2012 IL App (1st) 110369WC-U

Order Filed: June 25, 2012

IN THE

APPELLATE COURT OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

BRONISLAW SZELIGA, a disabled person, by MARIA SZELIGA, guardian,	)	Appeal from the Circuit Court of Cook County, Illinois
Appellant,	)	
v.	)	Appeal No. 1-11-0369WC
	)	Circuit No. 10-L-50805
THE ILLINOIS WORKERS' COMPENSATION COMMISSION *et al*. (ITT Bell & Gossett, Appellee).	)	Honorable Sanjay T. Tailor, 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 failed to prove that his current disabling psychological condition is causally related to a work-related accident was not against the manifest weight of the evidence.

¶ 2 In January 1999, the claimant, Bronislaw Szeliga, filed an "Application for Adjustment of Claim" under the Workers' Compensation Act (the Act) (820 ILCS 305/1 *et seq.* (West 1998)) seeking benefits for injuries to his right knee and leg which he allegedly sustained in December

1998 while working for the respondent, ITT Bell & Gossett (employer). In January 2009, the claimant, by his wife and court-appointed guardian, filed an "Amended Application for Adjustment of Claim" under the Act, seeking benefits for his leg and knee injuries and also for "related psychiatric conditions, including major depressive disorder with psychotic features." After conducting a hearing, an arbitrator found that the claimant had proved a work-related injury to his right knee and awarded benefits. However, the arbitrator found that the claimant had failed to prove that his current psychological condition was causally related to his right knee injury. The claimant appealed the arbitrator's decision regarding his psychological condition to the Illinois Workers' Compensation Commission (the Commission), which unanimously affirmed and adopted the arbitrator's decision. The Commission subsequently issued a corrected decision which reduced the award of medical expenses, penalties, and attorney fees it had awarded on the claimant's claim regarding his right knee. The claimant then sought judicial review of the Commission's decision in the circuit court of Cook County, which confirmed the Commission's ruling. This appeal followed.

¶ 3 FACTS

¶ 4 The claimant worked as a machine operator in the employer's Morton Grove, Illinois facility, where various types of machine parts and pumps are fabricated. The fabricated products are transported throughout the facility in large wire baskets which are capable of holding up to 400 pounds of material. The baskets are moved around the facility by a mechanical dolly. On December 9, 1998, the claimant was working at his machine when one of the large wire baskets was pushed by a mechanical dolly into the back of his right leg and knee, pinning him against the machine.

¶ 5 The claimant reported the accident to his supervisor. He was initially treated on-site by by the employer's occupational nurse who noted an abrasion and swelling, cleaned the abrasion, and applied ice. The nurse did not send the claimant to the employer's external medical clinic. The claimant returned to work and worked the remainder of the day.

¶ 6 The next day, the claimant saw his family physician, Dr. Donald Szachowicz. Dr. Szachowicz examined the claimant and assessed a contusion and abrasion of the right knee. X-rays were taken which showed no fracture. Dr. Szachowicz released the claimant to light duty work with a restriction of “no overuse activities” for one week.

¶ 7 On December 11, 1998, the employer's occupational nurse sent the claimant to the employer's external medical clinic, Advocate Occupational Health Center. The clinic physician diagnosed a contusion and a healing abrasion of the right knee and a contusion and abrasion of the right thigh. The physician noted that the claimant "appear[ed] very anxious." He released the claimant to return to work with restrictions and scheduled a follow-up appointment for December 15, 1998. When the claimant returned to the clinic on that date, the clinic physician ordered physical therapy for the claimant's knee and maintained his work restrictions. The physician's notes indicate that the claimant returned for a follow-up visit on December 28, 1998, complaining of continued pain which the physician described as "vague," "nonspecific," and "intermittent." The physician was unable to reproduce the pain upon examination. The physician also indicated that the claimant "remain[ed] very upset [and] despite reassurance believes there is some major internal derangement." The clinic physician referred the claimant to Dr. Melvin Katz, an orthopedic surgeon at the clinic, and released him to work full duty.

