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Decision filed February 20, 2013.
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2013 IL App (2nd) 120074WC-U

NO. 2-12-0074WC

IN THE APPELLATE COURT

OF ILLINOIS

SECOND DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

KEVIN HAIN,)	Appeal from
Plaintiff-Appellant,)	Circuit Court of
v.)	Lake County
THE ILLINOIS WORKERS' COMPENSATION)	No. 11MR831
COMMISSION <i>et al.</i> (Raymond Chevrolet,)	
Appellee).)	Honorable
)	Jorge L. Ortiz,
)	Judge Presiding.

JUSTICE HARRIS delivered the judgment of the court.

Presiding Justice Holdridge and Justices Hoffman, Hudson and Stewart concurred
in the judgment.

ORDER

- ¶ 1 *Held:* (1) The Commission's finding that claimant's cervical condition of ill-being was not causally connected to his work accident and its denial of benefits associated with that condition were not against the manifest weight of the evidence.
- (2) The Commission's decision that claimant failed to show an entitlement to ongoing temporary benefits was not against the manifest weight of the evidence.
- (3) the Commission's finding that the employer was entitled to a credit for the overpayment of TTD benefits was not against the manifest weight of the evidence.

¶ 2 On December 10, 2007, claimant, Kevin Hain, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 to 30 (West 2006)), seeking benefits from the employer, Raymond Chevrolet, for right shoulder, back, and neck injuries. Following a hearing, the arbitrator determined claimant sustained accidental, work-related injuries to his right shoulder on November 17, 2006, and awarded him (1) temporary total disability (TTD) benefits from November 18, 2006, through June 10, 2007, and (2) temporary partial disability (TPD) benefits from June 11, 2007, through June 29, 2007. She also found the employer entitled to a credit of \$29,273.60 toward any future award in the matter. However, the arbitrator determined claimant's cervical and lumbar spine conditions of ill-being were not causally connected to his November 2006, work-related accident and denied claimant benefits associated with those conditions.

¶ 3 On review, the Workers' Compensation Commission (Commission) affirmed and adopted the arbitrator's decision. On judicial review, the circuit court of Lake county confirmed the Commission. Claimant appeals, arguing (1) the Commission's finding that his cervical condition of ill-being was not causally connected to his November 17, 2006, work accident was against the manifest weight of the evidence; (2) the Commission's denial of medical expenses related to his cervical condition of ill-being was against the manifest weight of the evidence; (3) the Commission's denial of prospective medical care related to his cervical condition of ill-being was against the manifest weight of the evidence; (4) the Commission's decision that he was not entitled to ongoing temporary benefits was against the manifest weight of the evidence; and (5) the Commission's finding that the employer was entitled to a credit of \$29,273.60 for the overpayment of TTD benefits was against the manifest weight of the evidence. We affirm.

¶ 4

I. BACKGROUND

¶ 5

Prior to November 17, 2006, claimant worked for the employer as an automotive mechanic for eight years. On that date, he was working under a raised vehicle when the vehicle's gas tank slipped off a stand, causing claimant to fall to the ground and the gas tank to fall on top of him. Claimant estimated the gas tank weighed 200 pounds. He stated he immediately felt soreness and stiffness in his shoulder area and in the right side of his neck. Claimant also felt a burning, tingling pain in his right arm. Claimant testified, prior to his November 2006 work accident, he never suffered injury to his shoulders, neck, or upper back. However, approximately 23 years previously, he underwent surgery for a herniated disc at the L4-L5 level of his spine.

¶ 6

Immediately after his November 2006 accident, claimant was taken to the hospital. Records show his chief complaints concerned his right upper arm and shoulder. Claimant was diagnosed with a shoulder contusion and advised not to work. Claimant testified he continued to feel sore, stiff, and tender in his shoulder and arm area. On November 21, 2006, he returned to the hospital and complained of shoulder pain. His diagnosis remained the same and claimant was advised to remain off work and undergo a magnetic resonance imaging (MRI).

