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2012 IL App (4th) 110469WC-U

Order filed April 26, 2012

IN THE
APPELLATE COURT OF ILLINOIS
FOURTH DISTRICT
WORKERS' COMPENSATION COMMISSION DIVISION

THE CITY OF SPRINGFIELD,)	Appeal from the Circuit Court
)	of the 7th Judicial Circuit,
Appellee,)	Sangamon County, Illinois
)	
)	Appeal No. 4-11-0469
v.)	Circuit No. 10-MR-646
)	
THE ILLINOIS WORKERS' COMPENSATION)	Honorable
COMMISSION <i>et al.</i> (John Martin,)	John Schmidt,
Appellant).)	Judge, Presiding.

JUSTICE HOLDRIDGE delivered the judgment of the court.
Presiding Justice McCullough and Justices Hoffman, Hudson, and Stewart concurred in the judgment.

ORDER

¶ 1 *Held:* The Commission's finding that the claimant's left wrist condition was causally related to his work-related accident was not against the manifest weight of the evidence.

¶ 2 The claimant, John Martin, filed an application for adjustment of claim under the Workers' Compensation Act (the Act) (820 ILCS 305/1 *et seq.* (West 2006)) seeking benefits for shoulder and wrist injuries he claimed to have sustained while working as an employee of

respondent City of Springfield (employer). Following a hearing, an arbitrator found that the claimant had established that his current shoulder and wrist conditions were causally related to a work-related accident and awarded benefits, including temporary total disability (TTD), permanent partial disability (PPD), and medical expenses.

¶ 3 The employer appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (the Commission). The employer conceded causation as to the claimant's shoulder injury but disputed causation as to his wrist injury. The Commission affirmed the arbitrator's decision but applied different reasoning. Commissioner Lindsay dissented from the Commission's decision.

¶ 4 The employer sought judicial review of the Commission's decision in the circuit court of Sangamon County. The circuit court reversed the Commission's decision. The circuit court held that the Commission's finding that the claimant's wrist injury was causally related to his work accident was against the manifest weight of the evidence. This appeal followed.

¶ 5 **FACTS**

¶ 6 The claimant is a 43-year-old journeyman lineman and job foreman who has worked for the employer for 22 ½ years. Although the claimant is entitled to delegate some assignments, his job requires him to perform a number tasks that involve physical exertion, such as climbing, jacking chain hoists, and working "out of a bucket."

¶ 7 On August 23, 2006, the claimant was working on an air raid siren in the parking lot of a restaurant in Springfield. He was standing on the back of a "digger truck" at the time. As he stepped off the truck, the claimant slipped in hydraulic oil and lost his footing. As he slipped, the claimant held one of the handles on the truck with a "death grip" to keep himself from falling.

He "heard some noises, hyper-extended [his] arm [and] fell to the ground." After he landed, the claimant was "in a lot of pain" and "could hardly move" his left arm. He immediately reported the incident to his supervisor, Don Baumhardt. The claimant then went to the Emergency Room at St. John's Hospital, where he underwent X-rays and was given pain medication. The shoulder was the focus of the claimant's attention at that point, and he made no complaints regarding his left wrist. Neither party offered the Emergency Room records into evidence.

¶ 8 The next day, the claimant saw Dr. Brett Western at the Springfield Clinic. The claimant did not notice anything unusual about his left wrist at that time. After examining the claimant, Dr. Western noted that the claimant had very limited active motion of the left shoulder. His initial impression was that the claimant had a left shoulder strain and a "likely rotator cuff tear." Dr. Western ordered an MRI of the claimant's left shoulder. The MRI showed abnormalities in the claimant's left shoulder consistent with a soft tissue injury and/or capsular perforation. Dr. Western restricted the claimant from lifting, pushing, pulling, and reaching overhead with the left arm.

¶ 9 The claimant resumed working as a foreman. When he returned to work, the employer allowed him to delegate job tasks requiring physical labor. The claimant did not lose any time from work thereafter until February 6, 2007, more than five months later.