¶ 8 Dr. Katz examined the claimant on December 30, 1998. He noticed a healed laceration and a healing contusion of the right knee and recommended additional physical therapy. He also noted that the claimant "appear[ed] quite anxious."

¶ 9 On January 4, 1999, the claimant returned to Dr. Szachowicz. Dr. Szachowicz examined the claimant and assessed internal derangement of the right knee, a contusion of the right knee, and the possibility of a ligament tear. Dr. Szachowicz ordered an MRI of the claimant's right knee and took the claimant off work.

¶ 10 On January 8, 1999, the claimant filed an "Application for Adjustment of Claim" seeking benefits for injuries to his right knee and leg allegedly sustained during the December 9, 1998, work accident.

¶ 11 On January 15, 1999, the claimant underwent an MRI of the right knee. The physician that reviewed the MRI film concluded that the MRI showed a contusion of the medial femoral condyle, a superficial sprain of the MCL, myxoid degeneration within both the medial and lateral menisci, tendinosis of the extensor mechanism, mild osteoarthritic changes, and an attenuated ACL.

¶ 12 On January 25, 1999, the claimant was evaluated by Dr. Thomas Gleason, an orthopedic surgeon. Dr. Gleason recommended physical therapy and anti-inflammatory medication and advised the claimant to remain off work.

¶ 13 The claimant underwent physical therapy from January 29 through February 11, 1999. The physical therapist's notes of the claimant's final physical therapy session indicate that the claimant "appear[ed] anxious about the pain in his knee" and that the claimant "appear[ed] to be in constant pain as he always conveys the pain experience."

¶ 14 On February 16, 1999, the claimant was examined by Dr. Brian Cole, the employer's Section 12 examiner. The claimant complained of constant pain at an 8 on a scale of 10, associated with a sense of tightness and tingling that did not allow him to sleep comfortably. Dr. Cole's examination revealed full range of motion of the right knee, some quadriceps atrophy, and some grinding across the anterior knee. After reviewing the MRI results, Dr. Cole opined that the claimant's injury might be work related. He recommended additional physical therapy and released the claimant to work light duty with restrictions of no squatting, kneeling, or climbing.

¶ 15 On February 19, 1999, the claimant returned to Dr. Gleason, complaining of persistent pain and swelling in the right knee. Dr. Gleason examined the claimant and opined that the claimant might have a meniscal tear of the posterior horn. Dr. Gleason recommended an arthroscopic surgery, but the claimant was undecided about the surgery at that time. Dr. Gleason released the claimant for light to medium work.

¶ 16 On March 10, 1999, the claimant received a letter from the employer advising him that his employment had been terminated.

¶ 17 On May 17, 1999, Dr. Gleason performed arthroscopic surgery on the claimant's right knee. The surgery included the repair of a degenerative tear in the claimant's lateral meniscus. During a postoperative follow-up visit one week later, Dr. Gleason noted that the claimant had improved overall but gave the claimant a note stating that he was unable to do heavy work. On June 28, 1999, the claimant saw Dr. Gleason again and reported that his condition was improved but that he still had some intermittent burning pain in the knee. Dr. Gleason released the claimant to regular duty work without restrictions. The claimant returned to Dr. Gleason on August 16 and September 16, 1999, complaining of pinching pain in his knee and burning pain in his thigh and calf. Dr. Gleason noted some atrophy in the right lower extremity (particularly in the thigh)

and diagnosed possible clonus[1] and upper motor neuron pathology. Dr. Gleason referred the claimant to Dr. Louis Pupillo, a neurosurgeon.

¶ 18 The claimant saw Dr. Pupillo on October 5, 1999. At that time, the claimant complained of continuing pain in the knee and a burning dysesthesia[2] in the right lower extremity. After examining the claimant, Dr. Pupillo diagnosed mild reflex sympathetic dystrophy (RSD)[3] related to the December 9, 1998, work injury. Dr. Pupillo suggested that the claimant consider a sympathetic block.[4] Dr. Steven Gitelis, another orthopedic surgeon, examined the claimant on November 15, 1999, and agreed with Dr. Pupillo's diagnosis. Dr. Gitelis recommended that the claimant obtain treatment for his RSD at a pain center.