¶ 7

On November 29, 2006, claimant sought treatment from Dr. Ronald Pawlowski, his family physician. He provided a history of his work accident, noting a gas tank fell on him as he fell to the floor. Claimant complained of right shoulder and right arm pain and also reported pain and stiffness in the lower part of his neck. Dr. Pawlowski recommended an MRI of claimant's shoulder and an x-ray of his cervical spine. He noted the range of motion in claimant's right shoulder was diminished and he had "tenderness on the trapezius musculature into the lower cervical spine, particularly on the right." Dr. Pawlowski assessed claimant as having

cervical pain, right shoulder pain, and suspected an underlying rotator cuff tear.

¶ 8 On December 11, 2006, an x-ray of the cervical spine and MRI of the right shoulder were performed on claimant. The x-ray revealed a "[n]ormal examination of the cervical spine" while the MRI showed a "[h]igh grade partial tear articular surface distal supraspinatus tendon." On December 13, 2006, claimant followed up with Dr. Pawlowski and they discussed the results of claimant's testing. Claimant reported no improvement in his pain and discomfort. Dr. Pawlowski referred claimant to Dr. Theodore Suchy and made a note of a right shoulder rotator cuff tear.

¶ 9 On January 2, 2007, claimant saw Dr. Suchy with a chief complaint of injury to his right shoulder. He provided a history of injuring his right shoulder at work on November 17, 2006, while installing a gas tank. Dr. Suchy reviewed claimant's MRI and diagnosed him with a complete tear of the rotator cuff of the right shoulder. He recommended surgery and restricted claimant from shoulder-level or above-the-shoulder work and from lifting more than 10 pounds with his right arm.

¶ 10 On February 2, 2007, claimant underwent surgery to repair his right shoulder. Following surgery, Dr. Suchy recommended claimant remain off work and continue with his pain medication. On February 15, 2007, Dr. Suchy also recommended physical therapy and continued claimant's work restrictions. On March 19, 2007, Dr. Suchy noted claimant was making progress and undergoing therapy. He recommended continued therapy and light-duty work restrictions with no shoulder-level or above-the-shoulder work and no lifting more than five pounds.

¶ 11 Claimant testified, in April 2007, his physical therapy began to include some strengthening and stretching exercises that made him feel better in his shoulder but started to

cause pain in the right side and back area of his neck and at the shoulder level of his back. He stated he continued to experience numbness and tingling in his right arm that worsened and started to move down to his fingers. Claimant had difficulty holding objects and testified he began experiencing "a tight band feeling around [his] wrist" that was aggravated by his physical therapy, moving his head and neck, turning, and lifting his right arm.

¶ 12 Claimant's physical therapy records show, on April 4, 2007, he complained of severe lower back pain from vacuuming the previous day with tingling and numbness down his arm. On April 12 and 26, 2007, he reported increased tingling and numbness in his right upper extremity from his shoulder to his hand. On May 11, 2007, claimant asserted his right shoulder was "pretty good" but the numbness and tingling down his arm and into his hand persisted. On May 15, 2007, claimant reported increased lower back pain along with numbness in his arm which worsened with activity. On June 5, 2007, records show claimant's shoulder was improving but he felt that "his neck [was] getting worse" and he had fairly constant tingling and numbness into his right shoulder.

¶ 13 On April 30, 2007, claimant followed up with Dr. Suchy and complained of continued pain and discomfort with regard to his shoulder. Dr. Suchy recommended continued therapy and restricted claimant from shoulder-level or above-the-shoulder work and lifting more than 10 pounds. On May 21, 2007, Dr. Suchy noted claimant's shoulder condition was improving but he continued to report pain and discomfort. He recommended therapy three times per week and continued claimant's work restrictions.

¶ 14 Claimant testified, on June 11, 2007, he returned to work for the employer in a light-duty capacity. He testified he performed filing work for the employer and some of that

work required that he file things above shoulder level. Claimant stated his shoulder and neck became very sore while performing those duties. He stated he also continued with physical therapy during that time and there were occasions where he got to work late or left work early to attend therapy sessions. Records show claimant underwent physical therapy on June 5, 7, 12, 21, and 22, 2007. Claimant recalled he was reprimanded at work for not communicating his therapy schedule to the employer. However, he asserted he had provided the employer with his schedule.