¶ 10 On October 5, 2006, the claimant saw Dr. Mark Greatting, an orthopedic surgeon, complaining of a left shoulder injury. The claimant had already been treating with Dr. Greatting for a prior right wrist problem.¹ After examining the claimant, the doctor noted that the claimant

¹ Dr. Greatting's note of October 5, 2006, reflects that the claimant came back to see him that day for a "new problem with his left shoulder," as well as for chronic right wrist pain and

had "slight decreased flexion and extension right wrist compared to left." He also noted that the claimant had "good motion of the left elbow, forearm, wrist and hand." The October 5, 2006, medical record contains no mention of any complaints relative to the left wrist, and the claimant acknowledges that he did not mention his left wrist to Dr. Greatting that day.

¶ 11 After examining the claimant's left shoulder, performing a CT scan of the shoulder, and reviewing the MRI film, Dr. Greatting concluded that the claimant had injured his left shoulder during the August 23, 2006, work accident. On February 6, 2007, Dr. Greatting performed a diagnostic arthroscopy of the claimant's left shoulder. During the arthroscopy, Dr. Greatting noted "a complete rupture of the subscapularis tendon² with medial retraction, as well as marked anterior subluxation of the long head of the biceps."³ He concluded that the claimant's shoulder would need to be surgically repaired. Dr. Greatting performed the surgery on February 22, 2007. He noted that the surgical pathology findings were consistent with the mechanism of injury

chronic right carpal tunnel syndrome. The doctor noted that he planned to operate on the claimant's right wrist later that year, once he had received approval from the workers' compensation carrier.

² The subscapularis, located in the front of the shoulder, is one of the four muscles that make up the rotator cuff. The subscapularis tendon is connective tissue that connects the subscapularis muscle to the humerus bone.

³ The "long head" of the biceps is a thin tendon that runs in a groove at the front of the shoulder before entering the shoulder joint. It is one of the tendons that attaches the biceps muscle to the bone. If the soft tissue restraints that hold the long head tendon in place are injured, the tendon may "sublux," or partially dislocate in and out of its groove.

during the August 23, 2006, work accident. Following surgery, Dr. Greatting prescribed a shoulder-immobilizing sling and kept the claimant off work until July 2, 2007, when the claimant resumed working half days.

¶ 12 The claimant began physical therapy at the Springfield Clinic on March 26, 2007. The claimant attended 49 therapy sessions from late March through July of 2007. The physical therapy records indicate that, on April 13, 2007, the claimant began doing push-ups as part of his physical therapy. On May 23, 2007, the therapist noted that the claimant voiced "some complaints of pain/soreness while in therapy." The pain and soreness are not otherwise described. On June 20, 2007, the therapist noted that the claimant "attempted countertop push-up" but switched to chair and wall push-ups after experiencing increased pain. The location of the pain is not described. On July 13, 2007, the therapist indicated the claimant had "more complaints in the left elbow." Three days later, the therapist noted that the claimant's shoulder had improved and noted that the claimant's "chief complaint of pain continues to be of left elbow pain and decreased grip strength." On July 2, 2007, Dr. Greatting released the claimant to light duty with no lifting over ten pounds with his left arm, no use of the left arm above shoulder level, and no climbing.

¶ 13 On July 19, 2007, the claimant returned for a follow-up visit with Dr. Greatting. At that time, the claimant felt his shoulder was "doing well" but complained of mild left elbow pain and "mild pain with resisted wrist extension." Dr. Greatting noted that the claimant "appear[ed] to

have a mild left lateral epicondylitis."⁴ Nevertheless, Dr. Greatting noted that the claimant could resume working full duty on July 20, 2007.

