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Carla Bender
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Court, IL

2019 IL App (4th) 180373WC-U

Workers' Compensation
Commission Division
Order Filed: March 20, 2019

No. 4-18-0373WC

IN THE

APPELLATE COURT OF ILLINOIS

FOURTH DISTRICT

MARK L. MARINELLI,	)	Appeal from the
	)	Circuit Court of
Appellant,	)	Sangamon County
	)	
v.	)	No. 17 MR 778
	)	
	)	
THE ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION *et al.*,	)	Honorable
	)	Esteban F. Sanchez,
(City of Springfield, Appellee).	)	Judge, presiding.

JUSTICE HOFFMAN delivered the judgment of the court.
Presiding Justice Holdridge and Justices Hudson, Cavanagh, and Barberis concurred in the judgment.

ORDER

¶ 1 *Held:* We affirmed the judgment of the circuit court confirming a decision of the Illinois Workers' Compensation Commission (Commission) denying the claimant benefits pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2012)), finding that the Commission's decision is not against the manifest weight of the evidence.

¶ 2 The claimant, Mark L. Marinelli, appeals from an order of the Circuit Court of Sangamon County, confirming a decision of the Illinois Workers' Compensation Commission

(Commission) which denied him benefits pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2012)). For the reasons which follow, we affirm the circuit court.

¶ 3 The following recitation of the facts relevant to a disposition of this appeal is taken from the evidence adduced at the arbitration hearing held on September 26, 2016.

¶ 4 The claimant testified that he began working for the City of Springfield (City) as a police officer on March 20, 2006. His duties included driving a squad car, writing reports, writing traffic citations, writing "stop sheets," and making arrests. In performing his duties, the claimant was required to type on a computer located in his squad car. He estimated that he spent 30 to 40 minutes each shift typing on the computer. According to the claimant, he used the computer in the squad car to communicate with his dispatcher and other officers and to relate what occurred on particular calls. In direct examination, the claimant testified that he would write reports by typing on the computer. However, on cross-examination, he admitted that he did not type his reports on the computer.

¶ 5 According to the claimant, he was driving his personal vehicle on April 28, 2013, when he experienced numbness and tingling in his hands. Although he was scheduled to work that evening, the claimant called the police station and informed the individual to whom he spoke that he was dizzy and nauseous and would not be coming to work. The claimant did not remember who he spoke to or whether he stated that he had the flu. The police department records reflect that the claimant failed to work his regular shifts on April 28 and 29, 2013, and that the reason was that he had the flu.

¶ 6 The claimant went to Memorial Medical Center on April 30, 2013, complaining of being nauseated for three days; he stated that he felt as if he was drunk. The physician notes of that visit do not contain any reference to pain, swelling or tingling of the hands. On examination, no

focal neurological deficit was observed. The claimant was diagnosed with fatigue; prescribed nasal spray; advised to follow up with his family physician, Dr. Mark Hansen; and told to return if his symptoms worsened.

¶ 7 On May 1, 2013, the claimant was seen by Tammy Bartolomucci, a nurse practitioner in Dr. Hansen's office. The history contained in the notes of that visit states that the claimant reported that his hand fell asleep while he was driving and that he felt tired. He complained of numbness in his hands and right forearm. Following examination, the claimant was diagnosed with numbness and acute serous otitis media of both ears and prescribed amoxicillin and therapy. The claimant was referred to Dr. Sean Valenti, a chiropractor, for treatment.

¶ 8 Also on May 1, 2013, the claimant was seen by Dr. Melissa Partridge, a chiropractor in Dr. Valenti's office. The claimant complained of a sharp, achy pain in his left hand and numbness and tingling in both hands which he had experienced for six days. He stated that his hands felt as if they had fallen asleep and rated his level of discomfort at 8 on a scale of 10, and getting worse. Dr. Partridge's working diagnosis was cervical radiculopathy. However, the possibility that the claimant was experiencing a reaction to allergy medication was noted. A plan of from 3 to 6 chiropractic treatments was recommended.

¶ 9 On May 10, 2013, the claimant saw Dr. Koteswara Narla, and gave a history of numbness in both hands which he had been experiencing for about 10 days. Dr. Narla noted that the claimant's symptoms were confined to his palms and fingers and recorded an impression of bilateral tingling and numbness which the doctor found to be "likely" carpal tunnel syndrome. Dr. Narla recommended a Medrol Dosepak, bilateral carpal tunnel splints, and a nerve conduction study.

