

No. 1-13-0826

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RICHARD REIMER,)	Appeal from the
)	Circuit Court of
Plaintiff-Appellant,)	Cook County
)	
v.)	No. 12 CH 18712
)	
THE RETIREMENT BOARD OF THE FIREMAN'S)	
ANNUITY & BENEFIT FUND OF CHICAGO,)	Honorable
)	Mary Anne Mason,
Defendant-Appellee.)	Judge Presiding.

JUSTICE PIERCE delivered the judgment of the court.
Presiding Justice Simon and Justice Connors concurred in the judgment.

ORDER

¶ 1 *Held:* The Board's decision to deny plaintiff's application for line-of-duty disability pension benefits is reversed where the record demonstrated that the decision was against the manifest weight of the evidence.

¶ 2 Plaintiff, Richard Reimer, appeals from an order of the circuit court affirming the decision of defendant, the Retirement Board of the Firemen's Annuity and Benefits Fund of Chicago (Board), denying his application for a line-of-duty disability pension under section 6-151 of the Illinois Pension Code (Code) (40 ILCS 5/6-151 (West 2010)). We reverse the Board's

decision and the judgment of the circuit court of Cook County.

¶ 3

BACKGROUND

¶ 4 Reimer, is a 59 year old who worked as a firefighter/engineer for the City of Chicago Fire Department (CFD) from 1980 to 2012. On January 10, 2012, Reimer filed for disability benefits pursuant to section 6-151 of the Code. Plaintiff alleged his disability was the result of a right shoulder injury that occurred on August 27, 2009, while performing his job duties. Section 6-151 of the Code provides that if a firefighter is disabled as a result of a "specific injury, or of cumulative injuries, or of specific sickness incurred in or resulting from an act or acts of duty," the firefighter is entitled to receive "75% of his salary at the time the disability is allowed" until the firefighter "reaches the age of compulsory retirement." 40 ILCS 5/6-151 (West 2010). On January 10, 2012, Reimer also filed an "End of Employment Form" with the City of Chicago, effective February 27, 2012. Reimer's last day of work with the CFD was February 26, 2012.

¶ 5 On March 20, 2012, the Board held a hearing on plaintiff's application for disability benefits. Although the parties agree that plaintiff's right rotator cuff was injured as a result of the August 27, 2009 line-of-duty incident, the parties dispute whether this injury caused Reimer to be permanently disabled and thus eligible for line-of-duty pension benefits. After hearing testimony, in a split decision, the Board voted to deny plaintiff's application for line-of-duty benefits. Six members of the board were present at the hearing; four voted to grant Reimer his requested benefits and two voted to deny the pension benefits. Pursuant to the Pension Code, a majority of the entire 8 person board (5 votes) is required to approve disability benefits. 40 ILCS 5/6-178 (West 2010). The Board found that Reimer had a pre-existing chronic rotator cuff tear prior to the August 2009 injury; he was capable of performing his duties with the chronic rotator

cuff tear; and a May 2011 surgery was performed to repair the chronic tear and it was that surgery that caused or contributed to Reimer's "current physical condition" and not the line-of-duty injury in August 2009. Plaintiff sought administrative review with the circuit court of Cook County, which affirmed the Board's decision. Plaintiff maintains that after the August 2009 injury he was never fully able to return to his assigned duties; in February 2011 he was later placed on medical leave because of this continued or aggravated injury; and subsequently he was found unable to perform his duties as a full time fireman, thus qualifying him for duty disability pension benefits.

¶ 6 The record consists of both documentary and testimonial evidence regarding plaintiff's medical history involving Reimer's right shoulder; we summarize plaintiff's medical history derived from the CFD medical files, followed by the testimony presented at the hearing.

¶ 7 **Plaintiff's Medical History**

¶ 8 According to a "lay-up summary" provided to the Board, plaintiff had two "on duty" injuries in 1981, one to his thumb and one to his back.

¶ 9 On July 28, 1985, plaintiff was placed on medical lay up for an "on duty" injury to his right shoulder.

¶ 10 In 1986, plaintiff had a tibial fracture unrelated to his work. In 1988 and 1996, plaintiff had two more instances of "non-duty" injuries to his left hand and back. In 2000, plaintiff cut his left hand on a desk drawer while "on duty." From March 2009 to May 2009, plaintiff was on medical leave for right ankle surgery resulting from a "non-duty" related incident.

