she was talking to someone else that was on the floor next to me." The claimant testified that she suffers from constant knee pain. She testified that prior to attending work hardening she had never injured her left knee. She also stated that subsequent to the work hardening incident on August 28, 2009, she has never had any other accident or injury to her left knee.

¶ 18 Dr. Burra testified by evidence deposition. He stated that he originally treated the claimant for her elbow. He stated that at her August 14, 2008, appointment, he recommended that she participate in a work conditioning

program. He stated that he first learned of her knee injury on September 12, 2008, when examining the claimant for a follow up on her elbow injury. In progress notes from that date, Dr. Burra wrote that the claimant reported that, as part of her work conditioning, she was "put through multiple squat and raise activities as well as numerous stretching activities and other activities that she was never used to. As a consequent [sic], she developed left knee pain with some cracking sensation and popping sensation." He noted that the claimant called the work conditioning program on September 9, 2008, and requested that she be discharged from the program because her elbow was asymptomatic and because she had developed knee pain from the activities she was performing. Dr. Burra testified that he examined her knee and found that she had significant pain when he examined the patellofemoral joint. Dr. Burra wrote in the progress notes that his impression was "new-onset left knee pain developed during work conditioning activities as a result of the exercises she was performing." He diagnosed her with left patellofemoral pain. Dr. Burra wrote that the claimant could return to work without any restrictions and that he would reevaluate her in 4 weeks. He wrote that if her "knee were to swell up, she is unable to work, or she were to develop acute locking, catching, or giving out of her left knee, she will follow up sooner for immediate workup of her left knee."

¶ 19 Dr. Burra examined the claimant again on October 8, 2008. In his progress notes he wrote that her chief complaint was painful knees. In the present history he wrote that "She relates pain as achy in nature, primarily over the patellofemoral compartments of both knees, left worse than right." He wrote that the x-ray findings for both knees included mild arthritic changes. His impression was posttraumatic exacerbation of patellofemoral chondromalacia and possible medial

meniscal tear of the left knee. He recommended a magnetic resonance imaging scan (MRI) and took her off work.

¶ 20 The claimant had an MRI of her left knee. Dr Burra testified that he reviewed the claimant's MRI and found that there were signal changes within the posterior line of the medial meniscus, and there was evidence of injury to the cartilage in the patellofemoral joint. The MRI did not change his primary diagnosis.

¶ 21 Dr. Burra testified that he examined the claimant again on October 16, 2008. He stated her symptoms were kneecap pain, intermittent paresthesia, and tingling involving her left leg. He stated that a physical examination showed strongly positive patellofemoral grinding and explained that the grinding caused the majority of her pain. His primary diagnosis was patellofemoral pain and IT band syndrome.

¶ 22 Dr. Burra testified that he examined the claimant on November 7, 2008, and that she continued to have localized pain over her kneecap. The patellofemoral grind test was positive. His diagnosis remained the same. He recommended that she undergo a series of three injections to lubricate the joint. The claimant elected to have this treatment. The claimant had the third injection on November 21, 2008, at which time Dr. Burra examined her again. He stated that her knee had not changed and that she told him she had not had any relief from the first two injections.

¶ 23 Dr. Burra testified that he examined the claimant on December 19, 2008. She told him she experienced no relief at all from knee pain and that she had no change in her symptoms. Based on a review of the MRI and an examination of the claimant, Dr. Burra diagnosed the claimant with patellofemoral pain and a medial

meniscus tear. Because the claimant had not responded to non-operative measures, Dr. Burra recommended arthroscopy of her knee.

¶ 24 Dr. Burra testified that he performed arthroscopic surgery on the claimant on February 24, 2009. In performing the surgery, he found that there was a grade IV full thickness chondral defect present in the center of the claimant's trochlea. He stated that grade IV indicates that all of the cartilage is gone and the bone is exposed. He stated it can be caused by trauma to the knee. Dr. Burra testified that "based on my evaluation, including a review of her picture today and based on my exam at that time, I do have an opinion concerning this focal injury. It is not a generalized condition, this is a traumatic event." He elaborated that the claimant's activities at work hardening, specifically squatting, lifting, and step lifts, resulted in the claimant's knee condition. He stated that he reviewed the work hardening records and considered them when forming his opinion.

