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2015 IL App (3d) 150067WC-U

FILED: December 18, 2015

NO. 3-15-0067WC

IN THE APPELLATE COURT

OF ILLINOIS

THIRD DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

WAHL CLIPPER CORPORATION,)	Appeal from
Appellant,)	Circuit Court of
)	Whiteside County
v.)	No. 14MR109
THE ILLINOIS WORKERS' COMPENSATION)	
COMMISSION <i>et al.</i> (Jacqueline Nason,)	Honorable
Appellee).)	Stanley B. Steines,
)	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 determination that claimant suffered an injury that arose out of and in the course of her employment was not against the manifest weight of the evidence.

(2) The Commission's determination that claimant's current condition of ill-being was causally connected to her work accident was not against the manifest weight of the evidence.

¶ 2 On August 25, 2008, claimant, Jacqueline Nason, filed an application for adjustment of claim pursuant to the Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 to 30 (West 2008)), seeking benefits from the employer, Wahl Clipper Corp. Following a

hearing, the arbitrator denied the claim, finding claimant failed to establish an accident and causation.

¶ 3 On review, the Illinois Workers' Compensation Commission (Commission), with one commissioner dissenting, reversed the arbitrator's decision regarding accident and causation, and awarded outstanding medical expenses, prospective medical care, 84 2/7 weeks' temporary total disability (TTD) benefits, and 150 weeks' permanent partial disability (PPD) to the extent of 30% of the person as a whole. In addition, the Commission remanded the matter to the arbitrator to determine claimant's average weekly wage. On remand, the parties stipulated that claimant's average weekly wage was \$911.60. On review, the Commission affirmed and adopted the arbitrator's decision regarding claimant's weekly wage. On judicial review, the circuit court of Whiteside County confirmed the Commission's decision.

¶ 4 On appeal, the employer argues the Commission's determinations that (1) claimant suffered a work accident and (2) claimant's condition of ill-being was causally connected to the work accident were against the manifest weight of the evidence. We affirm.

¶ 5 I. BACKGROUND

¶ 6 The following facts are taken from the evidence presented at the arbitration hearing on October 25, 2011.

¶ 7 Claimant testified that on July 15, 2008, she worked for the employer as a machine operator. After the machine she was operating broke down, she assisted her coworker, Amy, on the "sonic" machine. Another coworker, Julia, was also helping Amy on the sonic machine. The employer introduced a post-accident video of the sonic workstation with a properly functioning hoist. The video depicts a workstation that uses a manual hoist that attaches to a rack holding machine blades. As seen on the video, the operator uses her right hand to move

the hoist with the rack of blades attached and dip the blades into different tubs of liquid solution. The operator then places the rack on a hard surface, releases the hoist, and dries the blades with forced air.

¶ 8 According to claimant, Julia was operating the hoist when it kept "going up on her." Claimant testified Julia "is real short" and was unable to reach the hoist, so Julia "hollered and screamed" for claimant. Claimant "ran down and [pulled] it down for [Julia]" and then walked back to where she had been working. In order to pull the hoist down, claimant stated she had to reach her right arm up above her head to grab it and pull it down. Claimant testified that she had to run back and pull the hoist down for Julia three or four times. On one occasion, claimant stated her hand got caught in the rack and "it was pulling me up" and "lifted me off the floor." Claimant further testified as she was "bringing [the hoist] down, I heard a snap or a pop in my—right in my neck area. But also as the day progressed my shoulder got worse and worse. My shoulder blade, not just my shoulder. My shoulder blade got worse and worse. My hand got worse."

¶ 9 The record shows that claimant sought treatment at Morrison Community Hospital prior to the work accident. Specifically, on June 28, 2008, she saw Dr. Edward Koo who diagnosed her with bronchitis and sinusitis after she presented with a cough, chest discomfort on the left side, and left sinus pain. On July 8, 2008, claimant saw Dr. Duncan Dinkha, complaining of "[c]hest and back pain since last week." Dr. Dinkha's office report also noted complaints of pain in the right side of claimant's chest, right shoulder, and back that was worse in the morning, and that "she sometimes has limitation of movement of the right shoulder because of the pain of the chest." Dr. Dinkha diagnosed claimant with muscular strain of the chest. On cross-examination, claimant testified that the chest pain she experienced on July 8,

2008, also caused pain in her right shoulder, but not in her right shoulder blade.

