

NOTICE

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FILED

June 7, 2017
Carla Bender
4th District Appellate
Court, IL

2017 IL App (4th) 160386WC-U

NO. 4-16-0386WC

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

CATERPILLAR INC.,)	Appeal from
Appellant,)	Circuit Court of
v.)	Macon County
THE ILLINOIS WORKERS' COMPENSATION)	No. 15MR890
COMMISSION, <i>et al.</i> (Alex Durbin, Appellee).)	
)	Honorable
)	Albert G. Weber,
)	Judge Presiding.

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

ORDER

¶ 1 *Held:* The Commission's original decision finding (1) claimant did not sustain an injury arising out of and in the course of his employment and (2) claimant's "bucket handle tear" of the lateral meniscus was not causally related to an accident arising out of and in the course of his employment was not against the manifest weight of the evidence. Consequently, we vacate the circuit court's judgment that reversed the Commission's original decision and remanded the matter back to the Commission with directions; vacate the Commission's decision following the circuit court's remand; reverse the circuit court's order confirming the Commission's decision on remand; and reinstate the Commission's original decision.

¶ 2 On April 18, 2011, claimant, Alex Durbin, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 to 30 (West 2010)), seeking benefits from the employer, Caterpillar Inc. Following a hearing, the arbitrator found (1) claimant failed to prove he sustained an injury to his right knee arising out of and in the course of

his employment and (2) claimant's "bucket handle tear" of the lateral meniscus was not causally related to an accident arising out of and in the course of his employment. On review, the Commission issued a decision affirming and adopting the arbitrator's decision. On judicial review, the circuit court of Macon County reversed the Commission's decision and remanded the matter back to the Commission with directions. On remand, the Commission entered a corrected decision ("for clerical error") finding, pursuant to the circuit court's order, (1) claimant proved he sustained an accidental injury arising out of and in the course of his employment and (2) claimant's present condition of ill-being was causally related to the work accident. Accordingly, the Commission awarded claimant 14-4/7 weeks' temporary total disability (TTD) benefits, from June 2, 2011, to September 11, 2011; medical expenses totaling \$2,021.29; and 53.75 weeks' permanent partial disability (PPD) benefits representing 25% loss of use of the right leg pursuant to section 8(e) of the Act (820 ILCS 305/8(e) (West 2010)). On judicial review, the circuit court of Macon County confirmed the Commission's decision.

¶ 3 The employer appeals from the order entered by the circuit court on April 27, 2016, which confirmed the Commission's decision following the remand. For the reasons which follow, we reverse the circuit court's order of April 27, 2016; vacate the Commission's decision on remand; vacate the circuit court's order of December 10, 2013; and reinstate the Commission's original decision of December 17, 2012.

¶ 4 I. BACKGROUND

¶ 5 The following facts relevant to our disposition of this appeal are taken from the evidence introduced at an arbitration hearing on November 29, 2011.

¶ 6 At arbitration, the 26-year-old claimant testified he had worked for the employer assembling large trucks for six years. On March 9, 2011, he worked in place of an absent

coworker as an “Operator II.” Claimant was positioned on top of a truck “putting the wiring harness on.” Claimant described the harness as thick and difficult to turn. Claimant testified he was squatting down and twisting to turn the harness at a corner. When he “kind of stood up,” he felt his right leg pop and he felt pain. Claimant climbed down from the truck and spoke to a coworker, John Etychison. At arbitration, claimant called Etychison as a witness. Etychison testified he worked as an Operator I, just below claimant, on March 9, 2011. He had observed individuals in the Operator II position squatting in an effort to install a wiring harness. Etychison testified when claimant climbed down from the truck, he told him “his knee had popped and that it had caused him pain.” According to Etychison, claimant had never complained of knee pain until March 9, 2011. Claimant did not report his injury to a supervisor. He testified it was the end of his work shift and he “assumed” his knee would improve. Claimant attended a funeral the following day and did not work. Claimant testified his knee did not improve. Claimant returned to work the next day, on March 11, 2011. He immediately advised his supervisor of his injury and sought medical treatment. He testified his knee was “painful.”