¶ 25 Dr. Burra testified that in his post operative examination of the claimant on March 6, 2009, he informed her that her injury was a focal chondral defect, not generalized arthritis and that it should be treated with physical therapy and other non-invasive measures. He told her that if her condition did not improve, they would consider a microfracture or an arthrosurface hemicap. Dr. Burra testified that the claimant attended physical therapy.

¶ 26 On April 10, 2009, Dr. Burra examined the claimant. He testified that she continued to have significant patellofemoral grinding and loading. He wrote in his progress notes that she was not making any significant progress as far as symptom relief with her conservative therapy. He suggested waiting one month to evaluate her condition, but discussed treatment options if her knee did not improve. Based on the options, the claimant expressed a desire to have an arthrosurface HemiCAP.

¶ 27 On June 8, 2009, the claimant returned to see Dr. Burra. In his office notes, he wrote that his impression was that she had a grade IV chondral defect of the trochlea with iliotibial band friction syndrome. Dr. Burra prescribed weekly physical therapy because iliotibial band pain usually responds to stretching exercises and physical therapy.

¶ 28 Dr. Burra examined the claimant on June 8, 2009. The claimant elected to have an arthroscopic HemiCAP and was awaiting workers' compensation approval.

¶ 29 Dr. Kevin Walsh, an orthopedic surgeon, testified by evidence deposition. He stated that he performed an independent medical examination on the claimant on May 28, 2009, at the request of the employer. He testified that the claimant told him that while performing stretching exercises at work hardening, she felt a pop in the top of her left knee. He stated that during his exam of the claimant she had "exquisite tenderness to touch." He stated that simply touching her skin elicited a pain response. Dr. Walsh testified that there was no evidence that the claimant suffered an injury to her knee during work hardening. He based his opinion on a review of the medical records and a review of the records from the ATI work hardening program. He stated that the ATI records showed that on September 2, 2008, the claimant reported experiencing left knee pain over the weekend and that "she did not know what happened, her knee simply started hurting." He went on to state that "if the patient had injured her knee at work hardening, more likely than not, the records from ATI Work First would have indicated an injury to her knee at work hardening." He stated that he did not see the history of her knee popping in any of the medical records. He testified that he did not believe that the HemiCap was a reasonable treatment for the claimant.

¶ 30 In Dr. Walsh's letter to the attorney for the employer, he stated that he reviewed the claimant's medical records including Dr. Burra's records. Dr. Walsh found:

"These medical records clearly indicate that the patient's symptoms in her left knee occurred over the weekend. This is documented in a dictation prepared by ATI First Program. It indicates on September 2, 2008, the patient reported experiencing left knee pain over the weekend and she did not know what happened, her knee simply started hurting. Therefore, based on a reasonable degree of medical certainty, there is no clear evidence that the patient's knee symptoms are causally related to her activities at ATI Physical Therapy."

Dr. Walsh noted that the claimant was unable to relate a specific activity that caused her knee to hurt. He felt that the grade IV changes described by Dr. Burra were a preexisting condition. He stated

"There is no evidence that the activity at ATI aggravated or accelerated the chondromalacia described by Dr. Burra, nor is it likely that the two weeks of activity described in these medical records at the work conditioning program caused a permanent change in the patient's condition. The patient underwent surgical intervention for chondromalacia of the trochlear groove, which was not caused, aggravated or accelerated by her work conditioning activity."