¶ 11 On August 27, 2009, while responding to a fire call, plaintiff tore two muscles in his right shoulder. That day, plaintiff was taken to the hospital and was placed on lay up by the CFD's

medical division. On September 10, 2009, an MRI of Reimer's shoulder was performed. The MRI revealed that there was a "[c]hronic full thickness tear of the supraspinatus and infraspinatus tendons with muscle atrophy;" a "[r]ecent rupture of the subscapularis tendon;" and moderate osteoarthritis. In September 2009, Reimer's treating physician, Dr. Mark Breslow, reported to CFD's medical director, Dr. Hugh Donovan Russell, that Reimer had a "chronic right massive rotator cuff tear of the shoulder" and that there was question as to "whether or not the cuff can be repaired." Further, Dr. Breslow added that if Reimer had "profound weakness, I would encourage an arthroscopic procedure to address his rotator cuff." On December 10, 2009, after a four month treatment of steroid injections, Dr. Breslow reported to Dr. Russell that Reimer can "return to work without restrictions" however Breslow noted that "[Reimer] is well aware that the rotator cuff will not heal without surgical treatment." On December 16, 2009, the CFD medical division released plaintiff to full duty.

¶ 12 A year later, in December 2010, plaintiff was placed on lay up for recovery from minor surgery to his right ankle. Plaintiff was cleared to return to work by Dr. Russell on February 8, 2011.

¶ 13 Three weeks later, on February 27, 2011, plaintiff returned to Dr. Russell's office complaining of pain in his right shoulder. Dr. Russell placed plaintiff on lay up and referred plaintiff to Dr. Preston Wolin who ordered a new MRI of Reimer's shoulder. The March 11, 2011 MRI revealed "complete tears of the supraspinatus and infraspinatus tendons" in the right rotator cuff. The MRI also showed "significant atrophy of the supraspinatus and infraspinatus muscles" and noted "[d]egenerative changes" in the joint with "diffuse thinning of the cartilage." On March 15, 2011, Dr. Wolin sent a report to the CFD Medical Department explaining that he

had examined the 2009 MRI and concluded that "the current condition of [Reimer's] shoulder is causally related to the 2009 injury described above." Dr. Wolin further explained that because Reimer was able to function for some time as a firefighter, "[i]t is possible that this [current injury] may be due to loss of the force couple due to further tearing" of the rotator cuff. Dr. Wolin suggested that Reimer "might be a candidate for partial rotator cuff repair."

¶ 14 In May 2011, surgery was performed to repair plaintiff's right rotator cuff. However, the surgery was unable to completely repair the shoulder. Plaintiff remained on lay up for the remainder of the year and participated in physical therapy. In December 2011, during a work conditioning therapy session, plaintiff heard a "pop" noise and felt extreme pain in his shoulder. On December 29, 2011, during a Work Capacity Evaluation (WCE) performed for the CFD, it was concluded that plaintiff could not perform at the "very heavy [physical demand] level" required of a firefighter. Rather, Reimer "demonstrated an ability to function in the Light Physical Demand Level." The same evaluation report also noted "PHYSICAL DEMAND LEVEL: MEDIUM." On January 16, 2012, Dr. Wolin issued a report explaining that after examination of Reimer and review of the results of the WCE, Reimer "did not meet the physical demands of a full time Chicago fireman. These [injuries] are permanent."

¶ 15 The record also contains letters from two other doctors who examined Reimer, Dr. Liana G. Palacci, D.O. and Dr. Jeffrey Coe, M.D. Ph.D., in addition to other documentary evidence. According to Dr. Palacci, after reviewing the relevant medical records and examining Reimer, she concluded with a reasonable degree of medical certainty that Reimer's "right shoulder injury and current symptoms are a direct result of his work accident at the Chicago Fire Dept. on

August 27, 2009. His treatment was reasonable and necessary. His condition is permanent and prognosis is poor."

¶ 16 After examining Reimer and reviewing his medical records, Dr. Coe concluded that 2011 surgery could not completely repair the "shoulder injury of August 27, 2009, [which] has caused him to be permanently and totally disabled for full duty as a firefighter."

¶ 17 On February 9, 2012, Dr. Isaac C. Morcos, an occupational health physician for the CFD transmitted a letter to Dr. Motto explaining that Reimer "went on medical status on February 27, 2011 as a result of 'right shoulder injury' which he sustained while on-duty."

¶ 18 On February 13, 2012, Managed Care Consultants, Inc. sent a "Medical File Review" report to the Board compiled from CFD's medical files. The report listed the 1985 and August 2009 "on duty" injuries to Reimer's right shoulder.