¶ 15 Additionally, claimant noted his activities in therapy caused pain in his neck and upper back. Claimant testified he felt a very sharp burning in his neck going down to the middle of his back. He also continued to feel numbness and tingling in his right arm, tightness around his wrist, and tingling in his fingers. Claimant stated he had difficulty performing household activities due to pain.

¶ 16 Marty Geweke testified he worked as a service manager for the employer and was claimant's supervisor. He was aware of claimant's work accident and that he had a sore shoulder. Geweke stated claimant never reported to Geweke that he was having neck pain. He noted claimant worked light duty for the employer from June 11 to 18, 2007, and stated claimant's attendance and communication with the employer during that time was "terrible" and the employer wanted claimant to communicate with management regarding when he would be at work. The employer submitted records showing claimant failed to show up for work on June 25, 26, 27, or 28, 2007.

¶ 17 On June 19, 2007, claimant followed up with Dr. Suchy in connection with his right shoulder repair. He reported his pain had significantly improved but complained of weakness. Dr. Suchy recommended a work hardening program. He also recommended claimant

continue restrictions of no shoulder-level or above-shoulder-level work and no lifting more than 10 to 15 pounds with his right arm. Claimant testified he was unable to complete work hardening due to the severity of pain he experienced in his neck and upper back when "working [his] shoulder."

¶ 18 Also on June 19, 2007, claimant returned to Dr. Pawlowski. Dr. Pawlowski noted "marked tenderness *** throughout the paraspinal musculature of the lower cervical spine extending on the dorsal spine bilaterally." He recommended claimant undergo MRIs of his cervical and thoracic spine. Claimant testified he attempted the MRIs but was unable to complete the testing due to experiencing severe pain when attempting to lay flat for the MRI.

¶ 19 On July 16, 2007, claimant returned to see Dr. Pawlowski who admitted him to the hospital. Claimant complained of severe acute low back pain. Dr. Pawlowski's assessment was "intractable low back pain with cervical and dorsal spine strain." Claimant testified his pain was severe and he was experiencing spasms in his neck and back. He testified he was put under long enough so that, on July 18, 2007, the MRIs could be completed. MRI findings showed small focal disc protrusions centrally at C5-C6 and slightly to the right at C6-C7.

¶ 20 On August 13, 2007, claimant saw Dr. Babak Lami, a neurosurgeon, pursuant to a referral from Dr. Pawlowski. Claimant reported injuring his shoulder, neck, and lower back at work in November 2006. Dr. Lami noted claimant complained of "neck pain with referred pain to his right arm" and pain in his back with numbness in his legs. Claimant reported not having "had much treatment for his neck and lower back." Upon examination, Dr. Lami found claimant's cervical spine had a good range of motion but claimant reported pain. He reviewed claimant's MRI, stating it showed small focal disc protrusions at C5-C6 and C6-C7. Dr. Lami

determined claimant did not have any surgical pathology involving his neck or lower back and found claimant was not a good candidate for cervical or lumbar injections. He recommended physical therapy and prescribed a corset. Claimant testified he had only one physical therapy visit because the insurance company would not authorize additional sessions.

¶ 21 On October 30, 2007, claimant saw Dr. Michael Orth, an orthopedic surgeon, at the employer's request. Claimant provided a history of his November 2006 work accident and reported injuring his neck, back, and right shoulder. He complained of neck stiffness, pain when raising his right shoulder, numbness in his right arm, leg numbness, and numbness in his right upper back. Dr. Orth found full range of motion in claimant's cervical spine but "tenderness in the cervical paraspinal muscle spasm, the trapezii, out of proportion of the stimulus applied." He opined claimant's July 2007, lower back and leg complaints were not related to his November 2006, work accident. Further, Dr. Orth noted "marked symptom magnification" and "malingering" in connection with claimant's neck, cervical area, and lower back complaints. He determined claimant "sustained no significant work-related injury in regard to his neck and back on November 17, 2006," and noted contemporaneous medical records failed to indicate claimant incurred any back or neck problem as a result of his accident. Dr. Orth determined claimant was capable of returning to work.