¶ 10 Claimant testified that on July 15, 2008, she saw Dr. Dinkha for a follow-up appointment. During that appointment, she "explained to him about the back of my shoulder blade and neck and everything hurting. He went to check—he went to touch it and I almost fell out of my seat because it feels like a big knot, a big ball was sitting there in my shoulder blade." Dr. Dinkha's office report from that date noted claimant was "also complaining of right shoulder pain, mainly in the back of her shoulder, with a slight limitation of movement, mainly elevation. No numbness, no weakness of the right upper extremity. Her pain is mostly when she is lifting any weight. [Claimant] works on a job where she lifts heavy weight all the time." He diagnosed claimant with right shoulder pain.

¶ 11 A July 22, 2008, accident report completed by claimant indicates that she injured her right shoulder on July 15 when the "[s]onic lift kept going up by itself—malfunction," and that she informed John Wittaker of the issue after the incident. The accident report also reflects the hoist was replaced to prevent recurrence.

¶ 12 On July 24, 2008, claimant underwent a physical therapy evaluation at Morrison Community Hospital. The office note from that visit states claimant was "at work working with a hoist that was malfunctioning by repetitively recoiling upwards, she experienced scapular and shoulder pain that has not resolved. [Claimant] rates pain 10/10 consistently with all activity."

¶ 13 On July 28, 2008, claimant sought treatment at CGH Medical Center emergency department for pain in her right shoulder. CGH's office record from that date notes that claimant injured herself at work two weeks prior to her visit. She was prescribed pain medication and discharged. Claimant testified she saw Dr. Dinkha again on July 29, 2008, at which time he restricted her from work and referred her to Dr. Steven Milos, an orthopedic surgeon.

¶ 14 Claimant testified that when she gave the employer the note restricting her from work, it requested that she see Dr. Gregory Grubb, the medical director of an urgent care center. She first saw Dr. Grubb on July 30, 2008. At arbitration, the employer submitted Dr. Grubb's evidence deposition. Dr. Grubb testified that on July 30, 2008, claimant complained of right arm and shoulder pain up into her neck and thought she injured herself when "she reached up over her right shoulder to pull down a hoist many times a day while doing her job." Dr. Grubb diagnosed claimant with somatic dysfunction of the neck and upper back and a rotator cuff strain. He recommended physical therapy and restricted her from extended lifting over the shoulder, and no lifting, pushing, pulling or carrying more than 15 pounds.

¶ 15 On August 4, 2008, claimant saw Dr. Milos, complaining of neck pain with radiation down her right upper extremity and numbness and tingling in her index, middle, and ring fingers. Dr. Milos' office report from that date indicates claimant injured herself at work on July 15, 2008, when "[s]he was doing significant hoisting of objects with her right shoulder." During his physical examination, Dr. Milos noted tenderness in the C5, C6, C7 area; paraspinal pain on her right side with radiating pain down her trapezius muscle; and a positive Spurling's test on her right side. His impression was that claimant suffered cervical pain with a possible herniated disc with radiculopathy. Dr. Milos recommended a magnetic resonance imaging (MRI) of her cervical spine.

¶ 16 On August 8, 2008, claimant participated in a recorded interview with the employer. During the interview, claimant stated she was helping a coworker "doing sonic" on the morning of the injury. When asked to explain what happened, claimant replied as follows:

"One of the hoists started going up by itself. One of the other ladies called me cause she's shorter than me, and it was going up

and pulled her up, and so I grabbed it and pulled it down, pulled it back down. I gave it back to her. It went up again. It did it again. She called me. I pulled it back down. It went up again. It went up probably about, I don't know, seven, eight times. It was malfunctioning.

* * *

It just kept going up, and I pulled it down, and then it just jerked way up, and then I hit the off button."

Upon being asked whether she noticed an injury at that time, claimant stated, "I didn't feel it yet till hours later and everything, and I had a regular doctor's appointment that day, and so while I was there, I asked him to check it *** [a]nd when he touched it, I about fell out [of] the chair."

¶ 17 On August 13, 2008, claimant saw Dr. Grubb for a follow-up appointment. During the physical examination, Dr. Grubb noted claimant exhibited "give-away weakness" and had full range of motion in her arms and neck. In his opinion, claimant's symptoms were exaggerated and non-physiological.

¶ 18 On August 20, 2008, claimant saw Dr. Milos for a follow-up appointment. Dr. Milos interpreted claimant's August 2008 MRI as demonstrating "long segmental spinal stenosis from the level of C3 down to T1 with multi-level disc bulges associated with central canal stenosis as well as associated foraminal stenosis." He diagnosed claimant with cervical spinal stenosis and recommended claimant see a pain specialist.

