

No. 1-15-1709WC

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IN THE
APPELLATE COURT OF ILLINOIS
FIRST DISTRICT

PASHA HUNT-GOLLIDAY,)	Appeal from the
)	Circuit Court of
Appellant,)	Cook County
)	
v.)	No. 14 L 50533
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION, <i>et al.</i> ,)	
)	Honorable
(Cook County Department of Facilities Management,)	Carl Anthony Walker,
Appellee).)	Judge, Presiding.

JUSTICE HOFFMAN delivered the judgment of the court.
Presiding Justice Holdridge and Justices Hudson, Harris, and Stewart concurred in the judgment.

ORDER

¶ 1 *Held:* The finding of the Illinois Workers' Compensation Commission (Commission) that there is no causal connection between the claimant's current condition of ill-being and her work accident and its consequent denial of an award of additional medical expenses and temporary total disability (TTD) benefits is against the manifest weight of the evidence. The Commission's finding that the claimant failed to establish an increase in disability and its denial of additional permanent partial disability benefits is not against the manifest weight of the evidence. The matter was remanded back to the Commission with directions to award the claimant the additional medical expenses and TTD benefits to which she is entitled, order DFM to authorize and pay for an MR arthrogram, and reconsider

its denial of penalties pursuant to sections 19(k) and 19(l) and attorney fees pursuant to section 16 of the Workers' Compensation Act.

¶ 2 The claimant, Pasha Hunt-Golliday, appeals from an order of the circuit court which confirmed a decision of the Commission denying her petitions for additional benefits pursuant to sections 19(h) and 8(a) of the Workers' Compensation Act (Act) (820 ILCS 305/8(a), 19(h) (West 2012)) and for an award of penalties and attorney fees under sections 19(k), 19(l), and 16 of the Act (820 ILCS 305/19(k), (l), 16 (West 2012)). For the reasons which follow, we: affirm that portion of the circuit court's order which confirmed the Commission's finding that the claimant failed to prove an increase in her disability and its consequent denial of her request for additional PPD benefits; reverse that portion of the circuit court's order confirming the Commission's finding as to causation and its resulting denial of an award of medical expenses and additional TTD benefits; reverse that portion of the circuit court's order confirming the Commission denial of the claimant's petition for an award of penalties and attorney fees; reverse the Commission's finding as to causation and that portion of its decision denying the claimant's request for an award of medical expenses and additional TTD benefits; vacate that portion of the Commission's decision which denied the claimant's petition for an award of penalties and attorney fees; and remand this matter back to the Commission with directions to: (1) award the claimant the additional TTD benefits and medical expenses to which she is entitled; (2) order DFM to authorize and pay for an MR arthrogram as recommended by Dr. Preston Wolin; and (3) reconsider the claimant's petition for an award of penalties pursuant to sections 19(k) and 19(l) of the Act and attorney fees pursuant to section 16 in light of this court's findings as to causation, medical expenses, and TTD benefits.

¶ 3 The following evidence was adduced at the claimant's original arbitration hearing on January 27, 2011, and at the hearings held before the Commission on the claimant's petitions for

an award of additional benefits under section 19(h) and 8(a) of the Act and for an award of penalties and attorney fees under sections 19(k), 19(l), and 16 of the Act.

¶ 4 On February 20, 2006, the claimant was working for DFM as a journeyman iron worker at the Cook County jail. She was replacing razor wire on top of a 20-foot fence when she slipped off of a ladder and lacerated the palm of her left hand as she grabbed the razor wire for support. The claimant immediately sought treatment in the emergency room at Cermak Hospital where she was given a tetanus injection in her right shoulder. In the ensuing hours, the claimant's right arm began to swell and became increasingly painful. By the following day, her arm had swollen to nearly twice its normal size, and she had difficulty closing her right hand.

¶ 5 On February 22, 2006, the claimant was seen at the Midway Clinic where her cut was treated. She was authorized to remain off of work, and she received a referral for physical therapy for her right shoulder.

¶ 6 The claimant underwent physical therapy at the Midway Clinic for her right shoulder from February 24, 2006, through March 15, 2006, when she was discharged from care by the clinic. On March 15, 2006, the claimant was also seen by her primary care physician, Dr. Huang. On that visit, she complained of pain in her right shoulder. Dr. Huang authorized the claimant to return to work with light duty restrictions and recommended that she consult a specialist. On the following day, the claimant was seen at the Cook County Medical Department where she was examined and released to work with light duty restrictions.