¶ 10 The claimant returned to Dr. Narla's office for a follow-up visit on June 18, 2013. The

notes of that visit state that the claimant had undergone an EMG and nerve conduction studies which revealed "only a very mild carpal tunnel syndrome on the right and no carpal tunnel syndrome on the left." The doctor's notes also state that he reviewed films of an MRI of the claimant's spine which revealed a "tiny amount of disc protrusion at C5-6 with CSF still present quite widely." However, Dr. Narla was not convinced that the spinal condition was producing the claimant's symptoms; nor was he convinced that the claimant's mild carpal tunnel syndrome on the right was producing his symptoms. Dr. Narla recorded an impression of tingling and numbness in both hands of "uncertain etiology." Dr. Narla referred the claimant to Dr. Christopher Wottowa, a hand surgeon, for a second opinion.

¶ 11 The claimant presented to Dr. Wottowa on June 20, 2013, and gave a history of bilateral hand numbness and tightness which he had been experiencing since April. The claimant also reported tightness in his forearm. On examination, Dr. Wottowa found the claimant's Tinel's and Phalen's tests to be positive over the carpal tunnels bilaterally. He also found the intrinsic function of the claimant's hands to be normal. Dr. Wottowa recorded an impression of early carpal tunnel syndrome. He recommended that the claimant continue conservative treatment and use wrist splints. However, Dr. Wottowa noted that, if the claimant's symptoms did not improve, he would be a candidate for carpal tunnel release surgery. The doctor kept the claimant on light duty restrictions and advised him to return in a month.

¶ 12 The claimant was next seen by Dr. Wottowa on July 10, 2013. The doctor's notes of that visit state that the claimant was still experiencing bilateral hand numbness. Dr. Wottowa found the claimant's symptoms to be related to carpel tunnel syndrome; and given the claimant's lack of improvement, recommended that the claimant consider undergoing a carpal tunnel release procedure.

¶ 13 The claimant underwent a right-side carpal tunnel release procedure as recommended by Dr. Wottowa. When he returned to see Dr. Wottowa on August 14, 2013, following the surgery, the claimant reported that he had not noticed much change in his symptoms since the surgery. The claimant complained of tightness in his hands along with numbness and increased tingling. Dr. Wottowa scheduled the claimant for a follow-up visit in three weeks.

¶ 14 When the claimant returned to see Dr. Wottowa on August 26, 2013, he reported continued bilateral hand cramping and diffuse bilateral numbness. Following examination, Dr. Wottowa was of the opinion that the carpal tunnel release procedure failed to provide relief from the claimant's symptoms. The doctor's note states that he did not know the cause of the claimant's hand cramping and suggested that he return to see Dr. Narla.

¶ 15 The claimant was next seen by Dr. Wottowa on September 16, 2013. The claimant again complained of bilateral hand cramping and diffuse bilateral numbness. On examination, Dr. Wottowa found the claimant's Tinel's and Phalen's tests to be negative over the carpal tunnels bilaterally. Dr. Wottowa noted that neither he nor Dr. Narla could explain the claimant's continued symptoms. He recommended that the claimant see Dr. Susan Mackinnon.

¶ 16 The claimant saw Dr. Mackinnon on November 4, 2013. In her letter to Dr. Wottowa dated November 8, 2013, Dr. Mackinnon set forth the history which the claimant gave of his symptoms and the results of her physical examination of the claimant. She opinioned that the claimant's symptoms were the result of muscle imbalance and thoracic outlet syndrome for which she recommended both conservative management and weight loss.

¶ 17 Following two physical therapy sessions, the claimant next saw Dr. Mackinnon on December 12, 2013. The claimant reported that he was still symptomatic, mostly when driving and holding the steering wheel. Following her examination of the claimant, Dr. Mackinnon

recommended that he undergo a revision of the right-hand carpal tunnel surgery and that he consider a left-side carpal tunnel release; and because he had symptoms in the ulnar distribution, she recommended releasing the claimant's ulnar nerve through the Guyon's canal.

¶ 18 On November 12, 2013, the claimant signed a City of Springfield Employee Accident Report which states that he was injured on April 28, 2013, while driving. It states that he experienced tightness in his arms bilaterally and numbness in his fingertips on both hands. According to the report, the claimant's injuries occurred as a result of performing his job duties, specifically "slouching while writing reports and driving." The claimant admitted signing the report.