¶ 19 The claimant returned to Dr. Gleason again on November 29, 1999, complaining of persistent pain in the knee and calf and cramping of the toes. Dr. Gleason recommended that the claimant follow up with Drs. Pupillo and Szachowicz. The claimant did not pursue any further treatment for his knee or leg condition.

¶ 20 On January 26, 2000, the claimant returned to Dr. Szachowicz, complaining of depression and poor appetite and asked for a referral to a psychiatrist. Dr. Szachowicz concluded

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[1] "Clonus" is an abnormal pattern of neuromuscular activity characterized by rapidly alternating involuntary contraction and relaxation of skeletal muscle.

[2] "Dysesthesia" is a persistent pain or burning sensation induced by ordinary stimuli, such as a gentle touch of the skin.

[3] "Reflex sympathetic dystrophy" is the feeling of pain associated with evidence of minor nerve injury.

[4] A "sympathetic block" is the blocking of the transmission of pain signals in small nerve fibers by means of a local anesthetic.

that the claimant was suffering from depression with "[n]o suicide ideation or suicide attempts." He prescribed Celexa, an antidepressant. Dr. Szachowicz referred the claimant to Dr. O.K. Hong, a psychiatrist, but the claimant opted to see a Polish-speaking psychiatrist, Dr. S.J. Puszkarski, instead.

¶ 21 The claimant saw Dr. Puszkarski on January 29, 2000. Dr. Puszkarski's notes of that visit report that “last week Sunday" the claimant developed severe depression, and that the claimant "stopped eating, drinking last week [and] lost 17 pounds.” The claimant was afraid of others, felt that others were chasing him, and was seeing holes in the ground. The claimant gave a history of being injured at work in January 1999 and being laid off. Dr. Puszkarski diagnosed a major depressive disorder with psychotic features and recommended inpatient psychiatric hospitalization.

¶ 22 The claimant was immediately hospitalized at Lutheran General Hospital for three days. The admitting history form indicates that the claimant was "seeing his children falling and dying" and "[h]earing voices," and that he was "[a]nxious," "talking gibberish," and "unable to sleep and eat." The form also identifies "loss of job" and "[i]njury and operation to [right] knee" as factors contributing to the claimant's condition. Notes taken by a psychiatry student during the claimant's hospitalization indicate that the claimant had lost his job one year before his hospitalization and that he has "felt depressed since then." The notes further state that, after losing his job, the claimant lost energy, began sleeping more than normal, lost interest in going out with friends, and felt guilty about not being able to provide for his family. According to the notes, the claimant had experienced a significant weight loss during the three months before his hospitalization and, on the day before his hospitalization, he was unable to recognize his children

and responded to most questions with "I don't know." It was determined that the claimant was a danger to himself, had hallucinations, and could not take care of himself.

¶ 23 On January 31, 2000, the claimant was transferred to Alexian Brothers Behavioral Health Hospital (ABBHH) for further inpatient psychiatric treatment. Medical records of the claimant's treatment at ABBHH note that the claimant had undergone a progressive change in his mental status during the two to three months prior to his admission. Specifically, the claimant's sleep had deteriorated, his appetite had diminished, and he had lost 10 pounds. The claimant indicated that he had done something that had offended God or his family, and he felt guilty and deserved to be punished. He believed that, as a result of his behavior, he expected to be killed but did not know how. The claimant told the emergency room interviewer that he thought about ending his life by using his car but, when he was later interviewed by a doctor, he did not have a specific plan for how he would kill himself. The claimant stated that he had no idea why he was feeling this way but stated that he had an injury at work a year ago and felt that, somehow, his condition was related to the injury. The claimant was also concerned about financial problems. He denied any previous episodes of depression, psychiatric treatment or hospitalization, or suicide attempts. The claimant was diagnosed with major depression, single episode with psychosis. He was placed on Effexor and Risperdal and remained at ABBHH until February 11, 2000.