¶ 7 Based upon her continued right shoulder symptoms, the claimant began treating with Dr. Mark Chang, an orthopedic specialist, on April 11, 2006. The claimant underwent an x-ray of her right shoulder on that date which, according to Dr. Chang's records, was unremarkable and

revealed no abnormalities. Dr. Chang authorized the claimant to remain off of work, ordered an MRI, and recommended additional physical therapy.

¶ 8 The claimant underwent the recommended MRI on May 4, 2006. The scan revealed a degenerative change in the right acromioclavicular joint and no evidence of a rotator cuff tear.

¶ 9 The claimant commenced physical therapy on May 30, 2006, at Accelerated Rehab and continued the therapy through September 5, 2006.

¶ 10 At the request of DFM, the claimant was examined by Dr. Heller on June 9, 2006. According to Dr. Heller's records of that visit, he released the claimant to return to full duty work.

¶ 11 On June 19, 2006, the claimant's shoulder was evaluated by a physician at the Cook County Medical Department who released her to light duty work with restrictions, including no overhead lifting and minimal stooping and twisting.

¶ 12 Dr. Wolin's records indicate that the claimant had another MRI on June 26, 2006, which revealed fluid in the subacromial space with a Type III acromion and no rotator cuff tear.

¶ 13 The claimant was next seen by Dr. Chang on July 18, 2006. On that date, Dr. Chang recommended that the claimant continue physical therapy and prescribed an EMG/NCV. The claimant underwent the test on July 25, 2006, which, according to the physician administering the test, revealed normal results. Dr. Chang reviewed the test results with the claimant on September 5, 2006, and referred her to a surgeon for evaluation.

¶ 14 On September 19, 2006, the claimant was examined by Dr. Wolin, who diagnosed her as suffering from persistent right subacromial bursitis and secondary impingement syndrome of the right shoulder. Dr. Wolin opined that the claimant's right shoulder condition was causally

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related to the tetanus injection she received following her work-related injury of February 20, 2006. Dr. Wolin recommended a subacromial injection which he administered on that same day.

¶ 15 When the claimant was contacted by Dr. Wolin's office on September 21, 2006, she reported only temporary relief from the subacromial injection. It was recommended that the claimant continue with physical therapy and that she be scheduled for surgery on her right shoulder.

¶ 16 On December 1, 2006, after injections and physical therapy had produced only limited relief, the claimant underwent a right shoulder bursectomy performed by Dr. Wolin. On December 5, 2006, she consulted with AthletiCo regarding a plan for physical therapy. According to AthletiCo's records, the claimant reported significant concerns with "sleeping and resuming lifting activities without discomfort." The claimant continued to receive physical therapy at AthletiCo through January 15, 2007. On December 6, 2006, the claimant underwent a post-surgery x-ray of her right shoulder which revealed a Type II acromion.

¶ 17 On January 17, 2007, the claimant underwent surgery performed by Dr. Chang for an unrelated back injury.

¶ 18 The claimant returned to Dr. Wolin on January 30, 2007, and he ordered her to continue with physical therapy and released her to return to work under light duty restrictions. In his records for that date, Dr. Wolin noted that the claimant recently had been off of work due to an unrelated lower back condition. However, he stated, "[r]egarding the condition of her shoulder *** her work restrictions would be no repetitive or over shoulder use of the right upper extremity with a five pound weight restriction."

¶ 19 The claimant was next seen by Dr. Wolin on May 16, 2007. In his records of that visit, Dr. Wolin noted that the claimant was still experiencing pain in the interior aspect of her right

shoulder which was tender to the touch, that she experienced grinding on the top of the shoulder along with occasional throbbing at night, and snapping of the neck. As of that visit, Dr. Wolin found that the claimant had reached maximum medical improvement (MMI) for her right shoulder condition. Dr. Wolin's record of that examination is silent as to whether he ordered the claimant to continue working with restrictions or released her to return to full duty work.

¶ 20 On June 18, 2007, the claimant was examined by a physician at the Cook County Medical Department and released to light duty work. She was again seen at the Cook County Medical Department on June 28, 2007, and again released to work with light duty restrictions. The claimant returned to work on July 7, 2007, and was assigned to sedentary data entry duties as an accommodation for her back condition. According to the claimant, July 7 was the first day following her right shoulder surgery that she was offered light duty work.