¶ 19 On referral from Dr. Mackinnon, the claimant was seen on January 22, 2014, by Dr. Robert Thompson at the Washington University Center for Thoracic Outlet Syndrome. The doctor's notes of that visit state that the claimant gave a history of the onset of pain, numbness and tingling in his hands in April 2013. He reported no specific injury, incident or discrete event prompting the development of his symptoms. He did, however, report that his work as a police officer involved lengthy periods of time writing reports on a writing pad or a computer keyboard while crouched in his squad car. Dr. Thompson noted the results of his physical examination of the claimant and his impression that the claimant's history and description of symptoms "are quite compatible with a diagnosis of bilateral neurogenic thoracic outlet syndrome *** [,] characterized by brachial plexus irritation at the level of the scalene triangle and the pectoralis minor tendon area." Dr. Thompson found the magnitude of the claimant's symptoms to be considerable and disabling, and he opinioned that "these symptoms and his condition of thoracic outlet syndrome are the result of repetitive strain activity as a result of work related functions particularly for long periods of time writing in an awkward position or use of the keyboard as

well as use of fire arms on a regular basis." Dr. Thompson recommended that the claimant undergo a scalene muscle and pectorals minor muscle block with local anesthetic to be administered by Dr. Rastogi, undergo evaluation by a physical therapist, and begin a six-week trial of physical therapy for thoracic outlet syndrome.

¶ 20 On referral from Dr. Thompson, the claimant was seen on January 22, 2014, by Dr. Rastogi, a pain management specialist. Following his examination of the claimant, Dr. Rastogi administered injections at the left-sided anterior scalens and pectoralis minor.

¶ 21 When the claimant was seen by Dr. Thompson on January 30, 2014, the doctor imposed work restrictions and ordered continued physical therapy.

¶ 22 On March 13, 2014, Dr. Thompson again diagnosed the claimant with neurogenic thoracic outlet syndrome and scheduled him for bilateral pectoralis minor tenotomy surgery on March 31, 2014. According to Dr. Thompson's note of that visit, the claimant's thoracic outlet syndrome was "the result of a work injury that is the result of many years of long distance driving, sitting in a car, and long periods of typing and writing. He is totally disabled by this condition." In addition, Dr. Thompson authored a note on that date, stating that the claimant could not return to work prior to recovering from his scheduled surgery. In addition, Dr. Thompson again imposed work restrictions and ordered continued physical therapy.

¶ 23 At the request of the City, the claimant was examined by Dr. William Warren on March 26, 2014. In his report of that examination, Dr. Warren recorded the claimant's history of developing progressive numbness in both hands since April 2013. The claimant stated that he was experiencing profound numbness in both hands. Dr. Warren set forth the results of his physical examination of the claimant. According to the report, Dr. Warren agreed with the diagnosis of neurogenic thoracic outlet syndrome and the recommendation of bilateral pectoralis

minor tenotomy surgery. He predicted that the claimant would need bilateral first rib resections. In that report, Dr. Warren wrote that the pain and numbness which the claimant experiences is "aggravated by driving, prolonged writing, or using a keyboard, especially when at or above waist level." In an addendum to that report, Dr. Warren wrote:

> "I believe that the activities Officer Marinelli was asked to perform in the line of his employment aggravated a pre-existing condition which predisposed him to develop Thoracic Outlet Syndrome. These activities included using the computer in the squad car and writing up his reports on the steering wheel. It is my belief that he was predisposed to develop Thoracic Outlet Syndrome as a result of his body habitus, upper body strength and overall build. This would explain why he would develop this condition, while many of his fellow officers would not."

¶ 24 On April 1, 2014, the claimant underwent both a left pectoralis minor tenotomy and a right pectoralis minor tenotomy. The procedures were performed by Dr. Thompson at Barnes-Jewish Hospital. Dr. Thompson's operative report states that the surgery resulted in palpable improvement in the subpectoral space, both left and right, allowing relief of any neurovascular compression.

¶ 25 Dr. Thompson saw the claimant on April 17, 2014. In his note of that visit, Dr. Thompson wrote that the claimant could return to work on April 21, 2014, with certain specified restrictions. Dr. Thompson ordered continued physical therapy and scheduled the claimant for a follow-up visit.

¶ 26 On the recommendation of Dr. Thompson, the claimant began physical therapy on May 1, 2014, and attended eight therapy sessions thereafter.