¶ 19 On February 14, 2012, Dr. George Motto, M.D. issued a report to the Board explaining that he had examined Reimer and reviewed the relevant medical records. According to Motto, the WCE concluded that Reimer "could work only at the medium level." Dr. Motto concluded that Reimer's range of motion for his right shoulder is "significantly limited" and Reimer" still remains unable to function as a Firefighter Engineer."

¶ 20 Testimony at the Hearing

¶ 21 Reimer testified that he worked as a CFD firefighter and engineer for 32 years. His work related duties included: driving the fire engine; connecting the fire hose to the fire hydrant; maintaining water pressure in the fire hose; and performing ENT duties as necessary. On August 27, 2009, while responding to a fire call, Reimer's ankle was caught in a fire hose causing him to be "flipped up in the air." In attempting to break his fall, Reimer reached out with his right arm

and fell directly on his right arm and shoulder. Reimer immediately felt severe pain. The fire chief sent Reimer back to the firehouse where he was taken by ambulance to Swedish Convent Hospital. Reimer was put on lay up by the medical department which referred Reimer to an orthopedic surgeon.

¶ 22 An MRI was performed and Reimer received a series of cortisone steroid shots over a fourth month period. He returned to work in December 2009, and was able to use his left hand to do some work related functions but was unable to perform all functions of an engineer and firefighter. According to Reimer, "[m]y shoulder was not right. I was unable to do anything above my head and "the troops were helping me too much. I just wasn't able to get it done." According to Reimer, the other firefighters knew Reimer was having a hard time with his shoulder and that his pain had gotten progressively worse. He received "a lot of help" from the other firefighters who "assisted [him] in everything" and "[e]ven they said you should get this taken care of." Reimer was placed on lay up in December 2010, for an unrelated ankle injury. He was released back to full duty on February 8, 2011. Later that month, his shoulder pain prevented him from reaching over to get a radio in the fire engine during a call. Later that day, Reimer was "ordered" by his CFD Lieutenant to go see Dr. Russell at the medical department and "walked in" without an appointment. Dr. Russell reviewed the 2009 MRI and asked Reimer "how did this slip through the cracks?" and "why wasn't [it] taken care of right then in a timely manner, rather than two years later." According to Reimer, Dr. Russell said that "[w]e are laying you up. We'll get it taken care of. I am going to give you a great surgeon and we are going to get this corrected." Dr. Russell referred Reimer on to see Dr. Wolin who performed a second MRI. The 2011 MRI showed a complete tear and in May 2011, surgery was performed. Reimer

attended physical therapy for the remainder of the year and in December 2011, while doing extensions with his arm, he felt a "pop" in his shoulder which was accompanied by pain.

¶ 23 Thereafter, Reimer was sent by the CFD to have the WCE. The results of the exam provided that Reimer was "permanently disabled." After the capacity exam, Reimer saw Dr. Wolin who informed Reimer that he "may need a complete reconstruction of the right shoulder." According to Reimer, he is unable to put a shirt on, carry a gallon of milk and comb his hair. If he reaches above his head the pain worsens. Before the injury in 2009, he was able to do "just about anything" including reaching above his head, playing sports and perform his work related functions.

¶ 24 Plaintiff called fellow Engine 110 firefighter, Kurt Pemberton, who testified that he was present at the August 2009 fire call with Reimer, heard plaintiff yell out in pain after falling. Pemberton testified that Reimer was "kind of helpless" after he injured his shoulder and Reimer's "right arm was shaking." According to Pemberton, he worked with Reimer for 18 years prior to the August 2009 incident and Reimer had never complained previously of "any problems with his right shoulder." Pemberton stated Reimer could not lift the fire hose alone and needed help in doing so. When responding to a question by Trustee Martin, Pemberton answered that "[w]hen he tried to come back [to work], it was never the same" and although Reimer performed his work duties "he was not comfortable."