¶ 21 At the request of her own attorney, the claimant was examined by Dr. David Robertson on October 11, 2007. During that visit, the claimant complained of pain in her right shoulder, especially with strenuous activity, and difficulty sleeping due to right shoulder pain. Following his examination on that day, Dr. Robertson opined that, to a reasonable degree of medical certainty, the tetanus shot of February 20, 2006, caused a generalized inflammatory response into the claimant's right shoulder involving the subacromial bursa. The doctor also opined that the inflammatory process triggered by the shot aggravated her previously asymptomatic osteoarthritis of the acromial clavicular joint. When deposed, Dr. Robertson testified that, although the claimant was largely asymptomatic following her surgery with Dr. Wolin, in his opinion, the claimant had a permanent partial disability with regard to her right shoulder.

¶ 22 At the time of the original arbitration hearing held on January 27, 2011, the claimant testified that, although her shoulder has improved since her surgery, she still experiences pain in

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her right shoulder at the chest level and above. She stated that she has difficulty sleeping on her right side and her right hand falls asleep. The claimant testified that she had not attempted to return to employment as an iron worker because of work restrictions resulting from her unrelated back injury.

¶ 23 Following the arbitration hearing on January 27, 2011, the arbitrator issued a written decision finding that the claimant suffered an injury to her right shoulder as a result of the February 20, 2006, accident, and that the injury arose out of and in the course of her employment with DFM. The arbitrator awarded the claimant TTD benefits from February 21, 2006, through June 18, 2006, and June 24, 2006, through July 6, 2007, and PPD benefits for 17.5% loss of the use of her right arm.

¶ 24 DFM sought a review of the arbitrator's decision before the Commission. On October 17, 2011, the Commission issued a unanimous decision, affirming and adopting the arbitrator's decision. Neither party sought judicial review of the Commission's October 17, 2011, decision.

¶ 25 The claimant returned to see Dr. Wolin on December 20, 2011. During that visit, she complained of persistent right shoulder pain which interfered with her ability to sleep. She also reported tingling which radiated down the lateral aspect of her right arm to her fingers and a burning pain in the central portion of the posterior of her neck. Dr. Wolin examined the claimant and took x-rays of her right shoulder. The x-ray taken on that date revealed a Type III acromion with a narrowing at the AC joint. Dr. Wolin diagnosed the claimant as suffering from shoulder pain and an apparent subacromial irritation. He administered an injection of Lidocain and Kenalog to alleviate the claimant's pain. Dr. Wolin ordered the claimant to remain on light duty work until her next visit, with no over-the-shoulder lifting with the right arm and a 25 pound lifting restriction. Although the claimant testified that she continued under the care of Dr. Wolin

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subsequent to the Commission's decision of October 17, 2011, no medical records were introduced into evidence supporting the assertion that Dr. Wolin treated the claimant during the four-and-one-half-year period from May 16, 2007, until her visit on December 20, 2011.

¶ 26 On March 1, 2012, the claimant presented at the Cook County Medical Department for re-evaluation of her work restrictions. Following her appointment, she brought her restrictions to the office of the director of DFM and spoke with Terry Back. According to the claimant, Back told her that DFM could no longer accommodate her restrictions and would not accept her back to work with restrictions. March 1, 2012, was the last day that the claimant worked for DFM.

¶ 27 On April 27, 2012, Dr. Wolin submitted a form in support of the claimant's application for Cook County disability benefits in which he stated that the claimant's "current shoulder problem is related to her prior injury sustained on 2/20/06."

¶ 28 On May 21, 2012, the claimant's attorney sent a letter to DFM's counsel, demanding the payment of TTD benefits since March 1, 2012, due to DFM's refusal to accommodate the claimant's work restrictions. Following the letter of May 21, DFM did not pay TTD benefits to the claimant and did not issue any written explanation as to the reason why benefits were not being paid.

¶ 29 On June 29, 2012, the claimant returned to Dr. Wolin, again complaining of right shoulder pain. The doctor recommended physical therapy, and suggested that the claimant may be a candidate for an MR arthrogram to rule out rotator cuff pathology. Dr. Wolin administered another injection into the claimant's right shoulder which, according to her testimony, provided her with slight improvement.

¶ 30 The claimant next saw Dr. Wolin on August, 14, 2012. Dr. Wolin again recommended an MR arthrogram to rule out a rotator cuff tear. He noted that the claimant felt some relief from

her last injection, but that she had not proceeded with physical therapy due to a lack of insurance approval. The record indicates that, despite a demand from the claimant's attorney, DFM never authorized coverage for the arthrogram, and did not pay two of the claimant's medical bills from Dr. Wolin incurred during the period from December 20, 2011, through August 14, 2012.