¶ 22 At arbitration, the employer submitted Dr. Orth's evidence deposition, wherein he testified claimant may have suffered a cervical strain as a result of his November 2006 work accident. However, he further stated, at the time of his October 2007 evaluation of claimant, he found no residual effect of any cervical strain. Additionally, Dr. Orth noted, at the time of his evaluation, claimant reported pain when raising his arm above shoulder level. As a result, he

believed claimant should limit his over-the-shoulder work.

¶ 23 Claimant testified that, following his visit to Dr. Orth, the employer contacted him about returning to full-duty work but he did not return to work for the employer at that time. In a letter dated December 19, 2007, the employer noted Dr. Orth advised its insurance carrier that claimant had recovered sufficiently from his injury and could return to work. The employer further stated claimant had been advised of Dr. Orth's recommendation in a letter on November 28, 2007. It noted claimant had not returned to work or provided the employer with any notice about his failure to return. The employer informed claimant it considered his actions to constitute a voluntary resignation from his employment.

¶ 24 On December 10, 2007, claimant followed up with Dr. Lami, reporting his condition was the same but his walking had improved. Dr. Lami stated he still did not believe claimant had any cervical pathology and recommended physical therapy for three weeks and that claimant be off work during that time. He also noted claimant was a candidate for a follow up with a pain specialist. Claimant testified, at that time, the insurance company would not authorize payment for either a consult with a pain specialist or physical therapy. However, in March and April 2008, claimant was able to undergo six physical therapy sessions. Claimant stated therapy helped some but his pain would return. During that time, he also began feeling numbness and tingling down his left arm.

¶ 25 Claimant agreed that, after the completion of his physical therapy in April 2008, he did not see another doctor until December 2008. However, he stated he continued to take pain medication and perform home exercises. Claimant also asserted he continued to experience soreness in his shoulder, neck, and low back.

¶ 26 On October 1, 2008, Dr. Pawlowski authored a letter regarding claimant's condition. He noted claimant's diagnosis was "herniated cervical disc with right arm radicular pain." Dr. Pawlowski stated claimant's ability to carry and handle objects with his right arm might be limited due to ongoing cervical radicular type pain. He opined claimant was incapable of performing the job duties of an auto mechanic due to his ongoing right shoulder and arm radicular pain.

¶ 27 On October 6, 2008, claimant underwent a functional capacity evaluation (FCE), showing he had the ability to perform within the medium physical demand level. Results suggested claimant "presented with significant contradictions resulting in consistency of effort discrepancies and self limiting behaviors." Claimant testified he had a hard time performing the activities that were asked of him during the FCE due to pain but he felt he tried as hard as he could.

¶ 28 On December 19, 2008, claimant saw Dr. Jonathan Citow pursuant to a referral from Dr. Pawlowski and complained of neck pain. Claimant provided a history of his November 2006 accident, reporting that he developed neck pain extending through both upper extremities. Dr. Citow noted claimant's July 2007 MRI was remarkable for C5-C6 and C6-C7 disc herniations. He recommended a more recent MRI "followed by a C5-[C]6 and C6-[C]7 anterior cervical discectomy and fusion." Claimant testified Dr. Citow advised him to remain off work. On February 9, 2009, claimant underwent an MRI, showing a left herniation at C5-C6, a disc bulge and narrowed foramina at C6-C7, and narrowed left foramen at C3-C4. After reviewing the MRI results, Dr. Citow opined claimant would benefit from surgery.

¶ 29 On March 16, 2009, claimant saw Dr. Edward Goldberg, an orthopedic surgeon,

at the employer's request. Again, claimant provided a history of his November 2006 accident and reported injuring his neck and shoulder. Claimant complained to Dr. Goldberg that he had shoulder pain, posterior neck pain, and bilateral upper extremity paresthesias with numbness and tingling. Dr. Goldberg determined claimant suffered no injury to his lumbar spine as a result of his work accident. He found it possible that claimant's accident caused him to suffer a cervical strain but opined such injury was healed. Dr. Goldberg stated the findings on claimant's MRIs "would not explain [claimant's] diffuse upper extremity numbness and tingling, nor *** the diminished sensation bilaterally." He further opined no further treatment was required for claimant's cervical and lumbar spines. Dr. Goldberg stated claimant's cervical and lumbar spine conditions did not warrant work restrictions and claimant's ability to return to work would be predicated on his right shoulder condition.