¶ 24 The claimant received further psychiatric care throughout the following 10 months, first from Dr. Puszkarski and then from Dr. Hong. When the claimant saw Dr. Hong on September 15, 2000, he reported that he could not eat or sleep and that he had suicidal feelings and feelings of helplessness and hopelessness. Dr. Hong diagnosed a major depressive disorder.

¶ 25 On December 4, 2000, the claimant was readmitted to ABBHH for recurrent depressive disorder. While admitted, he had a seizure. He came under the care of another psychiatrist, Dr.

Michael Brilliant. The claimant's wife, Maria Szeliga, told Dr. Brilliant that the claimant had not been himself since the December 9, 1998, work accident. Dr. Brilliant noted in his psychiatric evaluation that the claimant had been seeing Dr. Hong for the past year with little progress and that he had gotten worse during the past three to four weeks. For example, Dr. Brilliant noted that the claimant stopped answering questions, became mute, and lost 50 pounds in the preceding two months. The claimant's wife told Dr. Brilliant that the claimant "at times expressed some thoughts that he doesn't want to be around," and that he was "preoccupied with thought of being fired from his job two years ago." Dr. Brilliant diagnosed the claimant with a recurrent major depressive disorder with possible psychotic features and recommended that the claimant undergo electroconvulsive therapy (ECT).

¶ 26 On December 6, 2000, the claimant was transferred to St. Alexius Medical Center for further psychiatric treatment. The claimant was readmitted to ABBHH on December 23, 2000. He was diagnosed with seizure disorder, pneumonia, and depression. He received treatment for these conditions and was discharged. On July 19, 2001, the claimant was readmitted to ABBHH and diagnosed with bipolar disease and history of seizure disorder. He was discharged 11 days later. However, the claimant was readmitted on September 15, 2001, due to increasing depression. At that time, it was noted that the claimant had threatened his family and reported hallucinations, poor sleep, and poor appetite. The claimant was treated and discharged on October 3, 2001. The following day, the claimant was admitted to Maplewood Care, a long-term nursing facility, where he remains to this day.

¶ 27 On November 29, 2005, Dr. Brilliant gave an evidence deposition. Dr. Brilliant testified that environmental stress can trigger depressive illness. Based on the history provided by the claimant and his wife, Dr. Brilliant opined that the knee injury, which the claimant sustained at

work "with subsequent loss of his job," triggered or contributed to the claimant's depression. Dr. Brilliant noted that losing his job and the attendant loss of social status was a severe stressor for the claimant, and he noted that the claimant had expressed guilt about not being able to provide for his family. Dr. Brilliant testified that his treatment was based on the claimant's perception that he had lost his job as a result of his knee injury. Dr. Brilliant stated that his opinion would not change even if the claimant had been released to full duty work by his doctors before he developed symptoms requiring psychiatric care. Dr. Brilliant explained that his opinion was based on the claimant's *perception* of what happened, not what actually happened.

¶ 28 Acting by his wife as guardian, the claimant filed an "Amended Application for Adjustment of Claim" on January 7, 2009, seeking benefits for the leg and knee injuries he allegedly suffered as a result of the December 9, 1998, work accident and also for "related psychiatric conditions, including major depressive disorder with psychotic features." The claimant contended that his current psychological condition was causally related to the December 9, 1998, work accident.

¶ 29. On May 27, 2009, Dr. David Carrington, a board-certified forensic psychiatrist, evaluated the claimant at the employer's request. Dr. Carrington reviewed the claimant's medical, psychiatric, and occupational records and interviewed the claimant's care givers at Maplewood Care, including the nursing staff, the social service staff, and the claimant's personal attendant.[5] He also reviewed the depositions of Drs. Brilliant, Gleason and Cole. Dr. Carrington diagnosed

[5] Dr. Carrington also attempted to interview the claimant, but the claimant was uncommunicative.

the claimant with major depressive disorder, chronic and severe with a history of psychosis; melancholic and catatonic features; and dementia not otherwise specified, provisional.