¶ 25 The Board also heard the testimony of Dr. Motto, a consultant to the Firemen's Annuity and Benefit Fund. Dr. Motto is an Endocrinologist with a specialty in diabetes with no specialty certification in orthopedics, disability or occupational evaluation. Dr. Motto testified that he had reviewed all medical records received by the Board and had performed an examination of

Reimer. In Dr. Motto's opinion, the muscle tears in Reimer's right shoulder were atrophic. Reimer's right shoulder muscles were weakened and "of no use." In Motto's opinion, the 2009 MRI showed two things: a chronic severe large tear of the rotator cuff on the right shoulder displaying atrophied muscles; and an acute injury with edema of the subscapularis tendon. Dr. Motto explained that atrophy happens over a long period of time and is not an acute injury. In his opinion, the 2011 MRI showed the same atrophied muscles in the rotator cuff but also showed that the acute injury of the subscapularis tendon had healed. According to Motto, a fireman could work full duty with a chronic tear, which Reimer did from 2009 to 2011. During that time period, Reimer's medical records do not include any mention of shoulder problems, including a visit to Dr. Russell on February 8, 2011 when Reimer was cleared to return to work after ankle surgery. According to Dr. Motto, there was no acute incident that led to Reimer's February, 2011 visit to the medical director. In Motto's opinion, Reimer's current shoulder condition was caused by the May 2011 surgery and the surgery was "obviously not" required by the August 2009 injury. On cross-examination, Motto confirmed that in his report, he found plaintiff "unable to function as a Firefighter Engineer."

¶ 26

The Board's Decision

¶ 27 Upon consideration of this evidence, the Board concluded that Reimer was not eligible for a line-of-duty pension. The Board made the following factual findings: (1) Reimer was an active fireman and engaged in an act of duty when he sustained an injury to his right shoulder on August 27, 2009; (2) the 2009 MRI "showed a chronic severe tear of the rotator cuff" and acute swelling of the subscapularis muscle in the rotator cuff; (3) the 2011 MRI "also showed a chronic rotator cuff tear with atrophy of the supraspinatus but no acute condition of the

subscapularis;" (4) Reimer received four months of treatment following the August 2009 incident and was released to full active duty by the treating physician and CFD medical section; (5) Reimer continued to perform his assigned duties and did not seek further treatment for his right shoulder for the next 12 months; (6) after a two month medical lay up for an unrelated condition, Reimer returned to full active duty; (7) three weeks later, on February 27, 2011, after working the day before, Reimer "walked in" to see Dr. Russell at the CFD medical section who looked at Reimer's MRI and put him on lay up; (8) on May 9, 2011, Reimer had surgery to repair his right rotator cuff; (9) after extensive physical therapy and treatment, the WCE showed he could only perform at a medium physical demand level; (10) in January 2012, Reimer's treating physician found that Reimer was at maximum medical improvement and could not meet the physical demands of a firefighter; (11) Reimer was examined by Dr. Motto, a physician consultant to the Board, who testified that firefighters have been able to work with chronic rotator cuff tears and Reimer had been able to do so; the condition of his right shoulder resulted from the May 2011 surgery which was not required by the August 2009 on duty incident; and (12) the applicant presented reports from two physicians, Dr. Palacci and Dr. Coe who examined Reimer after his surgery and concluded that he was disabled by the August 2009 incident.

¶ 28 The Board concluded that: (1) Reimer had a chronic tear in his right shoulder before the August 2009 incident and after returning to work in December 2009, was able to perform all assigned duties; (2) the two MRI's indicated a chronic tear of the rotator cuff before the August 2009 incident; (3) the injury from the August 2009 incident resolved prior to the 2011 MRI; (4) the weight of the evidence demonstrates that he was able to perform assigned duties with the chronic tear and that 2011 surgery was not necessitated by the August 2009 injury but rather to

repair a pre-existing injury; (5) the 2011 surgery caused or contributed to Reimer's physical condition and he has not provided sufficient evidence to meet his burden of proof.

¶ 29 Reimer filed a complaint for administrative review in the circuit court of Cook County which affirmed the Board's decision. Thereafter, Reimer timely filed this appeal.

¶ 30 ANALYSIS

¶ 31 Judicial review of pension board decisions is governed by the Administrative Review Law (735 ILCS 5/3-101 et seq. (West 2012)). Under the Administrative Review Law, we consider only the evidence originally presented to the Board and those “findings and conclusions of the administrative agency on questions of fact shall be held to be prima facie true and correct.” 735 ILCS 5/3-110 (West 2012). We defer to the Board's findings of fact unless those findings are against the manifest weight of the evidence. *Carrillo v. Park Ridge Firefighters' Pension Fund*, 2014 IL App (1st) 130656, ¶ 21.