¶ 27 Dr. Thompson's notes of the claimant's May 29, 2014, visit state that the claimant

continued to report bilateral hand numbness. The doctor's notes state that the claimant's surgery did not result in much improvement of his symptoms. Dr. Thompson found that, as of that date, the claimant "cannot reasonably [be] considered at maximum medical improvement."

¶ 28 Following the claimant's visit of August 28, 2014, Dr. Thompson found the claimant to be at a plateau of function with ongoing symptoms. Although Dr. Thompson continued the claimant on work restrictions, he, nevertheless, found the claimant to be at maximum medical improvement (MMI) and authorized him to return to work with certain specified restrictions.

¶ 29 The claimant filed an application for a disability pension with the Springfield Police Pension Board. In connection with that application, the claimant was examined by Drs. M. Mehra, Joshua D. Warach, and James R. Debord at the request of the pension board.

¶ 30 Dr. Mehra examined the claimant on October 31, 2014. In his report of that examination, Dr. Mehra recorded the claimant's complaints of bilateral pain, cramping and numbness and the medical treatment which the claimant had received. Following his examination of the claimant, Dr. Mehra diagnosed status post right carpal tunnel syndrome and post thoracic outlet syndrome with no improvement in the claimant's hand symptoms. Dr. Mehra opined that the claimant's present symptoms "are the result of his performing day-to-day duties as a policeman", and that in his present condition, the claimant is not able to perform as a police officer. Dr. Mehra recommended that the claimant undergo rib dissections as recommended by Dr. Thompson.

¶ 31 On November 3, 2014, the claimant was examined by Dr. Warach. In his report of that visit, Dr. Warach recorded the claimant's history of hand numbness and tightness beginning in April 2013, and his continuing symptoms thereafter. The doctor also recounted the claimant's medical treatment history and the results of his physical examination of the claimant. Dr. Warach found the claimant's neurological examination to be normal. He diagnosed bilateral carpel tunnel

syndrome and bilateral thoracic outlet syndrome. Dr. Warach opined that excessive writing and use of a computer could predispose an individual to carpel tunnel and thoracic outlet syndromes; although in the claimant's case, "most likely" his body habitus predisposed him to thoracic outlet syndrome. Dr. Warach found that the claimant could not work full duty as a police officer. He also found that the recommended bilateral first rib resections "might possibly be of benefit in decreasing or resolving his [the claimant's] symptoms."

¶ 32 When the claimant was seen by Dr. Thompson on February 26, 2015, the doctor noted that the claimant continued to experience bilateral hand numbness and that his disability requires long term restrictions. Dr. Thompson's notes contain his opinion that the claimant is unable to work in his previous occupation. Again acknowledging that the claimant had reached MMI, the doctor's notes state that he recommended that the claimant be treated by a chronic pain management specialist. Dr. Thompson authorized the claimant to work subject to specified physical restrictions.

¶ 33 The claimant was examined by Dr. Debord on May 7, 2015. In his report of that visit, Dr. Debord recorded the claimant's history of bilateral hand numbness and cramping since April 2013, and the claimant's complaints of continuing symptoms. The doctor also recounted the claimant's medical treatment history and the results of his physical examination of the claimant. Dr. Debord diagnosed congenital neurogenic thoracic outlet syndrome which becomes symptomatic with various physical stressors which are job related such as, *inter alia,* typing reports and using the computer in his car. He also found the recommended bilateral first rib resection surgery to be appropriate. Dr. Debord opined that the claimant could not work as a police officer and that, if he does not get additional treatment, "he would have to retire or be placed on disability ***."

¶ 34 On May 5, 2015, the claimant was seen by Dr. Claude Fortin, a pain specialist. In his report of that visit, Dr. Fortin noted that the claimant gave a history of bilateral distal arm pain and numbness since April 2013, and complained of persistent hand pain, cramping and tightness. Dr. Fortin recorded a brief history of the claimant's medical treatment and prescribed medication. Following his examination of the claimant. Dr. Fortin noted an impression of "[s]udden onset of bilateral and persistent arm pain uncertain etiology." He also noted that neurogenic thoracic outlet syndrome was suspected. Dr. Fortin prescribed Lyrica to be taken by the claimant twice daily.

¶ 35 On November 24, 2015, the claimant underwent right anterior scalene and pectoralis minor muscle blocks administered by Dr. Jacob AuBuchon. The procedure was a diagnostic and prognostic injection for neurogenic thoracic outlet syndrome.