¶ 30 At arbitration, the employer submitted Dr. Goldberg's evidence deposition. Dr. Goldberg testified he did not believe claimant's C5-C6 herniation was caused by his work accident, stating it did not "correlate with his clinical symptoms."

¶ 31 On May 28, 2009, claimant saw Dr. Mark Lorenz, an orthopedic surgeon, for a second opinion. His chief complaints were cervical pain and bilateral arm pain. Claimant provided a history of his November 2006, work accident and Dr. Lorenz assessed claimant as having right shoulder pain status post a right rotator cuff repair in 2007, C5-C6 central and left-sided disc herniations, and a small disc herniation at C6-C7. Dr. Lorenz recommended "an EMG nerve conduction of bilateral upper extremities to evaluate for any radiculopathy" and determine the need for surgical intervention. He also recommended a FCE to determine claimant's physical demand level but stated claimant should remain off work in the interim. Finally, Dr. Lorenz

noted it was "of medical and surgical certainty [claimant's] objective and subjective findings [were] consistent with a right shoulder rotator cuff tear[,] *** a C5-[C]6 dis[c] herniation, [and a] C6-[C]7 dis[c] herniation[,] emanating out of an injury where he was working for [the employer] [on] November 17, 2006."

¶ 32 On July 23, 2009, the EMG was performed, the results of which were "suggestive of cervical C5-C7 polyradiculopathy and also possibly concomitant borderline carpal tunnel syndrome." On August 3, 2009, claimant followed up with Dr. Lorenz and complained of pain radiating into both arms. They discussed the results of claimant's EMG and Dr. Lorenz recommended a repeat MRI. On August 6, 2009, claimant underwent the MRI, revealing a moderate sized C6-C7 focal disc protrusion and a moderate sized C5-C6 left-sided asymmetric focal disc protrusion. On September 9, 2009, claimant followed up with Dr. Lorenz who recommended surgery and that claimant remain off work in the interim.

¶ 33 At arbitration, claimant presented Dr. Lorenz's evidence deposition, wherein he testified claimant's November 2006 work accident "was a component cause for creating both dis[c] herniation of the cervical spine" and claimant's rotator cuff tear. Dr. Lorenz further stated he did not believe claimant could have returned to work after his accident and that Dr. Lorenz would have recommended claimant remain off work after that date.

¶ 34 Claimant testified, as of the date of the arbitration hearing, his shoulder continued to be sore and sensitive to movement and he continued to perform home exercises. He further stated that it was very painful in his shoulder and neck for him to perform above-the-shoulder work. Claimant testified he experienced a sharp, burning pain in the back of his neck down to the middle of his back and moving his head caused sharp pains and tingling in his arms.

¶ 35 On June 17, 2010, the arbitrator determined claimant sustained work-related injuries to his right shoulder on November 17, 2006, and awarded him (1) TTD benefits from November 18, 2006, through June 10, 2007, and (2) TPD benefits from June 11, 2007, through June 29, 2007. She also found the employer entitled to a credit of \$29,273.60 toward any future award in the matter. However, the arbitrator determined claimant's cervical and lumbar spine conditions of ill-being were not causally connected to his November 2006, work accident and denied claimant benefits associated with those conditions. On April 15, 2011, the Commission affirmed and adopted the arbitrator's decision. On December 14, 2011, the circuit court of Lake county confirmed the Commission.

¶ 36 This appeal followed.

¶ 37 II. ANALYSIS

¶ 38 On appeal, claimant argues the Commission's decision that his cervical condition of ill-being was not causally connected to his November 17, 2006, work accident was against the manifest weight of the evidence. He maintains the record fails to show "anything less than consistent complaints of worsening pain in the cervical spine and radiculopathy in the upper extremities following the November 2006 work accident." Claimant argues his condition of good health prior to the accident and his worsening cervical condition thereafter establish a "chain of events" sufficient to establish causation.