¶ 32 The parties disagree as to the standard of review to be applied to this appeal. Reimer argues that we should review his appeal under the clearly erroneous standard, while the Board argues that because plaintiff appeals the Board's factual findings we should review the Board's decision under the manifest weight of the evidence standard. We agree with the Board. Where, as here, the sole issue on appeal is whether plaintiff's work-related incident is a cause of his disability, the issue is a purely factual determination for which we review under the manifest weight of the evidence standard. *Wade v. City of North Chicago Police Pension Board*, 226 Ill. 2d 485, 504-05 (2007); *Carillo*, 2014 IL App (1st) 139656, ¶ 22. "A judgment is against the manifest weight of the evidence when it appears from the record that an opposite conclusion is clearly evident." *Evert v. Board of Trustees of Firefighters' Pension Fund of City of Lake Forest*,

180 Ill. App. 3d 656, 660 (1989).

¶ 33 Reimer argues that the Board's finding that his condition was not caused by the August 2009 line-of-duty incident and the incident was not an exacerbating factor to his current physical condition, is against the manifest weight of the evidence.

¶ 34 First, we observe that the Board stopped short of making a finding that plaintiff was permanently disabled and instead referred to plaintiff's injury as a "current physical condition." The Board ultimately concluded that "[t]he weight of the evidence demonstrates that the applicant was capable of performing his assigned duties with a chronic rotator cuff tear in his right shoulder."

¶ 35 "The deference we afford the administrative agency's decision is not boundless." *Wade*, 226 Ill. 2d at 507. "A reviewing court will not hesitate to grant relief where the record does not show evidentiary support for the agency's determination." *Bowlin v. Murphysboro Firefighters Pension Board of Trustees*, 368 Ill. App. 3d 205, 210-12 (2006). In *Scepurek v. Board of Trustees of the Northbrook Firefighters' Pension Fund*, 2014 IL App (1st) 131066, this court recently reversed a pension board's decision to deny a claimant's application for a duty disability pension, finding that the pension board's decision was against the manifest weight of the evidence where all medical evidence concluded that the work-related injury contributed in part to his permanent disability. *Id.* ¶¶ 27-30.

¶ 36 The Illinois Pension Code defines "disability" as "[a] condition of physical or mental incapacity to perform any assigned duty or duties in the fire service." 40 ILCS 5/6-112 (West 2010). Here, the record is devoid of any evidence that Reimer was capable of performing his duties with the tear which could not be repaired by the 2011 surgery. While Dr. Motto did testify

that some firefighters have worked with rotator cuff tears, including Reimer, Motto's remark was in reference to the December 2009 to February 2011 time period, and not after the May 2011 surgery. Ultimately, plaintiff's treating physician, 2 independent physicians, the WCE ordered by the CFD, and Dr. Motto in his medical report submitted to the Board, concluded that Reimer is unable to perform the duties of a firefighter and engineer. Therefore, on this basis alone, the Board's decision is against the manifest weight of the evidence, where the substantial medical evidence, including that of the Board's appointed physician, concludes that Reimer is unable to function as a firefighter and engineer. *Scpurek*, 2014 IL App (1st) 131066, ¶ 28.

¶ 37 Next, we turn to the Board's finding that Reimer's "condition" was not caused or exacerbated by a line-of-duty injury. In order to establish that a line-of-duty pension is appropriate, "[a] claimant need not prove that a duty-related accident is the sole cause, or even the primary cause, of his disability." *Luchesi v. Retirement Board of the Firemen's Annuity & Benefit Fund*, 333 Ill. App. 3d 543, 550 (2002). A line-of-duty disability pension can be awarded even if the duty-related incident only aggravated the preexisting physical condition. *Carrillo*, 2014 IL App (1st) 130656 at ¶ 23. An applicant is not required to prove that his job duties were "the sole or primary cause of his disability; rather, it is sufficient that the duty-related activities were a contributing or exacerbating factor." *Village of Oak Park v. Village of Oak Park Firefighters Pension Board*, 362 Ill. App. 3d 357, 371 (2005); *Carillo*, 2014 IL App (1st) 130656 at ¶ 23.

¶ 38 In this case, the record reveals that although Reimer was released back to work in December 2009, he and the CFD were aware that, according to Dr. Breslow, "the rotator cuff will not heal without surgical treatment" and if Reimer has "profound weakness" he may need an

"arthroscopic procedure to address his rotator cuff." Reimer and his co-worker testified that he continued to face problems with his shoulder and was unable to perform all assigned duties without help. Upon examining Reimer on February 27, 2011, the CFD's medical director, Dr. Russell, placed Reimer on lay up because of his shoulder condition and referred Reimer to Dr. Wolin for treatment. A letter to the Board confirmed that Reimer went on medical leave on February 27, 2011 "as a result of 'right shoulder injury' which he sustained while on-duty." Dr. Wolin, Reimer's treating physician, after examining plaintiff and reviewing the MRI's, found "the current condition of [Reimer's] shoulder is causally related to the 2009 injury" and informed Dr. Russell that "[i]t is possible that this [current injury] may be due to loss of the force couple due to further tearing" of the rotator cuff and Reimer "might be a candidate for partial rotator cuff repair." The surgery was performed and plaintiff's doctors and Dr. Motto agree that Reimer never recovered full use of his shoulder and could no longer perform his duties as a firefighter/engineer for the CFD.