¶ 7 Claimant completed an incident report on March 11, 2011, stating he “was working on [Operator 2] in 7945 when my knee popped a couple times.” Claimant reported feeling sharp, right knee pain as a result of the incident. He identified “John” as a witness to the incident. Also on March 11, 2011, Nancy Brown, a registered nurse for the employer, completed an “Initial Nursing Assessment.” According to the assessment, claimant reported sharp, right knee pain which he rated as 7 out of 10, with a notation to the side which read, “comes-goes.” Brown noted further that claimant’s “[right] knee popped a couple times on Wed[nesday] while at work but it didn’t start hurting right away. States the pain was worse on Thursday and now having problems walking. States he was working on top of truck when pain/pop started. *** States he

can't walk normally; hurts worse to bend it." Brown elevated claimant's leg and applied ice to the knee. He was returned to modified duty with a follow up appointment later that day.

¶ 8 Claimant testified at arbitration that contrary to Brown's notation that his right knee "didn't start hurting right away," he felt immediate onset of pain "as soon as my knee popped."

¶ 9 At claimant's follow-up appointment on March 11, 2011, Jackie Clayton, an advanced practice nurse for the employer, prepared a progress note. According to the progress note, claimant reported injuring his knee on March 9, 2011, at approximately 2 p.m. The nurse recorded claimant's statements as follows: " 'My knee is not right. I did not do anything that I know of to hurt it. It popped a couple of times on Wednesday. I didn't do anything differently. I work on a big truck [and] crawl around.' " Claimant denied previously injuring his right knee. Claimant was returned to work with restrictions of no kneeling or climbing until seen by a doctor.

¶ 10 At arbitration, claimant testified he performed his job on March 9, 2011, as he always had; he did not do anything differently on March 9, 2011. Claimant noted the Operator II position is challenging due to the "squatting all the time and just awkward positions you have to put yourself in to put that harness on."

¶ 11 On March 25, 2011, claimant sought treatment with Thamara Valais, a physician's assistant with claimant's family practice physician, Dr. Pavinderpal Gill. Claimant complained of right knee pain "secondary to an injury he sustained on March 9, 2011[,] while working." According to the treatment note, claimant "typically works climbing up and down onto the trucks and he said on March 9, 2011, while walking, he felt something pop in his knee." He complained of pain "mostly on the lateral aspect of his right knee" and experienced a "buckling

sensation when walking” with worsening pain upon flexion. Claimant requested he be referred to Dr. Jeffery Schopp, a board certified orthopedic surgeon with Springfield Clinic.

¶ 12 In advance of his appointment with Dr. Schopp, claimant completed a patient history on March 30, 2011. Claimant reported right knee pain since March 9, 2011. Claimant stated he “was on top of truck at work, knee popped twice, pain ever since.” He had sought treatment with “Caterpillar Medical” but continued to experience pain. He reported pain when walking, when his knee was bent, and when trying to get up after lying down. Claimant experienced pain while working but less pain with restricted duty work. Claimant stated his pain started suddenly. He wrote that “there was no pain in knee before going to work on 3/9/11. There was some discomfort after knee popped at work but pain has gotten worse since.”

¶ 13 Claimant first treated with Dr. Schopp on April 4, 2011. Dr. Schopp noted claimant was on top of a truck on March 9, 2011, and “felt two pops in his right knee along the lateral joint line and he had had problems with his knee since that time.” Claimant continued to work but experienced swelling and persistent lateral joint line pain. Claimant denied any previous right knee injuries or symptoms. Dr. Schopp recommended a magnetic resonance imaging (MRI) scan of the right knee “to rule out a lateral meniscus tear” and provided claimant with work restrictions.

¶ 14 Claimant returned to Dr. Schopp on April 11, 2011. Dr. Schopp noted the MRI was consistent with a bucket handle tear of the lateral meniscus and recommended surgery. Dr. Schopp performed surgery on June 2, 2011. During the course of surgery, Dr. Schopp determined the meniscus was not repairable and performed a partial meniscectomy.

¶ 15 Claimant underwent a course of physical therapy from July 6, 2011, through August 30, 2011, at Taylorville Memorial Hospital. Claimant reported a work injury on March 9, 2011, in that he “twisted the knee and continued to have pain.”

¶ 16 Dr. Schopp returned claimant to full-duty work on September 13, 2011, finding claimant had reached maximum medical improvement.