¶ 14 When the claimant next saw Dr. Greatting on August 30, 2007, the doctor found him to be at maximum medical improvement with respect to the left shoulder. However, the doctor noted in his records that the claimant experienced left elbow pain following his left shoulder injury and had undergone an injection for lateral epicondylitis during his arthroscopy. According to Dr. Greatting's records, this injection had "helped for a long period of time," but the claimant's elbow pain had recurred. On examination of the left elbow, Dr. Greatting noted tenderness over the left lateral epicondyle, good motion, and pain with resisted wrist extension.

¶ 15 Dr. Greatting's notes of the August 30, 2007, visit also reflect that the claimant complained of pain in his left wrist.⁵ According to Dr. Greatting's notes, the claimant "state[d] he has had some left wrist pain and discomfort since his injury to his left arm." The doctor's notes also indicate that the claimant "complain[ed] of noticing pain while he was doing therapy on his shoulder," and "note[d] continuing pain in his wrist while he was doing therapy." Dr. Greatting's notes state that "certainly with the mechanism of injury [the claimant] had, he could have injured his left wrist" during the August 23, 2006, work accident.

⁴ An "epicondyle" is a rounded projection at the end of a bone that usually serves as a place of attachment for ligaments and tendons. The elbow contains an epicondyle.

"Epicondylitis," commonly known as "tennis elbow," is an inflammation of the epicondyle in the elbow.

⁵ Dr. Greatting acknowledged that he had "not really mentioned or made note of this in the previous office visits."

¶ 16 On examination of the claimant's left wrist, Dr. Greatting noted "pretty good motion," tenderness, and a "positive scaphoid shift test." A positive scaphoid shift test may indicate either a fracture in one of the carpal bones in the wrist or instability in the associated ligaments. Dr. Greatting obtained X-rays of the left wrist and found evidence of a scapholunate ligament tear.⁶ He administered an injection into the claimant's left wrist and prescribed an MR arthrogram of the left wrist. The arthrogram, which was performed on September 4, 2007, revealed various abnormalities, some of which were consistent with a tear in the scapholunate ligament. Based on the arthrogram, Dr. Greatting recommended reconstructive surgery.

¶ 17 Dr. Greatting operated on the claimant's left wrist on January 2, 2008. The surgery consisted of a repair of the scapholunate ligament and a "capsulodesis," which the doctor described as "kind of a reinforcement of that area with some other tissue in the wrist region." On April 17, 2008, the doctor released the claimant to full work duty. Three months later, the claimant's wrist appeared stable, and the doctor told the claimant he could use his wrist as tolerated. Dr. Greatting found the claimant to be at maximum medical improvement with respect to the left wrist on July 17, 2008. The claimant had only about 2/3 of his normal left wrist range of motion at the time.

¶ 18 Dr. Greatting was deposed November 10, 2008. During his deposition, Dr. Greatting testified that the claimant told him during the August 30, 2007, office visit that he "had had some pain in his left wrist since the [work] injury." Based "entirely" on this history, Dr. Greatting concluded that "if the wrist pain began when that [work] injury occurred that it would be or could be related to that injury." Dr. Greatting testified that the torn scapholunate ligament in the

⁶ The scapholunate ligament binds the scaphoid and lunate bones of the wrist together.

claimant's left wrist was "consistent with a traumatic injury." However, when asked whether the ligament tear in the claimant's left wrist was consistent with the claimant's account of the August 23, 2006, work accident, Dr. Greatting responded:

"I don't think you can just take the operative findings by themselves. I mean you have to have a history of injury and pain.

*** But if the history he gave me was stating that his wrist pain occurred after that injury, then, yes, that would all be consistent."

¶ 19 Although Dr. Greatting acknowledged that there were other potential causes of a scapholunate ligament tear, he testified that a "direct trauma" was "[b]y far and away the most common cause." Dr. Greatting stated that, when he operated on the claimant's left wrist, he noted no congenital anomalies that could have caused the scapholunate tear. Moreover, the doctor testified that the September 4, 2007, MRI of the claimant's left wrist showed no bleeding, swelling, inflammation, or edema, which one would expect to find if the ligament tear were a recent injury. Accordingly, the doctor opined that the MRI was "not consistent with an acute or recent injury," and "could be consistent" with an injury occurring in August of 2006.