¶ 30 Dr. Carrington was deposed on July 1, 2009. During the deposition, Dr. Carrington opined that the claimant is severely psychiatrically impaired and has undergone a progressive and unrelenting deterioration of his emotional and cognitive functioning. He noted that the claimant's symptoms have included profound depression, paranoid delusional and psychotic thoughts, several suicide attempts, outbursts of violence, and extreme negativism, including refusal to eat, shower, dress himself, and take prescribed medications. He also noted that the claimant had not responded to any courses of treatment.

¶ 31 Dr. Carrington also opined that the claimant's psychiatric condition is not causally related to the knee injury he suffered during the December 9, 1998, work accident or his subsequent termination. Dr. Carrington based his opinion, in part, on the length of time between these alleged stressors and the onset of psychiatric symptoms, which Dr. Carrington found to be too long to support an inference of causation. Dr. Carrington testified that the current "Diagnostic and Statistical Manual of Mental Disorders" (the DSM-IV), which is "a treatise upon which psychiatrists rely authoritatively in arriving at diagnoses," provides that emotional or psychiatric symptoms are considered causally related to a stressor only if psychiatric symptoms "manifest themselves within three months of the onset of the stressor." Dr. Carrington noted that the claimant suffered his knee injury in December 1998 and was laid off in March 1999, but he did not experience any psychiatric symptoms until October 1999 (approximately three months before he was admitted to Lutheran Hospital). Dr. Carrington concluded that the claimant's psychiatric symptoms began "far outside of the *** [DSM-IV]'s time requirement or criteria for a reactive

depression or an adjustment disorder."[6] Moreover, Dr. Carrington testified that the DSM-IV provides that adjustment disorders typically resolve themselves "within six months of the termination of the stressor." He noted that the claimant's psychiatric symptoms continued long after his termination and long after his knee injury had resolved. For these reasons, among others, Dr. Carrington concluded that the claimant's knee injury and termination could not have been causally related to his psychological condition.

¶ 32 In his expert report, Dr. Carrington concluded that the claimant was suffering from dementia in addition to depression. Dr. Carrington listed several facts supporting this diagnosis, including "the progressive and unrelenting nature of [the claimant's] cognitive and emotional decline over the past eight years," "the outbursts of episodic hostility," "[the claimant's"] total lack of self care," his "near total inability to communicate with others," and "abnormal imaging studies of his brain," including a 2004 CT scan of the head which showed "generalized atrophy" and a December 2000 MRI of the brain which showed "mild cortical atrophy." Dr. Carrington concluded that the claimant's progressive dementia was "not related to his knee injury or loss of employment." In addition, Dr. Carrington concluded that additional factors other than the claimant's knee injury and loss of employment caused his psychological condition, including "underlying character pathology" and "genetic or biological determinants."

¶ 33 A hearing was held before an arbitrator. The parties stipulated that the claimant suffered a work-related injury to his right knee on December 9, 1998. However, they disputed whether

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[6] Dr. Carrington defined an "adjustment disorder" as "the production of emotional or psychological symptoms in reaction to a stressor."

the claimant's psychological condition was causally related to the December 9, 1998, work accident.

¶ 34 During the hearing, the claimant's wife, Maria Szeliga, testified that the claimant was "very nervous" when he came home from work on December 9, 1998. He was pointing to his leg and saying that his leg hurt and that there was a problem. According to Maria, the claimant continued to be very nervous and worried during the three weeks following the accident. Maria stated that, between January 1999 and the time he lost his job in March 1999, the claimant suffered from constant leg pain and had difficulty sleeping. Moreover, he would pace back and forth all day and "couldn't just relax." He stopped having family dinners and participating in activities with his daughters. When the claimant received a letter from the employer in March 1999 informing him that he had been laid off, the claimant was shocked and became "terribly upset." Maria claimed that, over the next two months, the claimant "started to behave strangely." He couldn't eat or sleep, and he was "very worried" and "kept complaining about his leg." Maria testified that, approximately two months after his May 1999 knee surgery, the claimant tried to kill himself and his family by taking the furnace apart so as to release gas into the family home. Then, in late 1999, the claimant tried to hang himself in the garage. Maria saved him by cutting off the rope. Shortly after this incident, the claimant stopped eating. According to Maria, the claimant had no history of anxiety, depression, or other psychological problems before the December 9, 1998, work accident.