¶ 31 On September 5, 2012, the claimant filed a petition seeking additional benefits under sections 19(h) and 8(a) of the Act. She alleged a material change in her right shoulder condition, and sought increased PPD benefits, the payment of outstanding medical bills for the period beginning December 20, 2011, through August 14, 2012, and TTD benefits beginning on March 1, 2012, the date DFM informed her that it would no longer accommodate her restricted duty requirements. In addition, the claimant subsequently filed a petition seeking an award of penalties and attorney fees under sections 19(k), 19(l) and 16 of the Act.

¶ 32 Following a hearing on the claimant's petition for additional benefits pursuant to sections 19(h) and 8(a) of the Act, and her petition for an award of penalties and attorney fees, the Commission issued a unanimous decision on June 19, 2014, finding that the claimant failed to establish a causal connection between the current condition of ill-being in her right shoulder and her February 20, 2006, work accident, and that she failed to prove that her current condition constituted a recurrence or increase in her original, work-related disability within the meaning of section 19(h). In its decision, the Commission noted that there was no evidence of record that the claimant received any treatment for her shoulder from May 16, 2007, the date at which she was “released at maximum medical improvement and was released to return to work full duty with regard to her right shoulder” * until December 20, 2011, when she was seen by Dr. Wolin; a

* There is no evidence to support the Commission's finding that the claimant was returned to full duty on May 16, 2007. The finding also conflicts with the decision of the arbitrator which the Commission adopted in its decision of October 17, 2011.

period of over 4 1/2 years. The Commission also observed that the claimant made no complaints during the hearing on her petition which differed from the complaints which she made during her original arbitration hearing on January 27, 2011. In addition to denying the claimant an award of additional benefits under sections 19(h) and 8(a) of the Act, the Commission denied her petition for an award of penalties and attorney fees under sections 19(l), 19(k), and 16 of the Act, finding that DFM “acted in an objectively reasonable manner under all of the existing circumstances.”

¶ 33 The claimant filed an action seeking a judicial review of the Commission’s June 19, 2014 decision in the Circuit Court of Cook County. The circuit court entered an order on May 14, 2015, confirming the Commission’s decision, and this appeal followed.

¶ 34 For her first assignment of error, the claimant argues that the Commission’s finding of no causal connection between her work related accident on February 20, 2006, and her current condition of right shoulder ill-being is against the manifest weight of the evidence. She contends that Dr. Wolin’s opinion contained in the document which he executed on April 27, 2012 (which the claimant consistently mis-designates as having been executed on November 27, 2012), stating that her “current shoulder problem is related to her prior injury sustained on 2/20/06” is the only causation opinion in the record and that, following her surgery, she consistently complained of right shoulder pain to each of her treating and examining physicians and testified to continuing pain during the original arbitration hearing on January 27, 2011.

¶ 35 In a workers' compensation case, the claimant has the burden of establishing, by a preponderance of the evidence, some causal relationship between her employment and her condition of ill-being. *Caterpillar Tractor Co. v. Industrial Comm'n*, 129 Ill. 2d 52, 63 (1989). Whether a causal relationship exists between a claimant's employment and her injury is a

question of fact to be resolved by the Commission. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984).

¶ 36 The Commission's determination on a question of fact will not be disturbed on review unless it is against the manifest weight of the evidence. *Orsini v. Industrial Comm'n*, 117 Ill. 2d 38, 44 (1987). For a finding of fact to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill. App. 3d 288, 291 (1992). Whether a reviewing court might reach the same conclusion is not the test of whether the Commission's determination of a question of fact is supported by the manifest weight of the evidence. Rather, the appropriate test is whether there is sufficient evidence in the record to support the Commission's determination. *Benson v. Industrial Comm'n*, 91 Ill. 2d 445, 450 (1982). Although we are reluctant to set aside the Commission's decision on a factual question, we will not hesitate to do so when the clearly evident, plain, and indisputable weight of the evidence compels an opposite conclusion. *Montgomery Elevator Co. v. Industrial Comm'n*, 244 Ill. App. 3d 563, 567 (1993).