¶ 17 At arbitration, the arbitrator admitted the transcript of Dr. Schopp’s evidence deposition taken September 12, 2011. Dr. Schopp testified he began treating claimant on April 4, 2011. Claimant complained of a knee injury suffered on March 9, 2011, while working on top of a truck. Dr. Schopp testified “there was an event where [claimant] felt two pops in his right knee” and the immediate onset of pain along the lateral joint line. Claimant continued to experience pain but maintained his work schedule. He denied knee problems before March 9, 2011.

¶ 18 Dr. Schopp testified regarding his examination of claimant on April 4, 2011. Dr. Schopp observed claimant had a slightly swollen knee with tenderness along the lateral joint line. Claimant had a positive MacMurray sign, “a specific sign for a meniscus tear where loading the lateral compartment elicits an audible and palpable clicking sound.” Dr. Schopp diagnosed claimant with a lateral meniscus tear and recommended claimant undergo an MRI to verify the diagnosis. The MRI revealed a bucket handle tear of the lateral meniscus and Dr. Schopp recommended claimant undergo arthroscopic surgery. Dr. Schopp testified that during the course of surgery on June 2, 2011, he found claimant’s injury unrepairable, and thus, performed a partial lateral meniscectomy. Dr. Schopp stated his decision to perform the meniscectomy was based on “the time of the injury, the lack of concomitant surgical procedure, lack of hemarthrosis, and most importantly the anatomy of the tear and the poor prognosis that it would heal.” Dr. Schopp estimated the amount of resection to be 25% of claimant’s meniscus.

¶ 19 Dr. Schopp opined that “based on history, mechanism of injury, and findings at surgery it’s reasonable to conclude that the event on March 9th was the origin of this injury.” He confirmed that activities involving squatting, twisting, and climbing cause the type of injury claimant suffered on March 9, 2011.

¶ 20 On cross-examination, Dr. Schopp confirmed that “[m]eniscus injuries are usually twisting injuries, sometimes athletic injuries, but they can occur when arising from a deep squat if the leg is twisted awkwardly or if enough force is put through the leg.” Dr. Schopp had not recorded in his treatment notes, and did not recall, whether claimant was twisting or squatting at the time he felt the pop in his knee. He agreed that “simply walking” would not likely be a mechanism of injury sufficient to cause a meniscus tear like claimant had suffered.

¶ 21 At arbitration, the arbitrator also admitted into evidence the transcript of Dr. Ira Kornblatt’s evidence deposition, taken October 5, 2011. Dr. Kornblatt is a board certified orthopedic surgeon. He conducted an independent medical examination (IME) of claimant on August 10, 2011, at the request of the employer. In addition to conducting a physical examination of claimant, Dr. Kornblatt reviewed claimant’s medical records. Claimant told Dr. Kornblatt that he developed “acute pain and popping in his right knee while working on the top of a truck on March 9, 2011.” Claimant did not participate in sports and stated his knee had never bothered him before March 9, 2011. Dr. Kornblatt testified he asked claimant “specifically *** how the injury occurred.” Claimant stated he was squatting and sustained a twisting injury to his right knee.

¶ 22 Dr. Kornblatt testified he agreed completely with claimant’s diagnosis and his treatment. Based on his review of claimant’s medical records, Dr. Kornblatt opined claimant’s buckle-handle lateral meniscal tear “was unlikely to have been caused by his work activities.”

Dr. Kornblatt explained that “a bucket-handle lateral meniscal tear usually takes significant trauma or significant twisting along with deep flexion; and usually when you tear a meniscus, you know when it happens.” According to Dr. Kornblatt, “[t]he fact [claimant] said he didn’t have any hurt, any pain when he felt the pop in his knee suggests that this was an unstable meniscal tear that was there prior; and during his activities the meniscus was moving in and out causing the pop.” Dr. Kornblatt opined it was highly unlikely that claimant tore his meniscus while performing his work duties. Dr. Kornblatt stated that when he examined claimant on August 10, 2011, claimant was not ready to do any squatting, kneeling, or climbing. He opined it would be three or four more weeks after his examination of claimant before claimant could resume his normal job duties.