¶ 35 The claimant's daughter, Monika Szeliga, also testified on his behalf. Monika testified that, when her father returned home from work on the day of the accident, he was very startled and nervous and "looked like he was in shock." Monika stated that, in the weeks that followed the accident, the claimant would pace back and forth, sometimes all day long. He stopped

smiling and telling jokes and became unhappy, serious, and angry. After he lost his job, the claimant stopped eating and would pace back and forth all day and all night. He was very angry and became mean. Monika corroborated her mother's testimony that the claimant dismantled the furnace in June 1999 and tried to hang himself in late 1999. She also testified that the claimant tried to hang himself again after he was admitted to Maplewood Care.

¶ 36 The arbitrator found that the claimant had proven that he sustained an accidental injury to his right knee on December 9, 1998, that arose out of and in the course of his employment and that his current condition of ill-being as it relates to his right knee/leg is causally related to the December 9, 1998, work accident. However, the arbitrator found that the claimant had failed to prove that his current psychological condition was caused or precipitated by his right knee injury. The arbitrator noted that there is no indication in medical records that the claimant suffered from depression or other psychological problems until more than one year after the accident. The arbitrator found that the first mention of any psychological problems to any healthcare provider was more than a year after the work accident, when the claimant told Dr. Szachowicz that he was depressed and asked to see a psychiatrist. The arbitrator noted that there is no indication in the medical records that the defendant suffered from anything other than "some anxiousness and nervousness" immediately following the accident.

¶ 37 Moreover, the arbitrator stressed that, when the claimant did seek treatment for his psychological condition more than a year after he injured his knee, he told his healthcare providers that his mental status had been progressively deteriorating "over the past few months." In addition, the arbitrator noted that the claimant was able to work for the employer for a few weeks without incident before being taken off work by his primary care physician. The arbitrator found that all of this evidence suggests that the claimant's psychological condition was not

causally related to his work accident. The arbitrator noted that, "if anything," the claimant's psychological condition might be "somewhat" related to his job loss, but found that "[t]here is nothing in records to support a finding that the claimant was laid off as a result of his right knee condition."[7]

¶ 38 The claimant appealed the arbitrator's decision to the Commission, which unanimously affirmed and adopted the arbitrator's decision. The Commission subsequently issued a corrected decision which reduced the award of medical expenses, penalties, and attorney fees it had awarded on the claimant's claim regarding his right knee. The claimant then sought judicial review of the Commission's decision in the circuit court of Cook County, which confirmed the Commission's ruling. This appeal followed.

¶ 39 ANALYSIS

¶ 40 The Act authorizes recovery for psychological disabilities under certain circumstances. See, *e.g.*, *Watts v. Industrial Comm'n*, 77 Ill. 2d 30, 33 (1979). For example, psychological injuries are compensable when they are related to and caused by a work-related physical injury. *Matlock v. Industrial Comm'n*, 321 Ill. App. 3d 167, 171 (2001). In these so-called "physical-mental" cases, even a minor physical contact or injury may be sufficient to trigger

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[7] The arbitrator noted that the only evidence in the record regarding the reason for the claimant's termination is Dr. Carrington's assertion that the claimant was terminated for giving false reasons for his continued absences from work. The arbitrator noted that the claimant "offered nothing to rebut this evidence," and found that the claimant "failed to provide any credible evidence to support a finding that his job loss was in any way related to his right knee injury."

compensability. *Id.*; see also *Marshall Field & Co. v. Industrial Comm'n*, 305 Ill. 134 (1922); *Chicago Park District v. Industrial Comm'n*, 263 Ill. App. 3d 835, 842 (1994). Moreover, the work-related physical trauma need not be the sole causative factor, but need only be *a* causative factor of the subsequent mental condition. *City of Springfield v. Industrial Comm'n*, 291 Ill. App. 3d 734, 738 (1997); see also *Amoco Oil Co. v. Industrial Comm'n*, 218 Ill. App. 3d 737, 747 (1991). However, mental disorders which develop over time in the normal course of the employment relationship are not compensable. *Matlock*, 321 Ill. App. 3d at 171.