¶ 37 The Commission's determination that the claimant's current right shoulder condition of ill-being is not causally related to her work accident of February 20, 2006 is based upon three factors, namely: Dr. Wolin's finding that she had reached MMI as of May 16, 2007; her release to full duty work by Dr. Wolin on May 16, 2007; and the absence of any evidence that she received medical treatment for her right shoulder condition during the four-and-one-half-year period from May 16, 2007, through December 20, 2011. It is true that Dr. Wolin found the claimant to be at MMI as of May 16, 2007; however, Dr. Wolin's records reflect that she was still experiencing pain in the interior aspect of her right shoulder on that date. As for the Commission's finding that Dr. Wolin released the claimant to full duty work as of May 16, 2007, our examination of the record finds no support for the Commission's finding in this regard. As noted earlier, Dr. Wolin's record of his examination of the claimant on May 16, 2007, is silent as

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to whether he ordered her to continue working with restrictions or released her to return to full duty work. What the record does reflect is that, subsequent to her right shoulder surgery on December 1, 2006, the claimant complained of continuing pain in her right shoulder when she was examined by Dr. Wolin on May 16, 2007, when she was examined by Dr. Robertson on October 11, 2007, when she testified at the original arbitration hearing on January 27, 2011, and when she was examined by Dr. Wolin on December 20, 2011, June 29, 2012, and August 14, 2012. The claimant's continuous complaints of persistent right shoulder pain, the absence of any evidence that her continuing right shoulder pain was the result of any cause other than the effects of the tetanus shot which she received on the date of her work injury on February 20, 2006, and Dr. Wolin's notation in the document which he executed on April 27, 2012, stating that the claimant's current shoulder problem is related to the injury she sustained on February 20, 2006, leads us to conclude that the Commission's finding that the claimant's current condition of right shoulder ill being is not causally related to her work injury is against the manifest weight of the evidence. As the Commission's denial of the claimant's petition for the payment of medical expenses incurred for the treatment of her right shoulder subsequent to the date of her original arbitration hearing on January 27, 2011, and its denial of her request for an award for additional medical expenses incurred in the treatment of her right shoulder and TTD benefits for the period following March 1, 2012, the last day that she worked for DFM, were based upon the Commission's erroneous finding that claimant's current condition of right shoulder ill-being is not causally related to her work injury, we: reverse that portion of the circuit court's order confirming the Commission's finding as to causation and its consequent denial of an award of medical expenses and additional TTD benefits; reverse the Commission's finding as to causation and that portion of its decision denying the claimant's request for an award of medical expenses

and additional TTD benefits, and remand this matter back to the Commission with directions to award the claimant the additional TTD benefits and medical expenses to which she is entitled (see *Poore v. Industrial Comm'n*, 298 Ill. App. 3d 719, 724 (1998)), and order DFM to authorize and pay for an MR arthrogram as recommended by Dr. Wolin.

¶ 38 Next, the claimant argues that the Commission's finding that she failed to prove a material increase in her disability since the date of the original arbitration hearing on January 27, 2011, and its consequent denial of her section 19(h) petition seeking additional PPD benefits is against the manifest weight of the evidence. She contends that her disability materially increased as evidenced by the fact that her condition "progressed from a Type I acromion in a February 6, 2006 x-ray to a Type III acromion in a December 20, 2011 x-ray."

¶ 39 The purpose of a section 19(h) proceeding is to determine whether a claimant's disability has changed subsequent to an award or settlement. *Zimmerly Construction Co. v. Industrial Comm'n*, 50 Ill. 2d 342, 344 (1972). In determining whether an increase in disability has occurred, the entire record must be examined. *Board of Trustees of the University of Illinois v. Industrial Comm'n*, 71 Ill. 2d 287, 295 (1978). The evidence introduced at the original arbitration hearing must be considered, but only to determine whether the disability existing at the time of the original award has changed. *Zimmerly*, 50 Ill. 2d at 344. Whether a claimant's disability has increased since the Commission's original award is a question of fact to be resolved by the Commission. *Board of Trustees of the University of Illinois*, 71 Ill. 2d at 295.

¶ 40 As DFM correctly points out in its brief, there is no evidence in the record of an x-ray taken on February 6, 2006, establishing that the claimant had a Type I acromion. Even if there were evidence of such an x-ray, it would be irrelevant to our inquiry as it would have predated the claimant's work accident by 14 days. There is evidence in the record, however, that the

claimant's post-surgery x-ray taken on December 6, 2006, revealed a Type II acromion and the x-ray taken of her right shoulder on December 20, 2011, revealed a Type III acromion. The question remains whether such a progression establishes an increase in disability entitling the claimant to additional PPD benefits.