¶ 19 On August 29, 2008, Dr. Dinkha referred claimant to the Rockford pain clinic. Claimant first saw Dr. Mark Cirello at the pain clinic for an anesthesia consultation on September 19, 2008. Dr. Cirello's medical record from September 19, 2008, notes that claimant

"was at work on 7/15/2008 when [claimant] states a piece of equipment was malfunctioning and caused her to have severe left [sic] shoulder pain. The pain, since that time, has been constant and has been getting worse." Dr. Cirello noted the August 2008 MRI "shows disk bulging with stenosis at multiple levels involving C3-4 through C7-T1. Her symptoms correspond with a right C6 radiculopathy on the MRI. There is right-sided disk bulging causing some stenosis at that level." He diagnosed claimant with cervical radiculopathy and gave her an epidural steroid injection.

¶ 20 On September 15, 2008, claimant saw Dr. Stephen Weiss, an orthopedic and arthroscopic surgeon for an independent medical evaluation at the request of the employer. At arbitration, the employer submitted Dr. Weiss's evidence deposition. Dr. Weiss testified that prior to his physical examination of claimant, he reviewed medical records, including the records of Dr. Grubb and Dr. Milos. According to Dr. Weiss, claimant told him that on July 15, 2008, she had to forcefully pull down an overhead hoist seven or eight times, but she did not have any pain during those acts. About one hour later, she started to notice some discomfort in her right shoulder which later ran up to her neck and down to her right hand. She denied having any prior difficulties with her neck or right shoulder. Dr. Weiss testified that claimant's history of no prior neck or right shoulder issues was inconsistent with the July 8, 2008, report from Morrison Community Hospital. He also found it significant that Dr. Dinkha's July 15, 2008, report did not mention a traumatic injury.

¶ 21 Dr. Weiss testified that during his physical examination of claimant, he initially found a significant restriction of cervical motion on all planes. However, as the examination progressed, Dr. Weiss stated that claimant exceeded the restricted range of motion on several occasions and in multiple planes, leading to the diagnosis of symptom magnification. Dr. Weiss

did find some mild right-sided cervical paravertebral muscle spasm, pain on cervical compression and distraction and Spurling's maneuvers, right brachial radialis jerks, slightly depressed biceps jerks, diminished sensation in the tips of her right thumb and index finger, and tenderness to palpation in the right shoulder. He diagnosed claimant with preexisting degenerative disk disease and symptom magnification.

¶ 22 Dr. Weiss opined that claimant's condition of ill-being was not causally related to the July 15, 2008, work incident. In his opinion, had claimant suffered a traumatic injury or an aggravation of a degenerative condition, she would have felt some pain at the time of the incident rather than having pain develop hours later. In addition, he believed the results of the August 2008 MRI, which showed multi-level bulges, protrusions, osteophytes, and stenosis, evidenced a degenerative condition that was present prior to the work incident.

¶ 23 Claimant returned to Dr. Cirello on October 20, 2008, and informed him the steroid injection had provided no relief. Dr. Cirello referred her to Dr. Nesher Asner, a neurosurgeon.

¶ 24 On November 4, 2008, claimant saw Mary Zingre, Dr. Asner's physician assistant. Zingre's report on that date notes that claimant complained of right arm pain after being "injured at work on July 15, 2008, when she was washing blades at work. She states the hoist malfunctioned and kept going up 7-8 times and she kept pulling it down until it snatched up and pulled the right arm up. She started with [right] shoulder pain that progressed to pain down the [right] arm." Zingre also noted claimant "describe[d] burning in her palm and numbness in the thumb and first finger which is constant." Zingre noted that claimant's symptoms were consistent with a C6 radiculopathy. She ordered a second cervical MRI because the first was of "poor quality."

¶ 25 Claimant saw Dr. Asner on November 13, 2008, after the second MRI had been completed. At arbitration, claimant submitted Dr. Asner's evidence deposition. Dr. Asner testified that the November 2008 cervical MRI indicated, in relevant part, "[a] central and rightward disk herniation at C6-C7 with compression of the neural foramen and also some cervical stenosis, very small disk herniations at multiple levels centrally to the left." Dr. Asner's physical examination revealed that claimant had decreased reflex in her right triceps and weakness in her right triceps muscle, decreased sensation to the ulnar side of her right thumb and her index finger, and a positive right Spurling's sign. Dr. Asner diagnosed claimant with a right C7 radiculopathy due to a right C6-C7 disk herniation. In Dr. Asner's opinion, the disk herniation at C6-C7 was the cause of claimant's pain which he causally connected to the July 15, 2008, work accident based on the history claimant provided. Dr. Asner expressly rejected Dr. Weiss's opinion that claimant's condition of ill-being was the result of an underlying degenerative disease.