¶ 41 Whether a psychological condition is causally related to a physical work injury is a factual question that is uniquely in the province of the Commission, and we will not overturn the Commission's decision unless it is against the manifest weight of the evidence. *City of Springfield*, 291 Ill. App. 3d at 739; *Chicago Park District*, 263 Ill. App. 3d at 843. In determining causation, it is the Commission's responsibility to assess the credibility of witnesses, resolve conflicts in the evidence, assign weight to be accorded the evidence, draw reasonable inferences from the evidence, and choose between conflicting inferences. *City of Springfield*, 291 Ill. App. 3d at 740; *Chicago Park District*, 263 Ill. App. 3d at 842. A decision is against the manifest weight of the evidence only when the opposite conclusion is "clearly apparent." *Elgin Board of Education School District U-46 v. Illinois Workers' Compensation Comm'n*, 409 Ill. App. 3d 943, 949 (2011). 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). Accordingly, "[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" from the

same set of facts. *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64 (2006); *Chicago Park District*, 263 Ill. App. 3d at 842.

¶ 42 Applying these standards, we cannot say that the Commission's conclusion that the claimant failed to prove that his disabling psychological condition is causally connected to his December 9, 1998, knee injury is against the manifest weight of the evidence. The medical records and Dr. Carrington's testimony support a reasonable inference that the claimant developed a progressive mental illness beginning in late 1999 or early 2000 that was unrelated to his December 9, 1998, knee injury. The defendant did not seek treatment for depression or for any other psychological condition until the last week of January 2000. At that time, he told Dr. Puszkarski that had developed severe depression "last week." Medical records of the claimant's subsequent inpatient treatment at ABBHH note that the claimant had undergone a progressive change in his mental status during the two to three months prior to his admission, *i.e.* from late October or November 1999 through late January 2000. During that time period, the claimant experienced severe depression and loss of appetite, had difficulty sleeping, and lost a significant amount of weight. There is no evidence in the medical records that the claimant suffered from these debilitating symptoms prior to October 1999. In fact, the ABBHH treatment records indicate that the claimant specifically denied any previous episodes of depression or suicide attempts. This suggests that the claimant did not suffer from severe psychological problems until more than 10 months after he injured his knee, at the earliest. Relying on the diagnostic criteria prescribed by the DSM-IV, Dr. Carrington opined that psychiatric symptoms are considered causally related to a stressor only if the symptoms manifest themselves within three months of the onset of the stressor. He therefore concluded that the claimant's psychological condition was not causally connected to his work-related knee injury. In addition, based on the claimant's

severe cognitive and emotional impairments, the "progressive and unrelenting nature of [the claimant's] cognitive and emotional decline," and the claimant's abnormal brain scans, Dr. Carrington opined that the claimant was suffering from progressive dementia that was not related to his knee injury or loss of employment. He also opined that additional factors other than the claimant's knee injury and loss of employment caused his psychological condition, including "underlying character pathology" and "genetic or biological determinants." All of this evidence, taken together, is sufficient to support the Commission's finding of no causation.