He stated that "more likely than not, based on a reasonable degree of orthopedic certainty, the chondromalacia was a result of degenerative changes, which more likely than not would have been present whether the patient was involved in work conditioning or not." Dr. Walsh stated that the claimant had significant subjective

complaints that do not clearly correlate with the arthroscopic findings. He stated "The patient's pain appears to be out of proportion to what one would expect with a chondral defect involving the trochlear groove." He felt that her subjective complaints were out of proportion to what is typical with grade IV chondromalacia. He also wrote that if the claimant underwent a HemiCap or other procedure it would be for degenerative changes present in the knee, not caused, aggravated, or accelerated by the work injury. He unequivocally stated that "there was no clear evidence the patient's current condition is in any way causally related to an injury at ATI." He felt that "[a]t best, the patient suffered a temporary aggravation of preexisting degenerative changes when she reported increasing symptoms over the weekend and that she just started hurting." He stated he had reviewed the claimant's MRI scan, x-rays, and arthroscopic photographs and that all findings identified on these could be explained on the basis of degenerative changes. He wrote that none of the findings were specifically related to a work injury or an injury at the work conditioning program.

¶ 31 Dr. Burra testified that the claimant returned on July 6, 2009, and brought a copy of Dr. Walsh's independent medical examination, which he reviewed. Dr. Burra testified that his opinion differed from Dr. Walsh's. He stated that Dr. Walsh felt that the claimant's injury was a global degenerative condition whereas he felt, based on his arthroscopic findings, that it was a very focal lesion. He also disagreed with Dr. Walsh's opinion that the claimants condition was not related to her work hardening activity. He stated that the "repetitive kneeling, squatting, step lifts, do produce or can cause this kind of injury that we found at the time of arthroscopy."

¶ 32 At the July 9, 2009, appointment, Dr. Burra stated he told the claimant that she could proceed with one of the treatments he had outlined to her previously or live with the pain. Based on her choice, they decided to proceed with an arthroscopic hemiarthroplasty. Dr. Burra examined the claimant again on August 18, 2009. At that time, her IT band pain had resolved, but she continued to have pain from patellofemoral grinding and loading. He stated that, in his opinion, the claimant is unable to return to work until she has the arthroscopic hemiarthroplasty. He stated that it was his opinion, based on a reasonable degree of medical and surgical certainty, that this future medical treatment plan was causally related to the event that happened during work hardening in August 2008.

¶ 33 The arbitrator found that on August 28, 2008, the claimant injured her left knee during work conditioning prescribed for her left elbow, a condition of ill-being which arose out of and in the course of her employment with the employer. The arbitrator stated that he gave more weight to the opinion of Dr. Burra than Dr. Walsh. The arbitrator awarded medical expenses in the amount of \$5,273.99, less credit for medical bills paid by the employer. He found that the claimant was entitled to temporary total disability benefits from September 5, 2008, until November 23, 2009, a period of 63 5/7 weeks, less a credit of \$6,821.20 for temporary total disability benefits paid by the employer. The arbitrator awarded the claimant prospective costs of medical/surgical treatment.

¶ 34 The employer sought review of the arbitrator's decision. The Commission reversed the arbitrator and found that the claimant failed to prove that she sustained an accidental injury arising out of and in the course of her employment on August 28, 2008, and failed to prove a causal connection existed between the alleged August 28, 2008, accident and her condition of ill-being in her left knee.

The Commission vacated the arbitrator's award of temporary total disability benefits and medical expenses. The Commission found the claimant's testimony that her leg was stretched almost over her shoulder by the therapist was exaggerated. It found that her testimony was not supported by the medical records in evidence. It noted that she testified that the therapist who stretched her leg was named Katie, while the workout log from August 28, 2008, as well as the next three sessions, was completed by therapist Michael Gadomski. The claimant returned to work hardening on August 29, 2008, and was able to work out her lower body on the treadmill without any mention of pain complaints in the medical treatment log. The Commission noted that the ATI progress summary of September 9, 2008, showed that the claimant advised she was unable to attend work hardening on September 2, 2008, because she experienced knee pain over the weekend but did not know what happened. The therapist noted that the claimant had not reported any lower extremity discomfort in the previous sessions. One Commissioner dissented.

¶ 35 The claimant appealed the Commission's decision to the circuit court. Following a hearing, the circuit court confirmed the Commission. The court found that there was evidence to support the Commission's finding in the record, therefore, its decision was supported by the manifest weight of the evidence. The claimant filed a timely notice of appeal.