¶ 36 On December 15, 2015, the Board of Trustees of the Springfield Police Pension Fund (the Board) issued its decision on the claimant's application for a disability pension. The Board denied his application for a duty-related disability pension for several reasons. The Board found that writing reports and typing on a computer keyboard is not a special risk inherent in police work (see 40 ILCS 5/5-113 (West 2014)). In addition, the Board questioned the claimant's credibility as to the amount of time which he testified that he spent writing reports and typing on a computer keyboard and his testimony as to the manifestation date of his hand symptoms. The Board also rejected the opinions of the physicians who found that the claimant's disability is related to his work as a police officer. The Board did conclude, however, that the claimant was entitled to a non-duty disability pension due to his inability to use firearms and the City's inability to provide him with a position which did not require the use of firearms.

¶ 37 When Dr. Fortin saw the claimant on July 19, 2016, the claimant reported reduced hand

symptoms with the use of medical marijuana. On September 16, 2016, Dr. Fortin authored a letter stating that the claimant could return to work subject to specified restrictions.

¶ 38 The claimant testified that, prior to April 2013, he did not experience pain or have any problems doing his job as a police officer. The claimant stated that, since that time, his hands "hurt all of the time" and that, the more he uses his hands, "the worse they get." He testified that he has difficulty grasping items and has no feeling in his fingertips.

¶ 39 Following the arbitration hearing held on September 26, 2016, pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2014)), the arbitrator issued a written decision on October 29, 2016, finding that the claimant failed to prove that he sustained a repetitive trauma injury arising out of and in the course of his employment with the City or that his current condition of ill-being is causally related to his employment; and as a consequence, denied the claimant benefits under the Act.

¶ 40 The arbitrator determined that the most consistent history given by the claimant to his treating physicians was that of a spontaneous onset of symptoms which occurred when he was not working. He found that the opinions of Drs. Thompson and Warren that the claimant's hand problems are the result of prolonged driving and long periods of typing on a computer in his vehicle are not supported by the claimant's testimony that he would spend 30 to 40 minutes each shift typing on his computer. The arbitrator also noted that there is no evidence in the record that the claimant's duties included long distance driving. The arbitrator appears to have credited Dr. Fortin's opinion that the claimant suffered a sudden onset of bilateral and persistent arm pain with "uncertain etiology." The arbitrator found that, "[b]ased upon the inconsistencies regarding the accident and with regard to *** [the claimant's] job activities, as well as the fact *** [that the claimant's] initial symptoms began while he was not working, *** the [claimant] has failed to

prove that he sustained repetitive trauma in the course of his employment with *** [the City] which caused the development of thoracic outlet syndrome, or any other condition."

¶ 41 The claimant filed a petition for review of the arbitrator's decision before the Illinois Workers' Compensation Commission (Commission). On August 18, 2017, the Commission issued a unanimous decision affirming and adopting the arbitrator's decision.

¶ 42 The claimant sought a judicial review of the Commission's decision in the circuit court of Sangamon County. On May 17, 2018, the circuit court confirmed the Commission's decision, and this appeal followed.

¶ 43 Before addressing the claims of error raised by the claimant in this appeal, we again find it necessary to admonish a litigant for failure to comply with the requirements for briefs filed with this court. Illinois Supreme Court Rule 341(h)(9) (eff. May 25, 2018) requires that an appellant's brief contain an appendix as required by Rule 342. Illinois Supreme Court Rule 342 (eff. July 1, 2017) requires that the appendix to an appellant's brief contain a complete table of contents, with page references, of the record on appeal which is to include the nature of each exhibit. Rather than enumerating the exhibits introduced at the arbitration hearing with page references, the table of contents to the record contained in the claimant's brief contains five entries which are labeled "Transcript of Proceedings." These five entries cover 1345 pages of the record within which the exhibits introduced at the arbitration are located. The exhibits are not enumerated, nor are their page references listed, requiring this court to search through 1345 pages of the record to find the exhibits which are relevant to the disposition of this appeal. Illinois Supreme Court Rule 341(h)(1) (eff. May 25, 2018) requires that an appellant's brief contain a summary statement entitled "Points and Authorities" of the points argued and the authorities cited. This section of an appellant's brief is to consist of the headings of the points

and sub-points in the argument with the citation under each heading of the authorities relied upon. The "Points and Authorities" section of the claimant's brief merely sets out nine case citations without listing any headings of the points or sub-points in the argument to which those citations relate. Supreme Court rules "are not suggestions;" rather, they are rules which have the force of law, and the presumption is that they will be followed as written. *Bright v. Dicke*, 166 Ill. 2d 204, 210 (1995). This court has the discretion to strike an appellant's brief for failure to comply with the rules of the supreme court and dismiss the appeal. *Holzrichter v. Yorath*, 2013 IL App (1st) 110287, ¶ 77. We elect not to do so in this case and will address the issues raised on the merits.