¶ 20 Dr. Greatting acknowledged that the claimant did not complain of left wrist pain on October 5, 2006, and that the claimant had decreased motion in his right wrist compared with his left wrist on that date. However, Dr. Greatting testified that this did not necessarily mean that the claimant had normal motion in his left wrist as of that date. According to the doctor, the examination he performed on October 5, 2006, was merely a "gross inspection of [the claimant's wrist] range of motion" which did not rule out a scapholunate tear in the left wrist. Moreover, Dr. Greatting testified that, if the claimant tore his scapholunate ligament on August 23, 2006, he

would not necessarily have complained of left wrist pain on that date. Dr. Greatting noted that the claimant also had a significant shoulder injury on that date and explained that "when people injure multiple places in one extremity, often times they'll complain most about the area that hurts the worst and sometimes not notice other regions that are injured." Moreover, Dr. Greatting testified that "there can be a period of time where someone can have a scapholunate ligament tear and be asymptomatic." He noted that a person suffering from an asymptomatic scapholunate ligament tear can cause the tear to become painful by performing actions that put pressure on the tear, like heavy lifting or doing push-ups.

¶ 21 On October 10, 2007, the claimant was examined by Dr. John Scott Player, an orthopedic surgeon who served as the employer's independent medical examiner. Dr. Player gave an evidence deposition on May 8, 2008. During his deposition, Dr. Player testified that his examination of the claimant "manifested no evidence for symptom magnification or overstatement of pain." Dr. Player opined that the claimant's left shoulder injury and his subsequent left shoulder surgery were causally related to the August 23, 2006, work accident. However, Dr. Player opined that the claimant's left wrist condition, which he characterized as degenerative arthritis and a degenerative tear of the scapholunate ligament, was not caused or aggravated by the work accident.⁷ Dr. Player testified that he based this opinion on the following facts: (1) the medical records did not document that the claimant made any complaints of pain in his left wrist immediately after the August 23, 2006, work accident or after his shoulder surgery; (2) when Dr. Greatting examined the claimant on October 5, 2006, he noted that the claimant had

⁷ Dr. Player noted that the claimant had bilateral scapholunate tears and opined that "whatever the process is that's responsible for [these tears] is occurring on both sides."

slight decreased flexion and extension of the right wrist compared to the left, and he recorded no negative findings as to the left wrist, suggesting to Dr. Player that the left wrist was normal at that time; (3) the physical therapy records document no complaints of left wrist pain; and (4) the claimant told Dr. Player that his left wrist symptoms did not occur until he was doing push-ups during physical therapy. Dr. Player also noted that it was not until August 30, 2007, that Dr. Greatting documented any complaint relative to the left wrist.

¶ 22 Dr. Player testified that scapholunate tears are "most frequently degenerative in nature" and may be caused by a congenital anatomical anomaly, repetitive activity involving flexion and extension of the wrist joint, or an acute traumatic injury such as hyperextension or excessive flexion of the wrist. Dr. Player did not note any congenital anomaly that would explain the claimant's scapholunate ligament tear. Moreover, Dr. Player testified that a person who has a scapholunate tear can be "completely asymptomatic" and that certain activities that put pressure on the tear could cause the person to experience pain. For example, Dr. Player testified that performing a "classical" push-up with one's wrists on the ground would put pressure on the scapholunate ligament and could cause an asymptomatic tear to become painful. However, Dr. Player stated that performing such a push-up would not cause a scapholunate ligament tear and would not necessarily cause any worsening of the underlying pathology.