¶ 36 ANALYSIS

¶ 37 The claimant argues that the Commission's determination that there was no causal connection between the ATI work hardening program and her knee injury was against the manifest weight of the evidence.

¶ 38 "When the Commission reviews an arbitrator's decision, it exercises original and not appellate jurisdiction, regardless of whether it hears additional evidence." *Franklin v. Industrial Comm'n*, 211 Ill. 2d 272, 279, 811 N.E.2d 684, 689 (2004). The Commission is not bound by the arbitrator's findings. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 675, 928 N.E.2d 474, 483 (2009). The Commission is the ultimate decisionmaker and must weigh the evidence presented at the arbitration hearing and determine where the preponderance of that evidence lies. *Roberson v. Industrial Comm'n*, 225 Ill. 2d 159, 173, 866 N.E.2d 191, 199 (2007). A reviewing court will not set aside the Commission's decision unless its fact determinations are against the manifest weight of the evidence or its analysis is contrary to law. *Id.*

¶ 39 "The question of whether an injury arises out of employment is generally a question of fact for the Commission and we will not disturb its determination unless it is against the manifest weight of the evidence." *Illinois Institute of Technology Research Institute v. Industrial Comm'n*, 314 Ill. App. 3d 149, 164, 731 N.E.2d 795, 808 (2000). "A decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent." *Hosteny*, 397 Ill. App. 3d at 675, 928 N.E.2d at 482. "The test is not whether this or any other tribunal might reach an opposite conclusion but whether there is sufficient factual evidence in the record to support the Commission's determination." *Navistar International Transportation Corp. v. Industrial Comm'n*, 331 Ill. App. 3d 405, 415, 771 N.E.2d 35, 45 (2002). In determining whether a causal connection exists between a work-related injury and the employee's condition of ill-being, the resolution of conflicts in the evidence, particularly medical opinion evidence, is the province of the Commission. *Id.* In resolving questions of fact, it is the

Commission's function to assess the credibility of witnesses, to resolve conflicts in the evidence, to assign weight to be accorded the evidence, and to draw reasonable inferences from the evidence. *Hosteny*, 397 Ill. App. 3d at 674, 928 N.E.2d at 482. "A reviewing court will not reweigh the evidence, or reject reasonable inferences drawn from it by the Commission, simply because other reasonable inferences could have been drawn." *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64, 862 N.E.2d 918, 924 (2006).

¶ 40 Applying these standards to the present case, we cannot conclude that the Commission's finding that the claimant failed to prove that she sustained an accidental injury arising out of and in the course of her employment was against the manifest weight of the evidence.

¶ 41 The Commission found that the claimant exaggerated some of her testimony. Specifically, the Commission felt that the claimant's testimony that her leg was stretched almost over her shoulder by the therapist on August 28, 2008, was exaggerated. The claimant was 51 years old at the time of the injury. She commenced the work hardening program on August 19, 2008. She testified that when she started the work hardening program, she had not "exercised in quite a long time." The Commission could reasonably infer that the claimant's testimony about her leg being stretched almost over her shoulder was exaggerated.

¶ 42 The Commission found that the claimant's testimony was not supported by the medical records in evidence. The Commission noted that the claimant testified that on August 28, 2008, she was stretched by a therapist named Katie, while the workout log from that date, as well as from the next three sessions, was completed by a therapist named Michael Gadomski. The claimant testified that she told her therapist that she injured her knee. There are no notations in the ATI records for

August 28, 2008, that the claimant complained of knee pain or a knee injury. The word "ICE" is written at the bottom of the record for that day, but there is nothing to indicate why the ice was given.

¶ 43 The claimant testified that she went to work hardening the next day. She stated that she worked her upper body and stretched her lower body. She testified that she complained the entire session of constant pain. In the workout notes for August 29, 2008, however, Mr. Gadomski made no mention that the claimant complained of any type of pain. Pursuant to the workout notes for that date, in addition to working her upper body and stretching, the claimant walked on the treadmill and rode a bike. In the claimant's progress report for August 25, 2008, through August 31, 2008, Mr Gadomski records no mention of knee pain. The only comment in the report regarding pain or discomfort is that the claimant stated she was "just sore all over right now."