¶ 39 "Whether a causal relationship exists between a claimant's employment and his injury is a question of fact to be resolved by the Commission, and its resolution of such a matter will not be disturbed on appeal unless it is against the manifest weight of the evidence." *TTC Illinois, Inc./Tom Via Trucking v. Illinois Workers' Compensation Comm'n*, 396 Ill. App. 3d 344,

356, 918 N.E.2d 570, 580 (2009). "For a finding of fact to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent." *TTC Illinois*, 396 Ill. App. 3d at 356, 918 N.E.2d at 580. "In resolving questions of fact, it is the function of the Commission to judge the credibility of the witnesses and resolve conflicting medical evidence." *City of Springfield v. Workers' Compensation Comm'n*, 388 Ill. App. 3d 297, 315, 901 N.E.2d 1066, 1081 (2009). The appropriate test is whether the record contains sufficient evidence to support the Commission's decision, not whether this court might have reached the same conclusion. *Tower Automotive v. Illinois Workers' Compensation Comm'n*, 407 Ill. App. 3d 427, 435, 943 N.E.2d 153, 160 (2011).

¶ 40 Here, the Commission adopted the findings of the arbitrator who determined "the passage of time between the accident and the resulting cervical and lumbar symptoms" were inconsistent "with a causal relationship from th[e] accidental injury." The record contains evidence to support this finding.

¶ 41 The record shows claimant was injured on November 17, 2006, while working for the employer as an auto mechanic. Claimant fell and a gas tank he was installing into a vehicle fell on top of him. Although claimant testified at arbitration that he immediately felt symptoms in the right side of his neck along with soreness and stiffness in his shoulder, claimant's medical records do not support his testimony. When initially seeking medical care on November 17 and 21, 2006, claimant did not report neck symptoms. Instead, his complaints involved his right upper arm and shoulder. At that time, he was diagnosed with a shoulder contusion.

¶ 42 On November 29, 2006, claimant reported to Dr. Pawlowski that he had pain and stiffness in the lower part of his neck; however, medical records otherwise fail to reflect any

further reports of neck symptoms by claimant until over six months later on June 5, 2007. On that occasion, claimant reported "his neck [was] getting worse" during a physical therapy session. Between his accident date and June 2007, claimant was receiving medical care for his shoulder, including surgery and physical therapy, and consistently making only right shoulder complaints. (The arbitrator's decision states Dr. Pawlowski's records reflect claimant made neck and cervical-area complaints to Dr. Pawlowski during visits in February, March, April, and May of 2007. However, the record actually shows those visits and complaints occurred in 2008.)

¶ 43 Claimant's position that, following his accident, he consistently complained of worsening neck pain is not supported by the medical records. Instead, the records support the Commission's finding of a passage of time between claimant's accident and when he consistently began seeking medical attention for neck pain after June 2007. Additionally, the opinions of both Dr. Orth and Dr. Goldberg lend support to the Commission's decision. Each found claimant's cervical condition of ill-being was not causally connected to his November 2006 accident and, at most, claimant sustained a cervical strain as a result of his accident which healed by the dates of their respective examinations.

¶ 44 The Commission's finding of no causal connection between claimant's cervical condition and his work accident was not against the manifest weight of the evidence. As a result, its denial of benefits associated with that condition was also not against the manifest weight of the evidence.

¶ 45 On appeal, claimant further argues the Commission's determination that he was not entitled to ongoing temporary benefits was against the manifest weight of the evidence. He argues the record fails to show his right shoulder condition had ever stabilized such that he was

capable of returning to work.

¶ 46 "A claimant is temporarily and totally disabled from the time an injury incapacitates him from work until such time as he is as far recovered or restored as the permanent character of her injury will permit." *Shafer v. Workers' Compensation Comm'n*, 2011 IL App (4th) 100505WC, ¶45, 976 N.E.2d 1. The claimant must "prove not only that he did not work, but also that he was unable to work." *Shafer*, 2011 IL App (4th) 100505WC, ¶45, 976 N.E.2d 1. Further, a claimant's entitlement to benefits may end or be suspended if he or she "refuses work falling within the physical restrictions prescribed by his doctor." *Interstate Scaffolding, Inc. v. Workers' Compensation Comm'n*, 236 Ill. 2d 132, 147, 923 N.E.2d 266, 274 (2010). "The determination of whether claimant was unable to work and the period of time during which a claimant is temporarily and totally disabled are questions of fact to be determined by the Commission, and the Commission's resolution of these issues will not be disturbed on appeal unless it is against the manifest weight of the evidence." *Shafer*, 2011 IL App (4th) 100505WC, ¶45, 976 N.E.2d 1.