¶ 43 We acknowledge that there is evidence in the record which would arguably support a finding of causation. For example, the claimant's wife and daughter testified that the claimant appeared shocked and "very nervous" immediately after the December 9, 1998, work accident and that, in the weeks and months following the accident, the claimant was agitated, had difficulty eating and sleeping, lost interest in socializing, and exhibited other personality changes. According to the claimant's wife and daughter, these symptoms worsened after the claimant was laid off in 1999, culminating in two suicide attempts, one in June or July 1999 and the other in late 1999. The medical records corroborate at least some of this testimony. For example, Advocate Occupational Health Center's records and Dr. Katz's records indicate that the claimant was "anxious" and "very upset" in the weeks immediately following his knee injury, as does the February 11, 1999, physical therapy record. Moreover, the claimant's admission form to Lutheran General Hospital lists "[i]njury and operation to [right] knee" as a factor contributing to the claimant's psychological condition. Further, based on the history provided by the claimant and his wife, Dr. Brilliant opined that the knee injury which the claimant sustained at work "with subsequent loss of his job" triggered or contributed to the claimant's depression.

¶ 44 However, much of this evidence was either contradicted or qualified by other evidence. For example, contrary to the testimony of the claimant's wife and daughter, the claimant denied any prior depression or suicide attempts when he sought treatment for his depression in early 2000.[8] Moreover, as noted above, the claimant did not seek medical treatment for depression or any other psychological condition until early 2000 and, when he did so, he told some of his doctors that his depression and other psychiatric symptoms were of recent onset (*i.e.*, that they had begun within the past two to three months). Thus, although the medical records and the testimony of the claimant's wife and daughter suggest that the claimant was anxious and agitated immediately after the work accident, the records indicate that the claimant did not experience any *clinically significant* symptoms that required treatment until 10 to 11 months after the accident. It is the Commission's responsibility to assess the credibility of witnesses, resolve conflicts in the evidence, and draw reasonable inferences from the evidence. *City of Springfield*, 291 Ill. App. 3d at 740; *Chicago Park District*, 263 Ill. App. 3d at 842. Although the evidence in this case arguably supports conflicting inferences, there is sufficient evidence to support the Commission's finding of no causation.

¶ 45 Moreover, Dr. Brilliant's opinion that the claimant's psychological condition was causally related to his work-related knee injury was based primarily on the psychological effect of the

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[8] The ABBHH records indicate that the claimant denied any previous episodes of depression or suicide attempts. Moreover, after speaking with the claimant on January 26, 2000, Dr. Szachowicz concluded that the claimant was suffering from depression with "[n]o suicide ideation or suicide attempts."

claimant's subsequent job loss.[9] Dr. Brilliant concluded that losing his job and the attendant loss of social status was a "severe stressor" for the claimant which caused him to feel guilt and which contributed to his subsequent mental illness. Based on the history provided by the claimant and his wife, Dr. Brilliant assumed that the claimant lost his job because of his knee injury. He therefore assumed that the knee injury was causally connected to his psychological condition. However, as the Commission correctly noted, the claimant failed to provide any credible evidence to support a finding that his job loss was in any way related to his right knee injury. Accordingly, the Commission was entitled to accord little weight to Dr. Brilliant's opinion. In addition, Dr. Brilliant's opinion is directly contradicted by Dr. Carrington's opinion. It is the Commission's province to resolve conflicts in medical opinion testimony. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). After reviewing the record, we conclude that the Commission's decision to credit Dr. Carrington's opinion over that of Dr. Brilliant was not against the manifest weight of the evidence.

Because we affirm the Commission's finding that the claimant's psychological condition was not causally related his work-related accident, we do not need to address the claimant's remaining arguments regarding his entitlement to permanent total disability benefits and medical expenses relating to his psychological condition. We also decline to address the Commission's ruling on the issue of notice. The Commission ruled that, although the claimant gave the employer timely notice of his knee injury, he "failed to provide timely notice of his alleged psychological injury on 12/9/98." The parties have not addressed this issue in their briefs.

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[9] The Lutheran General and ABBHH records also focus on the role that the claimant's job loss played in the development of his mental illness.

Because an analysis of this issue would not affect our judgment in this case, and because the parties have not addressed it, we decline to discuss it.

¶ 46 CONCLUSION

¶ 47 For the foregoing reasons, we affirm the judgment of the Cook County circuit court, which confirmed the Commission's decision.

Affirmed.