¶ 44 The claimant argues that the Commission erred in admitting in evidence the decision of the Board on his application for a disability pension. He asserts that the standard for determining whether he is entitled to a duty-related disability pension is unrelated to the issue of whether his condition of ill-being arose out of and in the course of his employment a police officer for the City. We agree.

¶ 45 To be entitled to a duty-related disability pension, a police officer's injury must have been the result of an "act of duty" as that term is defined by statute. Section 5-113 of the Pension Code defines an "act of duty" as an act of police duty inherently involving a special risk not ordinarily assumed by an individual in the ordinary walks of life. See 40 ILCS 5/5-113 (West 2012). Whereas, to be entitled to benefits under the Act, an employee need only establish that his injuries arose out of and in the course of his employment. 820 ILCS 305/2 (West 2012). The issues are not identical. *Demski v. Mundelein Police Pension Bd.*, 358 Ill. App. 3d 499, 502-03 (2005). The fact that the claimant was denied a duty-related disability pension is not determinative of his right to benefits under the Act. However, even assuming that it was an abuse

of discretion to admit the Board's decision in evidence in the hearing on the claimant's application under the Act, we find that the error was harmless as there is nothing in the record suggesting that the Commission relied upon the Board's decision in reaching its decision to deny the claimant benefits under the Act.

¶ 46 Next, the claimant argues that the Commission's finding that he failed to prove that he suffered repetitive trauma injuries which arose out of and in the course of his employment with the City is against the manifest weight of the evidence. He contends that his treating physicians, the City's own section 12 (820 ILCS 305/12 (West 2014)) medical examiner, and the physicians that examined him at the request of the Springfield Police Pension Board found that his condition of ill-being was caused by his duties as a police officer.

¶ 47 In support of the Commission's decision, the City argues that the causation opinions of Drs. Thompson, Warren and Warach are not supported by the evidence. As to Dr. Thompson, the City notes that his causation opinion is based upon an understanding that the claimant's employment required "long distance driving, sitting in a car, and long periods of typing and writing." The City contends that, although the record contains evidence that the claimant spent 30 to 40 minutes each shift typing on the computer in his squad car, there is no evidence that he was required to drive long distances or devote long periods of time to typing or writing. As for Dr. Warren, the City notes that he too "mentions prolonged writing and using a keyboard." The City also observes that Dr. Warach opined that "extensive" writing and use of a computer could predispose an individual to carpal tunnel and thoracic outlet syndrome. According to the City, the factual premises underlying the causation opinions of these two doctors are not supported by the evidence. It concludes, therefore, that the Commission's finding that the claimant failed to prove that his claimed repetitive trauma arose out of and in the course of his employment with

the City is not against the manifest weight of the evidence.

¶ 48 The medical records received in evidence established that the claimant suffers from thoracic outlet syndrome (TOS). There is no evidence that the claimant's condition was the result of any incident or discrete event prompting the development of his symptoms. Rather, the claimant predicated his claim on a theory of repetitive trauma sustained as a result of his duties as a police officer.

¶ 49 In a repetitive trauma case, the claimant must prove by a preponderance of the evidence all elements necessary to justify an award under the Act. *Quality Wood Products Corp. v. Industrial Comm'n*, 97 Ill. 2d 417, 423 (1983). The claimant has the burden of establishing "some causal relation between the employment and the injury." *Caterpillar Tractor Co. v. Industrial Comm'n*, 129 Ill. 2d 52, 63 (1989). A work-related injury need not be the sole or principal causative factor, as long as it was a causative factor in the resulting condition of ill-being. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 205 (2003).