¶ 23 During the arbitration hearing, the claimant testified that he did not experience any pain in his left wrist until he began performing regular push-ups with all his weight during physical therapy after his shoulder surgery. He testified that he mentioned his left wrist symptoms to his physical therapist but, in retrospect, felt he had failed to "elaborate enough on that." He indicated he did not strenuously complain to his therapist about his left wrist because he initially attributed

his discomfort to overall deconditioning and because he is "not a big complainer." The claimant testified that he told Dr. Greatting about his left wrist symptoms for the first time on August 30, 2007. He denied telling Dr. Greatting that he had experienced left wrist pain since the August 23, 2006, accident and testified that Dr. Greatting "would be mistaken" if he said that.

¶ 24 Donald Baumhardt testified on behalf of the claimant. Baumhardt had been the claimant's immediate supervisor for 14 years. Baumhardt described the claimant as having "a very good work ethic" and "always go[ing] above and beyond" at work. Baumhardt testified that the claimant worked light duty from the date of the August 23, 2006, accident until the date of his shoulder surgery in February 2007. Although Baumhardt testified that the claimant did some physical labor during that time period, he stated that "a lot of" the work the claimant did could be performed with the right arm, and Baumhardt did not see the claimant doing a great deal of physical labor with his left arm. Baumhardt noted that, when the claimant returned to full-duty work after his shoulder surgery in July 2007, the claimant stated that his left wrist was bothering him.

¶ 25 The arbitrator found that the injuries to the claimant's left shoulder and wrist were causally related to the August 23, 2006, accident. In so ruling, the arbitrator relied on Dr. Greatting's testimony that "the August 23, 2006, injury caused the tear in the scapholunate ligaments." The arbitrator also found that, when the claimant began doing floor push-ups in physical therapy "on October 13, 2007," he "immediately noticed a sharp pain in his left wrist" which "became more acute as the [claimant] continued physical therapy." The arbitrator also found that the petitioner reported this pain to his physical therapist. The arbitrator found the claimant to be "extremely credible."

¶ 26 The employer paid the arbitrator's award as to the claimant's left shoulder but appealed the arbitrator's decision as to the claimant's left wrist to the Commission. The Commission agreed with the arbitrator's finding that the claimant established causation as to his left wrist but applied different reasoning. The Commission rejected the arbitrator's findings that the claimant experienced an abrupt onset of pain in his left wrist while performing floor push-ups during an October 13, 2007, therapy session because "the claimant did not testify to an abrupt onset of left wrist pain and stopped attending therapy in July 2007." Nevertheless, the Commission found that "the evidence, when taken as a whole, supports the conclusion that the claimant sustained a left scapholunate tear on August 23, 2006, that this tear was asymptomatic during the period of inactivity that followed August 23, 2006, and that this tear became symptomatic in mid-2007 as the claimant progressed in therapy and resumed working."

¶ 27 In so ruling, the Commission relied on "the mechanism of the claimant's injury," "the fact that the accident was of sufficient severity to cause injuries to the elbow as well as the shoulder," "the fact that the claimant's left arm was immobilized for a period following the accident," "the fact that the claimant had to discontinue performing push-ups due to pain during a July 2007 therapy session," "the fact that Dr. Greatting noted pain with resisted left wrist extension when he examined the claimant on July 19, 2007," and "the fact that the therapist noted the claimant was 'continuing to' complain of decreased grip strength in mid-July 2007." The Commission also relied on Dr. Greatting's testimony that "scapholunate tears can be asymptomatic and that performing push-ups could cause a previously asymptomatic tear to become symptomatic."

¶ 28 The Commission recognized that there was a "conflict between the history Dr. Greatting recorded on August 30, 2007, and the claimant's testimony concerning the onset of his left wrist

symptoms." However, the Commission chose to "give greater weight to the claimant's testimony and the history recorded by Dr. Player, *i.e.*, that the claimant began experiencing left wrist symptoms while undergoing therapy for his undisputed left shoulder injury." Although the Commission acknowledged that Dr. Player saw no evidence that the claimant complained of pain while doing push-ups during therapy, the Commission found that "such evidence clearly exists." Accordingly, the Commission affirmed the arbitrator's award of TTD benefits, PPD benefits, and medical expenses.