¶ 39 Drs. Wolin, Coe and Palacci all concluded that plaintiff's August 2009 duty injury necessitated the May 2011 surgery and caused his permanent disability. Dr. Motto, who is not board certified in orthopedics, disagreed and testified the 2009 MRI showed both an acute injury and a chronic tear with atrophy which had occurred over time. The subsequent 2011 MRI showed the acute injury had healed and the chronic tear was still present. According to Dr. Motto, the acute 2009 injury had healed and the 2011 surgery was necessary to treat the chronic tear only, not the 2009 acute injury. However, in February 2012, Dr. Morcos, a CFD physician, informed Dr. Motto that Reimer was placed on medical leave in February 2011 "as a result of 'right shoulder injury' which he sustained while on-duty." While being examined by Dr. Russell

on February 27, 2011, Reimer testified that Dr. Russell said "[w]e'll get it taken care of. I am going to give you a great surgeon and we are going to get this corrected." Subsequently, Dr. Russell referred Reimer to Dr. Wolin who ordered the MRI and performed the subsequent surgery.

¶ 40 Nevertheless, the Board did not find Reimer disabled. Instead, the Board found that plaintiff fully recovered from the August 2009 injury and the cause of Reimer's "condition" was the 2011 surgery which was performed to correct a "chronic" right shoulder tear, preexisting the 2009 injury. The overwhelming evidence provided by orthopedic and occupational specialists establishes otherwise. The Board, in its appellee brief, references Reimer's 1985 right shoulder injury which it states was "unrelated to his employment" to suggest that the 1985 injury may have been a cause of the "chronic rotator cuff tear" necessitating the 2011 surgery.

¶ 41 However, according to the CFD's medical records provided to the Board, which lists each and every injury plaintiff received whether on or off duty during his employment with the CFD, the only two injuries to plaintiff's right shoulder were in 1985 and 2009 and both were sustained in the line-of-duty. The CFD records declared the 1985 incident as a "duty" related injury which occurred while Reimer attended to a fire call. The record is clear the 2009 injury was duty related. Therefore, it is clearly evident contrary to the Board's conclusion, that Reimer's "condition" was caused by or contributed to or exacerbated by the 1985 and 2009 line-of-duty injuries, especially in light of the Board's finding that a pre-existing chronic tear to plaintiff's right shoulder necessitated the May 2011 surgery and resulted in his "condition."

¶ 42 "[O]ur courts have found a pension board's decision to be against the manifest weight of the evidence where the agency decision selectively relies heavily on one medical expert's

testimony to the exclusion of other medical opinions and medical documentation." *Scepurek*, 2014 IL App (1st) 131066, ¶ 28 (referencing *Wade v. City of North Chicago Police Pension Board*, 226 Ill. 2d 485 (2007) (Board decision to deny benefits was "incomprehensible" where there was a split opinion between examining physicians regarding whether the claimant's condition was aggravated by a line-of-duty injury and there was no medical evidence to support the Board's finding based on one physician's conclusion that the applicant was not disabled.).

¶ 43 We find that the Board's determination that plaintiff's "condition" was not a result of a line-of-duty injury, was against the manifest weight of the evidence. After reviewing the record, it is clear that the opposite conclusion is evident: Reimer is permanently disabled and his "condition" was caused by, contributed to or aggravated by his line-of-duty injuries. Plaintiff's doctors as well as the Board's appointed physician found that Reimer was unable to perform all duties as a firefighter/engineer because of his right rotator cuff disability. The CFD medical files show that Reimer's right shoulder was injured twice in the line-of-duty, in 1985 and 2009, and he was placed on medical leave because of the August 2009 injury which led to the surgery. Based on the evidence presented, the Board's decision that Reimer's injury was not caused by, contributed to or exacerbated by a line-of-duty injury is against the manifest weight of the evidence.

¶ 44

CONCLUSION

¶ 45 For the foregoing reasons, we reverse the decision of the Board which denied plaintiff's application for line-of-duty disability pension benefits because it was not supported by the manifest weight of the evidence.

¶ 46 Reversed.