¶ 26 Dr. Asner testified claimant returned to see him on November 16, 2008, after she heard a very loud pop on the left side of her head and ear that made her whole body jump. Claimant described the pop as being "louder than a shotgun." Dr. Asner ordered new cervical and thoracic MRI's, which showed no new disk herniation on the cervical spine and small "clinically inconsequential disk herniations in the thoracic spine."

¶ 27 On December 15, 2008, Dr. Asner performed an "anterior cervical discectomy and fusion, C6-C7, with a P-E-E-K cage and anterior plate and screws." During surgery, Dr. Asner also removed bone spurs from the vertebrae which he testified indicated long-standing degenerative changes. Dr. Asner opined that the presence of the bone spurs did not change his opinion that claimant's C7 radiculopathy was caused by the July 2008 work accident.

¶ 28 Following surgery, claimant participated in physical therapy and continued to follow-up with Dr. Asner. Dr. Asner noted that during a March 5, 2009, follow-up appointment, claimant complained of pain into both shoulder blades up her neck and, upon physical examination, he documented diminished strength to her right hand grasp and reduced sensation in both hands, greater in the right. On May 27, 2009, Dr. Asner referred claimant to Dr. Anatoly Rozman, a physical medicine and physical rehabilitation specialist, for pain in her neck and right shoulder.

¶ 29 On cross-examination, Dr. Asner agreed that a number of conditions found during surgery, including bone spurs, osteophytes at C6 and C7, and an overgrown posterior longitudinal ligament could be a sign of degenerative disc issues.

¶ 30 On June 17, 2009, claimant saw Dr. Rozman. At arbitration, claimant submitted Dr. Rozman's evidence deposition. Dr. Rozman testified that claimant was referred to him by Dr. Asner after she continued to experience pain following surgery and physical therapy. Dr. Rozman recorded claimant's history as having been injured at work in July 2008 which resulted in an anterior cervical discectomy and fusion that did not resolve her pain. Upon physical examination, Dr. Rozman noted claimant exhibited hyperesthesia and increased sensitivity in both hands, right more than left; spasm of the neck paraspinal muscles; and increased pain in the scapula stabilizing muscles during flexion and extension.

¶ 31 Dr. Rozman testified that he reviewed all of claimant's past medical records, including those of Dr. Dinkha, Dr. Asner, and Dr. Milos. Dr. Rozman testified that his final diagnosis was cervical disk disease, status post surgery, and chronic pain. When asked to explain why claimant continued to have pain after surgery, Dr. Rozman stated, "sometimes surgery is kind of too late. [Claimant] had symptoms for several months. It appears that nerve

damage was permanent." He also noted the pain could be the result of scar tissue after the surgery. In Dr. Rozman's opinion, claimant's condition of ill-being was causally connected to the July 15, 2008, work accident. He based his opinion, in part, on claimant's lack of symptoms prior to the accident.

¶ 32 The record also reflects that at the employer's request, Dr. Christopher Bergin, an orthopedic surgeon, conducted a records review in April 2011. In his April 25, 2011, letter, Dr. Bergin noted that he had reviewed the records and/or evidence depositions of Dr. Grubb, Dr. Rozman, Dr. Asner, Dr. Dinkha, Dr. Milos, Dr. Weiss, and Dr. Cirello; the August 2008 MRI report; the video of the sonic hoist; and various other records. Based on his review of the records, he opined that claimant did not sustain any injury on July 15, 2008, whether of a traumatic or repetitive nature. He found it significant that claimant gave no history of a traumatic event, and he noted the forces involved, as seen in the sonic hoist video, would not have caused a traumatic injury. He related claimant's symptoms both prior to and after July 15, 2008, "solely to the degenerative condition of her spine or to underlying secondary gain issues, whether conscious or unconscious." He concluded that "[w]hat may or may not have happened on 7/15/2008 was not in any way a contributing factor to her symptoms or medical treatment."

¶ 33 Claimant testified at arbitration that she continued to have pain in her right hand, right shoulder, neck, and back.