¶ 44 The claimant was scheduled to attend work hardening on September 2, 2012. She testified that she telephoned and left a message with ATI that she would not be coming in because her knee was still bothering her. The ATI patient log/fax entry for that day confirmed that the claimant contacted the office to say she would not be in. The person who filled out the log wrote that the claimant stated her knee was bothering her all weekend.

¶ 45 The claimant attended work hardening on September 3, 2008. She testified that although she worked her lower body she was limited in what she could do because of her knee pain. She stated that she was in pain and told the ATI staff that she was feeling pain. She stated that she stopped her workout after two to three hours. The workout sheet completed by Mr Gadomski shows that the claimant worked with him for 3 and one-half hours. Mr. Gadomski wrote on the

workout sheet that the claimant performed dead lifts, lateral walking, leg presses, and lift and carry exercises for her legs. He did note on the bottom of the form "ice to go L knee." Mr. Gadomski completed a progress report on the claimant for the period September 1, 2008, through September 7, 2008. He wrote that the claimant informed ATI on September 2, 2008, that she experienced left knee pain over the weekend. She reported that "I don't know what happened it just started hurting." Mr Gadomski wrote that the claimant did not report lower extremity discomfort in the sessions prior to her September 2, 2008, report of left knee pain. He also wrote that on September 3, 2008, the claimant was able to perform 10 chair-to-floor lifts of 20 pounds with no reports of lower extremity pain and that she completed the workout that day with only minimal modifications.

¶ 46 The claimant testified that she injured her knee when it popped while she was being stretched at work hardening. She stated that she told Dr. Burra that her knee pain was caused by a pop while being stretched at work hardening. Dr. Burra wrote in his progress notes on September 12, 2008, that the claimant told him she hurt her knee while performing the work hardening activities for her lower body such as squat and raise activities. Dr. Burra acknowledged that there was no specific injury noted in the ATI records. The only note indicates that the claimant's knee started hurting over a weekend. Dr. Walsh testified that based upon the ATI records, there was no evidence that the claimant suffered an injury to her knee during work hardening. On cross examination, the claimant was asked whether, despite Dr. Burra's testimony that she developed pain doing multiple squatting and raising activities, her injury occurred suddenly while stretching. She replied in the affirmative. After repeated questioning about how the accident happened, the claimant stated that she did not know exactly how the injury

occurred or which exercise caused it. She only knew that "on August 28th that is when I felt a pop in my knee when I was being stretched."

¶ 47 It is the Commission's function to determine credibility. Based on the discrepancies in the claimant's testimony about when and how the accident occurred, Dr. Burra's testimony, and the ATI records, the Commission found that the claimant was not credible. While other reasonable inferences could have been drawn, there is evidence in the record to support the Commission's determination.

¶ 48 When Dr. Burra examined the claimant on October 8, 2008, he wrote in his progress note that the claimant related achy knees primarily over the patellofemoral compartment of both knees, with the left worse than the right knee. Dr. Burra testified that the claimant's knee condition was the result of a traumatic event. He opined that her work hardening activities, specifically the squatting, lifting, and step lifts caused the claimant's left knee injury. Dr. Walsh testified that the claimant's condition was the result of degenerative changes. He opined that it was unlikely that the two weeks of activity described in the ATI medical reports aggravated, accelerated or caused the claimant's knee condition. He further testified that the claimant's subjective complaints were out of proportion to the arthroscopic findings.

¶ 49 The Commission resolved the conflicts in the medical evidence in favor of Dr. Walsh. Dr. Burra's note that on October 8, 2008, the claimant complained of aching in both knees could support Dr. Walsh's opinion that the claimant's condition was degenerative. The Commission assessed the credibility of the witnesses, resolved the conflicts in the evidence, assigned the weight to be accorded the evidence, and drew reasonable inferences from the evidence. While

this court might have reached a different conclusion, there is sufficient factual evidence in the record to support the Commission's determination.

¶ 50

CONCLUSION

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

¶ 52 Affirmed.