¶ 29 Commissioner Lindsay dissented. She noted that the claimant did not testify that he suffered a left wrist injury at the time of the August 23, 2006, accident. To the contrary, the claimant testified that he had no left wrist pain immediately after the accident, and he complained only of shoulder pain during his initial visits with Drs. Western and Greatting. Moreover, on October 5, 2006, Dr. Greatting noted that the claimant had "good motion" of the left wrist. In addition, Commissioner Lindsay noted that Dr. Greatting's causation opinion as to the claimant's left wrist condition was "faulty and cannot be relied upon" because it was based entirely on Dr. Greatting's erroneous belief that the claimant told him that his left wrist pain started immediately after the August 23, 2006, accident. The claimant testified that he never made such a statement. Commissioner Lindsay maintained that, rather than ignoring Dr. Greatting's flawed causation opinion, the Commission "ha[d] essentially rewritten his opinion to indicate that even though [the claimant] never told him about a problem with therapy and even though he didn't review all the therapy records[,] [the claimant] could have had an asymptomatic tear which became symptomatic while performing push-ups during physical therapy[.]" Commissioner Lindsay noted that neither Dr. Greatting nor Dr. Player opined that the claimant's left wrist condition was

caused or aggravated by the claimant performing push-ups during physical therapy and that such a finding finds no support in the medical or physical therapy records.

¶ 30 Commissioner Lindsay also noted several other "inaccuracies" in the Commission's decision. First, she rejected the Commission's finding that the August 23, 2006, accident was "of sufficient severity to cause injuries to the elbow as well as the shoulder," noting that no doctor ever opined that the claimant's elbow injury (which was diagnosed almost one year after the accident) was related to the accident. In addition, Commissioner Lindsay disagreed with the Commission's finding that there was evidence that the claimant had complained of pain while doing push-ups during physical therapy. She noted that, although the physical therapy records show that the claimant complained of left *elbow* pain in July 2007, they "do not indicate that [the claimant] had to discontinue performing push-ups due to wrist pain during a July, 2007 therapy session." In sum, Commissioner Lindsay maintained that "[t]he records fail to indicate any association between push-ups, pain, and wrist complaints." She concluded that the Commission's decision was "speculative and *** unsupported by the record."

¶ 31 The employer sought judicial review of the Commission's decision in the circuit court of Sangamon County. The circuit court reversed. The court found that "the record is barren of any evidence to prove a causal connection between [the claimant's] fall and his left wrist injury." The court found it significant that the claimant did not claim any left wrist pain until almost one year after the accident. Moreover, the court found that "Dr. Greatting's testimony that the left wrist could have been symptomatic [*sic*] is against the manifest weight of the evidence." Accordingly, the court found the Commission's causation finding as to the claimant's left wrist condition and

its resulting award of benefits for that condition to be against the manifest weight of the evidence. This appeal followed.

¶ 32

ANALYSIS

¶ 33 To obtain compensation under the Act, a claimant must prove that some act or phase of his employment was a causative factor in his ensuing injuries. *Land and Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d 582, 592 (2005). 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). We will overturn the Commission's causation finding only when it is against the manifest weight of the evidence. A factual finding is against the manifest weight of the evidence if the opposite conclusion is "clearly apparent." *Swartz v. Illinois Industrial Comm'n*, 359 Ill. App. 3d 1083, 1086 (2005). The test is whether the evidence is sufficient to support the Commission's finding, not whether this court or any other tribunal might reach an opposite conclusion. *Pietrzak v. Industrial Comm'n*, 329 Ill. App. 3d 828, 833 (2002). "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 (2006).