¶ 34 The arbitrator denied claimant's claim finding she failed to establish an accident and causal connection. On review, the Commission, with one commissioner dissenting, reversed the arbitrator, finding claimant had proved "as a result of pulling the malfunctioning hoist down multiple times, she sustained an injury to her cervical spine which caused radiating pain to her right upper extremity and shoulder region." In finding claimant's condition of ill-being was

causally connected to the work accident, the Commission specifically relied on the opinions of claimant's treating physicians, Dr. Asner and Dr. Rozman. Further, the Commission noted as follows: "the pre-accident medical records from July 8, 2008, in which [claimant] complained of chest, right shoulder and back pain with 'limitation of movement of the right shoulder *because of the pain of the chest.*' (Emphasis [in original].) As no doctor attached any medical significance to these pre-accident symptoms, we find the records of no import." The Commission also awarded claimant outstanding medical expenses, prospective medical care, 84 2/7 weeks' TTD benefits, and 150 weeks' PPD to the extent of 30% of the person as a whole. Finally, the Commission remanded the matter to the arbitrator to determine claimant's average weekly wage. On remand, the parties stipulated claimant's average weekly wage was \$911.60. On review, the Commission affirmed and adopted the arbitrator's decision regarding claimant's average weekly wage. On judicial review, the circuit court of Whiteside County confirmed the Commission's decision. This appeal followed.

¶ 35

II. ANALYSIS

¶ 36 On appeal, the employer first argues the Commission's determination claimant suffered an injury that arose out of an in the course of her employment was against the manifest weight of the evidence. It contends that claimant's testimony on the matter was not credible and contradicted by the medical histories she provided and contemporaneous statements she made.

¶ 37 "To obtain compensation under the Act, a claimant bears the burden of showing, by a preponderance of the evidence, that [s]he has suffered a disabling injury which arose out of and in the course of h[er] employment." *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203, 797 N.E.2d 665, 671 (2003). " 'In the course of employment' refers to the time, place and circumstances surrounding the injury." *Id.* In other words, the injury "generally must occur

within the time and space boundaries of the employment." *Id.* In addition, an injury must "arise out of" the employment. *Id.* "To satisfy [the 'arising out of'] requirement it must be shown that the injury had its origin in some risk connected with, or incidental to, the employment so as to create a causal connection between the employment and the accidental injury." *Id.*

¶ 38 The Commission is the "ultimate decisionmaker" in workers' compensation cases. *Roberson v. Industrial Comm'n*, 225 Ill. 2d 159, 173, 866 N.E.2d 191, 199 (2007). "[T]he Commission is not bound by the arbitrator's findings, and may properly determine the credibility of witnesses, weigh their testimony and assess the weight to be given to the evidence." *City of Chicago v. Illinois Workers' Compensation Comm'n*, 373 Ill. App. 3d 1080, 1096, 871 N.E.2d 765, 779 (2007). "The determination of whether an injury arose out of and in the course of a claimant's employment is a question of fact for the Commission to resolve, and its finding in that regard will not be set aside on review unless it is against the manifest weight of the evidence." *Springfield Urban League v. Illinois Workers' Compensation Comm'n*, 2013 IL App (4th) 120219WC, ¶ 24, 990 N.E.2d 284. "For a finding of fact to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent." *Springfield Urban League*, 2013 IL App (4th) 120219WC, ¶ 24, 990 N.E.2d 284. On review, "[t]he appropriate test is whether there is sufficient evidence in the record to support the Commission's finding, not whether this court might have reached the same conclusion." *Chicago Transit Authority v. Illinois Workers' Compensation Comm'n*, 2013 IL App (1st) 120253WC, ¶ 24, 989 N.E.2d 608.

¶ 39 Here, claimant testified that on July 15, 2008, she was at work assisting two co-workers on the sonic machine when the hoist repeatedly malfunctioned and she had to reach her right arm over her head to pull the hoist down several times. On one occasion, claimant's hand got caught in the rack and the hoist lifted her off the ground and she heard a snap or pop in her

right neck area as she was bringing the hoist down. As the day progressed, her shoulder and shoulder blade became more painful.

¶ 40 The Commission noted claimant's testimony regarding the mechanism of her injury was unrebutted. It further found her testimony was supported by the medical records of Dr. Dinkha, CGH Medical Center, Dr. Grubb, and Dr. Milos, as well as the accident report and claimant's recorded statement. We find the Commission's conclusion is supported by the record and not against the manifest weight of the evidence.

¶ 41 As noted, claimant consistently reported to her treating and examining physicians that she injured herself at work when the hoist malfunctioned. In addition, on the accident report filled out for the employer, claimant indicated she injured her right shoulder when the hoist malfunctioned and "kept going up by itself." Further, claimant's recorded statement indicates the hoist malfunctioned on July 15, 2008, requiring claimant to pull the hoist down several times. On one occasion, claimant reported the hoist "just jerked way up" after which she turned the machine off.