¶ 23 On cross-examination, Dr. Kornblatt testified that, according to the medical records, claimant worked on top of a truck. He admitted he did not know anything more about claimant’s work environment. He did not know if claimant’s work required him to do a lot of squatting or twisting while on top of a truck. Dr. Kornblatt noted claimant told him he was squatting and twisting his knee at the time of injury but the medical records showed claimant was not doing anything to his knee when it popped. Dr. Kornblatt opined that, if claimant tore his meniscus when he felt the pop, claimant would have felt immediate pain. According to Dr. Kornblatt, “menisci move in and out all the time[;] [t]hey cause popping and because there is no acute tearing, they don’t have pain and then you may develop pain later especially if the meniscus gets caught and it pulls on the lining of the knee and results in pain.”

¶ 24 Given the severity of claimant’s torn meniscus, Dr. Kornblatt believed claimant would have had pain prior to March 9, 2011. However, if claimant had not had pain prior to his work accident, the torn meniscus could have occurred on that date.

¶ 25 On December 28, 2011, the arbitrator issued his decision. As stated, he found (1) claimant failed to prove he sustained an injury to his right knee arising out of and in the course of his employment and (2) claimant's "bucket handle tear" was not causally related to an accident arising out of and in the course of his employment. The arbitrator reasoned that "[t]he best reflection of accurate history is that close in time to any injury." The arbitrator noted claimant stated on March 11, 2011, he did not have pain in his knee on March 9, 2011, and further, was not aware of anything he had done to hurt his knee. Drs. Schopp and Kornblatt agreed claimant would have had to experience a significant trauma through twisting and deep flexion to cause a bucket handle tear in his otherwise healthy lateral meniscus. Claimant did not report a significant trauma through twisting and deep flexion.

¶ 26 Claimant sought a review of the arbitrator's decision before the Commission. On December 17, 2012, the Commission issued a unanimous decision, affirming and adopting the arbitrator's decision.

¶ 27 Thereafter, the claimant sought judicial review of the Commission's decision in the circuit court of Macon County. On December 10, 2013, the circuit court entered an order reversing the Commission's finding and remanding the case back to the Commission with directions to calculate an award consistent with the circuit court's order. On remand, the Commission entered a unanimous corrected decision on August 18, 2015, finding no basis to alter its original decision of December 17, 2012. However, pursuant to the circuit court's order of December 10, 2013, the Commission found claimant proved he sustained an accidental injury arising out of and in the course of his employment and claimant's "bucket handle tear" was causally related to the work accident. The Commission awarded claimant 14-4/7 weeks' TTD benefits, from June 2, 2011, to September 11, 2011; medical expenses totaling \$2,021.29; and 53.75 weeks' PPD bene-

fits representing 25% loss of use of the right leg pursuant to section 8(e) of the Act (820 ILCS 305/8(e) (West 2010)).

¶ 28 The employer sought judicial review of the Commission’s August 18, 2015, corrected decision. On April 27, 2016, the circuit court entered an order confirming the Commission’s decision.

¶ 29 This appeal followed.

¶ 30 II. ANALYSIS

¶ 31 On appeal, the employer first argues the circuit court erred in reversing the Commission’s finding in its original decision that claimant failed to prove he sustained an injury to his right knee arising out of and in the course of his employment and was, therefore, not entitled to benefits. The employer argues, in reversing the Commission’s original finding, the circuit court improperly reweighed the evidence and witness credibility. We agree.

¶ 32 “Where, as here, the [circuit] court reverses the Commission’s initial decision and the Commission enters a new decision on remand, this court must decide whether the Commission’s initial decision was proper.” *Vogel v. Industrial Comm’n*, 354 Ill. App. 3d 780, 785-86, 821 N.E.2d 807, 812 (2005). Accordingly, we review the propriety of the Commission’s initial, December 2012 decision.

¶ 33 Under the Act, an employee’s injury is compensable only when it arises out of and in the course of his employment. *Tower Automotive v. Illinois Workers’ Compensation Comm’n*, 407 Ill. App. 3d 427, 434, 943 N.E.2d 153, 160 (2011). A claimant bears the burden of proving, by a preponderance of the evidence, that his injuries arose out of and in the course of his employment. *Sisbro, Inc. v. Industrial Comm’n*, 207 Ill. 2d 193, 203, 797 N.E.2d 665, 671 (2003). An injury occurs “in the course of employment” when it “occur[s] within the time and

space boundaries of the employment.” *Sisbro, Inc.*, 207 Ill. 2d at 203, 797 N.E.2d at 671. An injury “arises out of” employment when “the injury had its origin in some risk connected with, or incidental to, the employment so as to create a causal connection between the employment and the accidental injury.” *Sisbro, Inc.*, 207 Ill. 2d at 203, 797 N.E.2d at 671.