¶ 41 The Commission's original decision of October 17, 2011, fixed the claimant's PPD as of the date of the arbitration hearing on January 27, 2011, at 17.5% loss of the use of her right arm. There is no evidence in the record before us going to the issue of whether a progression from a Type II acromion to a Type III acromion equates to an increase in disability. Further, as the Commission noted in its decision June 19, 2014, following the hearing on the claimant's section 19(h) petition, the claimant made no complaints at the time of the 19(h) hearing which differed from those which she described at the original arbitration hearing on January 27, 2011. We are, therefore, unable to find based upon the record before us that the Commission's finding that the claimant failed to prove an increase in her disability and its consequent denial of her request for additional PPD benefits is against the manifest weight of the evidence.

¶ 42 The final issue to be addressed is the Commission's denial of the claimant's petition for penalties and attorney fees. The claimant argues that she is entitled to penalties and attorney fees under sections 19(l), 19(k), and 16 of the Act, based upon DFM's failure to pay her medical expenses after December 20, 2011, and pay TTD benefits after March 1, 2012.

¶ 43 Penalties under section 19(l) of the Act are in the nature of a fee for a late payment. *Jacobo v. Illinois Workers' Compensation Commission*, 2011 IL App (3d) 100807WC, ¶ 20. Assessment of a penalty under section 19(l) is mandatory if the payment is late and the employer is unable to show adequate justification for the delay. *McMahan v. Industrial Comm'n*, 183 Ill. 2d 499, 515 (1998). We review the Commission's award or denial of section 19(l) penalties

using a manifest weight of the evidence standard. *Id.* Section 19(k) of the Act provides that, when there has been any unreasonable or vexatious delay of payment or intentional underpayment of compensation, the Commission may award additional compensation equal to 50% of the amount payable at the time of such an award. 820 ILCS 305/19(k) (West 2012). Section 16 of the Act provides that, whenever the Commission finds that an employer has engaged in conduct justifying an award of section 19(k) penalties, it may also award attorney fees. 820 ILCS 305/16 (West 2012). Even when the facts justify an award of penalties under section 19(k) and attorney fees under section 16, the decision to award the penalties and fees is left to the discretion of the Commission. *Jacobo*, 2011 IL App (3d) 100807WC, ¶ 44.

¶ 44 In this case, the Commission denied the claimant's petition seeking an award of penalties and attorney fees, finding that DFM "acted in an objectively reasonable manner under all of the circumstances." The Commission gave no further explanation for the denial. A reading of the Commission's entire decision leads us to believe that it denied the petition for penalties and attorney fees on the basis of its conclusion that there is no causal connection between the claimant's current condition of ill-being and her work accident and, as a consequence, DFM owed the claimant no additional TTD benefits and was not responsible for the medical expenses which she incurred. Having reversed the Commission's finding as to causation, we believe that the best course of action is to reverse that portion of the circuit court's order confirming the Commission's denial of the claimant's petition for an award of penalties and attorney fees, vacate that portion of the Commission's decision which denied the claimant's petition for an award of penalties and attorney fees, and remand this matter back to the Commission with directions to reconsider the claimant's petition for an award of penalties pursuant to sections 19(k) and 19(l)

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of the Act, and attorney fees pursuant to section 16 of the Act, in light of this court's findings as to causation, medical expenses, and TTD benefits.

¶ 45 In summary, we: affirm that portion of the circuit court's order which confirmed the Commission's finding that the claimant failed to prove a material increase in her disability and its consequent denial of her request for additional PPD benefits; reverse that portion of the circuit court's order confirming the Commission's finding as to causation and its consequent denial of an award of medical expenses and additional TTD benefits; reverse that portion of the circuit court's order confirming the Commission denial of the claimant's petition for an award of penalties and attorney fees; reverse the Commission's finding as to causation and that portion of its decision denying the claimant's request for an award of medical expenses and additional TTD benefits; vacate that portion of the Commission's decision which denied the claimant's petition for an award of penalties and attorney fees; and remand this matter back to the Commission with directions to: (1) award the claimant the additional TTD benefits and medical expenses to which she is entitled; (2) order DFM to authorize and pay for an MR arthrogram as recommended by Dr. Wolin; and (3) reconsider the claimant's petition for an award of penalties pursuant to sections 19(k) and 19(l) of the Act and attorney fees pursuant to section 16 of the Act in light of this court's findings as to causation, medical expenses, and TTD benefits.

¶ 46 Circuit court affirmed in part and reversed in part; Commission decision reversed in part, vacated in part, and remanded with directions