¶ 47 Additionally, the Act provides for TPD benefits when an employee "is working light duty on a part-time basis or full-time basis and earns less than he or she would be earning if employed in the full capacity of the job or jobs." 820 ILCS 305/8(a) (West 2008).

¶ 48 Here, the Commission found claimant entitled to TTD benefits from November 18, 2006, through June 10, 2007, and TPD benefits during the time he worked light-duty for the employer from June 11, 2007, through June 29, 2007. Again, the record contains support for the Commission's decision.

¶ 49 The record shows claimant was taken off work following his November 2006

accident and, in February 2007, underwent surgery on his right shoulder with Dr. Suchy followed by physical therapy. Ultimately, Dr. Suchy recommended light-duty work restrictions and, on June 11, 2007, claimant returned to work for the employer in a light-duty capacity. Claimant testified there were occasions when he could not work for the employer due to physical therapy appointments; however, as noted by the arbitrator and Commission, his medical and work records contradicted his testimony by showing occasions when he had no scheduled therapy sessions but still failed to report to work. Geweke, claimant's supervisor while working for the employer, described claimant as having "terrible" attendance and communication with the employer upon his return to light-duty work. Further, despite Dr. Suchy's recommendation on June 19, 2007, that claimant continue with his light-duty work restrictions, claimant ceased working for the employer by the end of June 2007. Specifically, the employer presented evidence that claimant failed to show up for work on June 25, 26, 27, and 28, 2007.

¶ 50 Claimant did not continue seeing Dr. Suchy for treatment but, instead, returned to Dr. Pawlowski and began seeing Dr. Lami for complaints related to his neck and lower back. Neither Dr. Pawlowski nor Dr. Lami restricted claimant from working or altered Dr. Suchy's light-duty restrictions. On October 30, 2007, claimant saw Dr. Orth at the employer's request. Dr. Orth determined claimant was capable of returning to work with limited over-the-shoulder work. In December 2007, Dr. Lami recommended three weeks of physical therapy for claimant and recommended he be off work during that time. Claimant underwent six physical therapy sessions in March and April 2008. On October 1, 2008, Dr. Pawlowski opined claimant was incapable of performing the job duties of an auto mechanic. On October 6, 2008, claimant underwent an FCE, showing he could perform within a medium physical demand level. In

December 2008, claimant saw Dr. Citow in connection with his neck pain who recommended claimant remain off work. In May 2009, claimant began seeing Dr. Lorenz for his neck symptoms and Dr. Lorenz also recommended he remain off work. In September 2009, Dr. Lorenz recommended claimant remain off work until undergoing surgery on his cervical spine.

¶ 51 The evidence shows, contrary to Dr. Suchy's recommendations, claimant stopped light-duty work in June 2007 on his own accord. Further, although claimant was later taken off work for periods of time by Dr. Lami, Dr. Citow, and Dr. Lorenz, he was seeing those doctors in connection with his non-work-related cervical and lower back complaints, not his work-related right shoulder injury. Given the evidence presented, we find no error in the Commission's award of temporary benefits. Its decisions as to TTD and TPD were not against the manifest weight of the evidence.

¶ 52 Finally, on appeal, claimant argues the Commission's decision to award the employer a credit was against the manifest weight of the evidence. In his brief, he refers to previous arguments already addressed regarding the Commission's decisions as to causation and temporary benefits. For the reasons already stated, those decisions were not against the manifest weight of the evidence and we, likewise, find no error in the Commission's award of a credit to the employer.

¶ 53 III. CONCLUSION

¶ 54 For the reasons stated, we affirm the circuit court's judgment.

¶ 55 Affirmed.