¶ 34 Whether an injury arose out of and in the course of one’s employment is generally a question of fact and the Commission’s determination on this issue will not be disturbed unless it is against the manifest weight of the evidence. *Brais v. Illinois Workers’ Compensation Comm’n*, 2014 IL App (3d) 120820WC, ¶ 19, 10 N.E.3d 403. “In resolving questions of fact, it is within the province of the Commission to assess the credibility of witnesses, resolve conflicts in the evidence, assign weight to be accorded the evidence, and draw reasonable inferences from the evidence. *Brais*, 2014 IL App (3d) 120820WC, ¶ 19, 10 N.E.3d 403. “A reviewing court is not to discard the findings of the Commission merely because different inferences could be drawn from the same evidence.” *Kishwaukee Community Hospital v. Industrial Comm’n*, 356 Ill. App. 3d 915, 920, 828 N.E.2d 283, 289 (2005). “The appropriate test is whether there is sufficient evidence in the record to support the Commission’s finding, not whether this court might have reached the same conclusion.” *Metropolitan Water Reclamation District of Greater Chicago v. Illinois Workers’ Compensation Comm’n*, 407 Ill. App. 3d 1010, 1013, 944 N.E.2d 800, 803 (2011). “For the Commission’s decision to be against the manifest weight of the evidence, the record must disclose that an opposite conclusion clearly was the proper result.” *Land & Lakes Co. v. Industrial Comm’n*, 359 Ill. App. 3d 582, 592, 834 N.E.2d 583, 592 (2005).

¶ 35 In the present case, the Commission determined claimant did not establish by a preponderance of the evidence that he sustained a compensable accident on March 9, 2011. In this regard, the Commission relied on claimant’s statements to medical professionals closest in

time to the alleged accident. Although claimant testified he felt his right leg pop and “the pain” while working on March 9, 2011, claimant did not report the accident to a supervisor or seek immediate medical treatment. On March 11, 2011, claimant told the registered nurse his right knee “popped a couple times” while working two days earlier, but “it didn’t start hurting right away.” Later the same day, claimant told the advanced practice nurse for the employer that he “did not do anything that I know of to hurt [my right knee].” According to a treatment note dated March 25, 2011, claimant reported to a physician’s assistant he felt something pop in his knee while walking at work on March 9, 2011. Although claimant attempted, at his arbitration hearing, to explain away his statements to the various medical professionals, the Commission did not find claimant’s efforts persuasive. The Commission could reasonably infer claimant’s statements made close in time to the accident were more credible than claimant’s testimony at the arbitration hearing. Claimant’s testimony that he “turned out of a squat [and] kind of stood up and that’s when [his] leg popped and [he] felt the pain” was not supported by the medical records in evidence. It is the Commission’s function to determine credibility. While other reasonable inferences could have been drawn, there is evidence in the record to support the Commission’s determination.

¶ 36 The Commission noted further that Etychison’s testimony was not helpful as he “did not see the accident and his testimony regarding [claimant’s] post-accident statement gives no indication of any particular mechanism of injury or indeed that the [claimant] injured his knee at any particular point in time.” As to mechanism of injury, both Drs. Schopp and Kornblatt agreed claimant would have had to experience a significant trauma through twisting and deep flexion to cause a bucket handle tear in claimant’s otherwise healthy lateral meniscus. The medical records are void of any reference to a significant trauma involving twisting and deep flexion.

Even Dr. Schopp did not record in his treatment notes, and did not recall, whether claimant was twisting or squatting at the time claimant felt the pop in his knee. Although a physical therapy note references a twisting of the knee while working on March 9, 2011, the note was recorded four months after the alleged accident. Based on the absence “of any recorded history of *** a mechanism anywhere in the medical records,” the Commission concluded claimant failed to prove he sustained an accident on March 9, 2011. We cannot say the Commission’s finding in this regard is against the manifest weight of the evidence as an opposite conclusion is not clearly apparent. 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.

¶ 37 The employer next argues the Commission did not err in finding no causal connection between claimant’s March 9, 2011, work accident and his current condition of ill-being. Although we need not address this issue given our finding on accident, we do so as the evidence of record supports the Commission’s conclusion.