¶ 34 Applying these standards, we cannot say that the Commission's conclusion that the claimant's current left wrist condition is causally related to his August 23, 2006, work accident was against the manifest weight of the evidence. During the accident, the claimant held one of

the handles on the truck with a "death grip" when he "hyper-extended [his] arm [and] fell to the ground." Based on that mechanism of injury, Dr. Greatting concluded that the claimant could "certainly" have injured his wrist during the accident. Dr. Player agreed that the particular wrist injury that the claimant sustained, a torn scapholunate ligament, could be caused by an acute traumatic injury such as hyperextension of the wrist. Moreover, although the claimant testified that he did not notice any pain in his left wrist until he began doing push-ups during his physical therapy several months after the accident, Dr. Greatting and Dr. Player both testified that a scapholunate ligament tear can be completely asymptomatic at first and can be rendered symptomatic by doing push-ups.

¶ 35 In addition, Dr. Greatting stated that, when he operated on the claimant's left wrist, he noted no congenital anomalies that could have caused the scapholunate tear. Dr. Player agreed that there was no evidence that the claimant had any such congenital anomalies. Moreover, Dr. Greatting opined that the September 4, 2007, MRI results were "not consistent" with a recent injury and "could be consistent" with an injury occurring in August of 2006. Further, Dr. Player opined that although doing push-ups could cause a preexisting, asymptomatic scapholunate ligament tear to become painful, doing push-ups could not cause or aggravate a scapholunate ligament tear. Given all of this evidence, it was not against the manifest weight of the evidence for the Commission to conclude that the claimant suffered a scapholunate ligament tear in his left wrist during the August 23, 2006, work accident which remained asymptomatic until the claimant did push-ups during his physical therapy several months later. The fact that other inferences may reasonably be drawn from the evidence does not alter this fact. *Durand*, 224 Ill. 2d at 64; *Caterpillar Tractor Co. v. Industrial Comm'n*, 124 Ill. App. 3d 650, 653 (1984).

¶ 36 The employer argues that there is "no *** evidence in the record" that the claimant complained of left wrist pain while doing push-ups during physical therapy. We disagree. First, the claimant testified that he experienced left wrist pain while doing push-ups and reported it to his physical therapists. The Commission was entitled to credit this testimony even if it was not corroborated by the medical records or other record evidence. See, e.g., *Hosteny*, 397 Ill. App. 3d at 674 ("In resolving questions of fact, it is within the province of the Commission to assess the credibility of witnesses" and "assign weight to be accorded the evidence"). In any event, the claimant's testimony was corroborated by other record evidence. Dr. Greatting's August 30, 2007, medical record reflects that the claimant "complain[ed] of noticing pain while he was doing therapy on his shoulder," and "note[d] continuing pain in his wrist while he was doing therapy." Moreover, although it does not specify the type of pain that the claimant was experiencing, the June 20, 2007, physical therapy record notes that the claimant experienced pain while attempting a push-up. Further, the July 16, 2007, physical therapy record indicates that the claimant's chief complaint at that time "continue[s] to be "left elbow pain and *decreased grip strength*" (emphasis added). In addition, the claimant's supervisor testified that, when the claimant returned to full-duty work shortly after he completed his physical therapy, the claimant stated that his left wrist was bothering him. Taken together, this evidence supports the claimant's testimony that he experienced pain in his left wrist while doing push-ups during physical therapy.

¶ 37 The employer also argues that some of Dr. Greatting's medical records suggest that the claimant's left wrist was functioning normally after the August 23, 2006, work accident. For example, on October 5, 2006, and August 30, 2007, Dr. Greatting noted that the claimant had "good motion" in his left wrist. Moreover, Dr. Player found it significant that, when Dr. Greatting