¶ 42 The employer points to claimant's July 8, 2008, medical records and her failure to mention hearing a snap or pop at the time of the injury prior to arbitration as significant indicators that no accident occurred. As noted, however, the Commission emphasized that claimant's July 8, 2008, complaints of pain in her right shoulder and back were the result of claimant's chest pain which she had been seen for the week before. Further, the Commission specifically found claimant's recorded statement supported finding an accident occurred. It was the Commission's prerogative to weigh the evidence in this case and determine the credibility of the witnesses. Based on the above, we find the evidence supports the Commission's finding claimant suffered an injury that arose out of and in the course of her employment.

¶ 43 Next, the employer argues the Commission's finding that claimant's condition of ill-being was causally connected to the work accident was against the manifest weight of the evidence. Specifically, the employer asserts that the Commission should have relied on the medical opinions of its examining physician, Dr. Weiss, and Dr. Bergin who reviewed the records on its behalf—both of whom considered the July 8, 2008, medical record—in concluding claimant's condition of ill-being was degenerative in nature, rather than claimant's treating physicians who did not consider claimant's prior history of shoulder and back pain.

¶ 44 "Whether a causal connection exists between a claimant's condition of ill-being and her work related accident is a question of fact to be resolved by the Commission, and its resolution of the matter will not be disturbed on review unless it is against the manifest weight of the evidence." *University of Illinois v. Industrial Comm'n*, 365 Ill. App. 3d 906, 913, 851 N.E.2d 72, 79 (2006). In resolving issues related to causation, it is the Commission's function "to decide questions of fact, judge the credibility of witnesses, and resolve conflicting medical evidence." *Dig Right In Landscaping v. Workers' Compensation Comm'n*, 2014 IL App (1st) 130410WC, ¶ 27, 16 N.E.3d 739. "For a finding of fact to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent." *Mansfield v. Workers' Compensation Comm'n*, 2013 IL App (2d) 120909WC, ¶ 28, 999 N.E.2d 832. "A finding is not against the manifest weight of the evidence if there was sufficient evidence in the record to support the Commission's determination." *Certified Testing v. Industrial Comm'n*, 367 Ill. App. 3d 938, 944-45, 856 N.E.2d 602, 608 (2006).

¶ 45 Here, the Commission determined claimant's condition of ill-being was causally connected to her July 15, 2008, work accident. After reviewing the record, we find that it contains sufficient support for the Commission's determination and an opposite conclusion is not

clearly apparent.

¶ 46 The record shows claimant suffered from pain in her right shoulder and back prior to the work accident. The employer argues that the Commission should have accepted the opinions of Dr. Weiss and Dr. Bergin since they considered these pre-accident symptoms and found claimant's prior complaints "to be significant *and* consistent with their diagnosis of a degenerative condition." (Emphasis in original.) We note, however, at arbitration claimant testified the pre-accident pain was limited to her shoulder. Following the work accident, she suffered increasing pain to her right shoulder as well as pain into her shoulder blade and neck, symptoms which she brought to Dr. Dinkha's attention when she saw him for a follow-up appointment on the day of the accident.

¶ 47 The opinions of claimant's treating physicians support a finding of causation. Dr. Asner opined that claimant's condition of ill-being was causally connected to the work accident based on claimant's description of the accident as well as the objective findings on the November 2008 MRI. While Dr. Asner agreed that claimant had some degenerative disc issues, he explicitly disagreed with Dr. Weiss that claimant's condition of ill-being was caused by an underlying degenerative disease due to a lack of immediate pain, and noted the symptoms claimant exhibited were consistent with a traumatic event. Dr. Rozman also opined that claimant's condition of ill-being was causally connected to the work accident based on claimant's history and lack of related symptoms prior to the work accident. Further, Dr. Rozman explained that in some cases, surgery comes too late and nerve damage is permanent, thus accounting for claimant's continued pain post surgery. It was the Commission's duty to resolve conflicts in the medical evidence, and we cannot say that its determination on this issue was error.

¶ 48 Based on the evidence, the Commission's determination that claimant's condition

of ill-being was causally connected to the work accident was not against the manifest weight of the evidence.

¶ 49

III. CONCLUSION

¶ 50

For the reasons stated, we affirm the circuit court's judgment confirming the Commission's decision.

¶ 51

Affirmed.