¶ 38 “A claimant bears the burden of establishing a causal connection between his or her condition of ill-being and employment.” *ABF Freight System v. Illinois Workers’ Compensation Comm’n*, 2015 IL App (1st) 141306WC, ¶ 19, 45 N.E.3d 757. Whether a causal relationship exists is a question of fact for the Commission. *Bolingbrook Police Department v. Illinois Workers’ Compensation Comm’n*, 2015 IL App (3d) 130869WC, ¶ 52, 48 N.E.3d 679. On review, the Commission’s decision will not be disturbed unless it is against the manifest weight of the evidence. *Dig Right In Landscaping v. Illinois Workers’ Compensation Comm’n*, 2014 IL App (1st) 130410WC, ¶ 27, 16 N.E.3d 739. “For a finding of fact to be contrary to the manifest

weight of the evidence, an opposite conclusion must be clearly apparent.” *Dig Right In Landscaping*, 2014 IL App (1st) 130410WC, ¶ 27, 16 N.E.3d 739. We note the appropriate test on review is whether the record contains sufficient evidence to support the Commission’s determination, not whether this court might reach the same conclusion. *Dig Right In Landscaping*, 2014 IL App (1st) 130410WC, ¶ 27, 16 N.E.3d 739.

¶ 39 Additionally, “[a]s the trier of fact, the Commission is primarily responsible for resolving conflicts in the evidence, assessing the credibility of witness, assigning weight to evidence, and drawing reasonable inferences from the record.” *ABF Freight System*, 2015 IL App (1st) 141306WC, ¶ 19, 45 N.E.3d 757. “This is especially true regarding medical matters, where we owe great deference to the Commission due to its long-recognized expertise with such issues.” *ABF Freight System*, 2015 IL App (1st) 141306WC, ¶ 19, 45 N.E.3d 757.

¶ 40 Applying these standards, we cannot conclude the Commission’s finding that claimant failed to prove his right knee condition was causally related to his work accident of March 9, 2011, was against the manifest weight of the evidence. The Commission specifically noted claimant’s statement two days after his alleged work accident that he did not do anything that he knew of to hurt his right knee. It was not until a physical therapy appointment in July 2011 that claimant reported a twisting of the knee while working on March 9, 2011.

¶ 41 The Commission further supported its decision with the opinion of Dr. Kornblatt that claimant’s buckle-handle lateral meniscal tear “was unlikely to have been caused by his work activities.” Dr. Kornblatt explained that “a bucket-handle lateral meniscal tear usually takes significant trauma or significant twisting along with deep flexion; and usually when you tear a meniscus, you know when it happens.” According to Dr. Kornblatt, “[t]he fact [claimant] said he didn’t have any hurt, any pain when he felt the pop in his knee suggests that this was an

unstable meniscal tear that was there prior; and during his activities the meniscus was moving in and out causing the pop.” Dr. Kornblatt opined it was highly unlikely that claimant tore his meniscus while performing his work duties. While Dr. Schopp agreed claimant would have had to experience a significant trauma through twisting and deep flexion to cause a bucket handle tear in an otherwise healthy lateral meniscus, he opined that “based on history, mechanism of injury, and findings at surgery it’s reasonable to conclude that the event on March 9th was the origin of this injury.” He then acknowledged he had not recorded in his treatment notes, and did not recall, whether claimant was twisting or squatting at the time he felt the pop in his knee. The Commission characterized Dr. Schopp’s causation opinion as based on “presumption, without any recorded history from [claimant], that that had occurred.”

¶ 42 As set forth above, credibility determinations and the resolution of conflicts in medical opinions falls within the province of the Commission. *ABF Freight System*, 2015 IL App (1st) 141306WC, ¶ 19, 45 N.E.3d 757. Based on the record before us, the Commission’s finding that claimant failed to prove his right knee condition was causally related to his work accident of March 9, 2011, was not against the manifest weight of the evidence.

¶ 43 **III. CONCLUSION**

¶ 44 For the foregoing reasons, we reverse the circuit court’s order of April 27, 2016; vacate the Commission’s corrected decision on remand entered on August 18, 2015; vacate the circuit court’s order of December 10, 2013; and reinstate the Commission’s original decision of December 17, 2012.

¶ 45 Circuit court reversed in part and vacated in part; Commission’s decision on remand vacated and its original decision reinstated.