examined the claimant on October 5, 2006, he noted that the claimant had slight decreased flexion and extension of the right wrist compared to the left, and he recorded no negative findings as to the left wrist. In Dr. Player's opinion, this suggests that the claimant's left wrist was "normal at that time." However, Dr. Greatting testified that the examination he performed on October 5, 2006 was merely a "gross inspection of [the claimant's wrist] range of motion" which did not rule out a scapholunate tear in the left wrist. Moreover, Dr. Greatting stated that the fact that the claimant had slightly better flexion and extension in his left wrist did not necessarily mean that the claimant had normal motion in his left wrist at the time. It is the Commission's province to resolve conflicts in medical opinion evidence and to determine the credibility of weight of such testimony. *Hosteny*, 397 Ill. App. 3d at 675 (2009); *Fickas*, 308 Ill. App. 3d at 1041. Accordingly, the Commission was entitled to credit Dr. Greatting's testimony on this issue over Dr. Player's, and its decision to do so was not against the manifest weight of the evidence.

¶ 38 One final point bears mentioning. Dr. Greatting testified in general terms that a scapholunate ligament tear could be caused by a traumatic event like the August 23, 2006, accident and that such an injury could be initially asymptomatic and rendered symptomatic by doing push-ups. Dr. Player agreed with this testimony. However, neither expert opined that the tear in the claimant's scapholunate tendon *actually was* caused by the August 23, 2006, accident or *actually was* rendered symptomatic by push-ups.⁸ In other words, the expert testimony supporting the claimant's assertion

⁸ During his deposition, Dr. Greatting testified that he would agree that the ligament tear in the claimant's left wrist was caused by the August 23, 2006, work accident if the claimant stated that he experienced left wrist pain immediately after the accident. However, the claimant subsequently denied that he experienced pain in his left wrist immediately after the accident.

of causation was of a hypothetical character, and no expert offered a conclusive causation opinion. Nevertheless, this does not require reversal of the Commission's decision. First, medical testimony is not necessarily required *** to establish causation[.]” *Westinghouse Electric Co. v. Industrial Comm'n*, 64 Ill. 2d 244, 250 (1976); see also *Kropp Forge Co. v. Industrial Comm'n*, 85 Ill. 2d 226, 231 (1981). Moreover, “[i]t is not necessary for a medical expert witness to testify positively as to the cause of an injury, despite any objection that his or her testimony is inconclusive or speculative.” *Caterpillar Tractor Co.*, 124 Ill. App. 3d at 653. Accordingly, “[a] finding of a causal connection may be based on a medical expert's opinion that an accident “could have” or “might have” caused an injury.” *Id.*, citing *Mason & Dixon Lines, Inc. v. Industrial Comm'n*, 99 Ill. 2d 174, 182 (1983).

¶ 39 Here, Dr. Greatting testified that, based on the mechanism of the claimant's August 23, 2006 injury, the claimant could have injured his wrist at that time. He also testified that the September 4, 2007, MRI results “could be consistent” with an injury occurring in August of 2006. Dr. Player agreed that the type of left wrist injury that the claimant sustained could be caused by an acute traumatic injury such as hyperextension of the wrist. Moreover, Drs. Greatting and Player both testified that a scapholunate ligament tear can be initially asymptomatic and can be rendered symptomatic by doing push-ups. They also agreed that there was no evidence that the claimant had any congenital anomalies that could cause his scapholunate tear. This evidence, together with the

Accordingly, the condition precedent to Dr. Greatting's causation opinion was not satisfied.

However, we note that Dr. Greatting's suggestion that a causal connection may not be inferred unless the claimant complained of left wrist pain immediately after the accident conflicts with Dr. Greatting's and Dr. Player's testimony that scapholunate ligament tears may be asymptomatic after they occur. The Commission was entitled to rely on the latter testimony.

claimant's testimony, Dr. Greatting's medical records, and the physical therapy records, provide sufficient support for the Commission's causation finding, even in the absence of a conclusive causation opinion by a medical expert.

¶ 40

CONCLUSION

¶ 41 For the foregoing reasons, we reverse the judgment of the Sangamon County circuit court reversing the Commission's decision, reinstate the Commission's decision, and remand the cause to the Commission for further proceedings.

¶ 42 Reversed; Commission decision reinstated; cause remanded.