¶ 50 Whether a causal relationship exists between a claimant's employment and his condition of ill-being is a question of fact to be resolved by the Commission, and its resolution of the issue will not be disturbed on review unless it is against the manifest weight of the evidence. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984). In resolving such issues, it is the function of the Commission to decide questions of fact, judge the credibility of witnesses, determine the weight to be accorded to their testimony, and resolve conflicting medical evidence. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). Whether a reviewing court might reach the same conclusion is not the test of whether the Commission's determination of a question of fact is supported by the manifest weight of the evidence; rather, the appropriate test is "whether there is sufficient evidence in the record to support the Commission's decision."

Benson v. Industrial Comm'n, 91 Ill. 2d 445, 450 (1982).

¶ 51 Drs. Thompson, Warren, Warach, Mehra, and Debord each rendered opinions that the claimant's condition of ill-being is causally related to his duties as a police officer. However, expert opinions are only as valid as the facts and reasons underlying those opinions, and the proponent of expert testimony must lay a foundation sufficient to establish the reliability of the basis for the expert's opinion. *Gross v. Illinois Workers' Compensation Comm'n*, 2011 IL App (4th) 100615WC, ¶ 24. Dr. Thompson's records reflect that the claimant reported that his duties as a police officer involved lengthy periods of time writing reports on a computer keyboard. Dr. Thompson opined that the claimant suffered from TOS as "the result of a work injury that is the result of many years of long distance driving, sitting in a car, and long periods of typing and writing. " Dr. Warren found that the pain and numbness which the claimant experiences is "aggravated by driving, prolonged writing, or using a keyboard." He opined that the activities which the claimant was asked to perform as a police officer aggravated a preexisting condition which predisposed him to develop TOS. Dr. Warach opined that excessive writing and use of a computer could predispose an individual to develop TOS; however, in the claimant's case, it was his body habitus that "most likely" predisposed him to TOS. The record reflects that the causation opinions of Drs. Thompson, Warren, and Warach are based, in part, on their understanding that the claimant's duties as a police officer involved excessive or prolonged use of a computer. As noted earlier, however, there is no evidence that the claimant's duties involved excessive or prolonged use of a computer.

¶ 52 Discounting the causation opinions of Drs. Thompson, Warren, and Warach as being based upon their misunderstanding of the claimant's duties as a police officer, we are left with the causation opinions of Drs. Mehra and Debord. Dr. Mehra opined that that the claimant's

symptoms "are the result of his performing day-to-day duties as a policeman." However, Dr. Mehra did not elaborate on his understanding of what those day-to-day duties included. Dr. Debord opined that the claimant's TOS becomes symptomatic with various physical stressors which are job related, including typing reports and using the computer in his car. Dr. Debord's records do not, however, disclose his understanding of the amount of time that the claimant was required to devote to these duties. However, based upon the fact that the claimant reported to several of his treating and examining physicians that his job duties involved lengthy periods of time writing reports on a computer keyboard, a fact not supported by his testimony, we believe that the Commission could reasonably infer that he gave the same history to Drs. Mehra and Debord.

¶ 53 There is no legal requirement that a certain percentage of a claimant's workday be spent on repetitive tasks in order to establish the repetitive nature of a claimant's job duties. *Edward Hines Precision Components v. Industrial Comm'n*, 356 Ill. App. 3d 186, 193-94 (2005). However, the Commission is allowed to consider evidence, or the lack thereof, of the repetitive manner and method of a claimant's job duties. *Williams v. Industrial Comm'n*, 244 Ill. App. 3d 204, 211 (1993). Other than the claimant's testimony that, as a police officer, he was required to type on a computer in his squad car 30 to 40 minutes each shift, there is no evidence in the record that his duties required the performance of repetitive functions.

¶ 54 By adopting the arbitrator's decision, the Commission found that "the doctors' opinions with regard to a causal relationship between [the claimant's] work activities and his thoracic outlet syndrome and symptomatology are not supported by evidence in the record with regard to what [the claimant] did in the course of his employment as a police officer." Based upon the record in this case, we are unable to conclude that the Commission's finding in this regard is against that manifest weight of the evidence. It follows then that the Commission's ultimate

determination that the claimant failed to prove that he sustained repetitive trauma in the course of his employment with the City or that his TOS is causally related to his employment is not against the manifest weight of the evidence. Our conclusion in this regard is further supported by the opinions of Drs. Narla and Fortin that the claimant suffered a sudden onset of bilateral arm pain and numbness of uncertain etiology.

¶ 55 For the reasons stated, we affirm the judgment of the circuit court which confirmed the Commission's denying the claimant befits under the Act.

¶ 56 Affirmed.