2024 IL App (2d) 230104WC-U
No. 2-23-0104WC
Order filed January 5, 2024

IN THE

APPELLATE COURT OF ILLINOIS

SECOND DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

SMITHFIELD FOODS, INC.,	)	Appeal from the Circuit Court
	)	of Kane County,
Appellee,	)	
	)	
v.	)	No. 22-MR-220
	)	
THE ILLINOIS WORKERS'	)	
COMPENSATION COMMISSION, *et al.*	)	Honorable
	)	Kevin T. Busch,
(Alfredo Garcia, Appellant).	)	Judge, Presiding.

JUSTICE CAVANAGH delivered the judgment of the court.

Presiding Justice Holdridge and Justices Hoffman, Mullen, and Barberis concurred in the judgment.

ORDER

¶ 1 *Held*: The Illinois Workers' Compensation Commission's determination that claimant's condition of ill-being was causally related to his work accident was proper and not against the manifest weight of the evidence.

¶ 2 In June 2021, claimant, Alfredo Garcia, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2020)), seeking benefits from employer, Smithfield Foods, Inc., regarding his right shoulder injury from March 15, 2021.

¶ 3 Following a November 2021 hearing, the arbitrator denied claimant benefits, finding (1) claimant lacked credibility and thereby failed to establish his accident arose out of and in the course of his employment and (2) because claimant had failed to prove his current condition was causally related to a work accident, prospective medical care should be denied.

¶ 4 On review, the Illinois Workers' Compensation Commission (Commission) reversed the arbitrator's decision, finding (1) the evidence strongly supported finding claimant had sustained an accident arising out of and in the course of employment and (2) claimant had established his right shoulder condition was causally related to the March 15, 2021, accident. The Commission ordered employer to pay for claimant's prospective medical treatment.

¶ 5 Upon judicial review by the circuit court of Kane County, the court reversed the Commission's decision and reinstated the arbitrator's decision. The court found the Commission's reliance on Dr. Theodore Suchy's medical opinion was clearly erroneous.

¶ 6 Claimant appeals, arguing the circuit court erred in reversing the Commission's decision. We reverse the court's judgment and reinstate the Commission's decision.

¶ 7 I. BACKGROUND

¶ 8 A. Hearing Testimony

¶ 9 Claimant testified he worked for employer, a meat processing plant, for over 11 years. At the time of the accident, his position was "raw utility," a position in which he had performed for the past 10 years. Each morning, claimant would set up the grinders by sliding an auger, which claimant called "the worm," into the grinder. Each auger weighed 500-800 pounds. Claimant set up three to six grinders each morning depending on how many workers were there. The auger was suspended on a small crane to allow it to slide into the grinder housing unit. Claimant explained that each time he set up a grinder, the auger would not always fit correctly, so he would have to

reattempt to place the auger in the grinder as many as five or six times. He described the process as "smacking it in, bringing it out, smacking it in, bringing it out."

¶ 10 Claimant was required to cover other positions when needed. He described performing the position of "frozen grinder," which required him to repeatedly grab 60-pound boxes of frozen meat, flip them over, open them, and then push the frozen meat onto the conveyer belt. Claimant described this work as physically demanding.

¶ 11 Claimant testified he developed shoulder problems in late November 2020 and reported the same to his supervisor, Ricardo Duran. Claimant requested he be moved away from setting up the grinders to see if his shoulder pain would improve. Duran agreed, and claimant did not set up grinders for a month. He then had to perform the work periodically when a coworker was absent. On March 15, 2021, claimant was setting up the grinder when he noticed a sharp pain in his shoulder "right away." Claimant stated his supervisor "was behind" him at the time. Claimant said he injured his shoulder by "doing repetitive work with the set up and on the frozen grinder." He reported his injury to his supervisor, Laurie Dubose. Claimant stated he reports to three supervisors: Dubose, Duran, and Sam Gonzalez. He described his shoulder pain as a "sharp-heated pain," which was different than previous shoulder soreness he had experienced. After his injury, claimant could not lift his arm above shoulder height.

¶ 12 Claimant was initially seen by a "therapist" at employer's in-house facility. Thereafter, he went to Tyler Medical Services, where he explained his injury and was given work restrictions. The doctor ordered a magnetic resonance imaging (MRI) of claimant's shoulder. Claimant was referred to Dr. Theodore Suchy for treatment. Dr. Suchy placed additional work restrictions on claimant, gave him a corticosteroid shot, and ordered physical therapy. The MRI showed claimant had suffered a labrum tear in his shoulder. Claimant stated he did not have any work restrictions prior to March 15, 2021.

¶ 13 On cross-examination, claimant denied he sought treatment for his right shoulder between January 1, 2020, and March 15, 2021. He denied telling employer's in-house facility or Tyler Medical Services he had been experiencing shoulder discomfort for the past nine months. Claimant denied telling Dr. Suchy he had been experiencing shoulder discomfort since June 2020. Claimant informed Dr. Suchy that repetitive motions such as pushing and pulling grinder pieces had caused his shoulder pain.

¶ 14 In May 2021, claimant was seen by Dr. Bryan Neal at the request of employer. Claimant denied telling Dr. Neal his shoulder pain began in fall 2020. Claimant told Dr. Neal that setting up the grinder had caused his shoulder pain.

¶ 15 Duran, a production supervisor, testified claimant's position as a "raw utility" worker was a "catch-all" position, requiring claimant to know all six positions on the production floor. Duran explained the six different positions as follows: (1) "receiving dock," where workers operate a forklift to remove meat on pallets from trailers to be weighed and process associated paperwork, (2) "service person," where workers operate a forklift to deliver meat from the coolers to the production floor next to the grinders, (3) "fresh grinder," where workers move fresh meats onto a conveyer belt for grinding, (4) "frozen grinder," where workers perform similar work to the fresh grinder except the frozen grinder worker needs to pull individual 60-pound boxes off a pallet, remove the meat from the box, and push the meat onto a conveyer belt for grinding, (5) "blender," where workers move predetermined weights of ground-up meat and put the meat into a blender for processing, and (6) "wolf king," the final grinder position, where workers put meat through a final grind.

¶ 16 Duran explained, regardless of which position a "raw utility" worker performed, the worker was required to set up grinders by putting the auger into the grinder and attaching the blades, plate, and hood. He stated it "[d]oesn't take a whole lot of force" to slide the auger into the grinder, as a

worker could push it in with only "two fingers." Duran recalled claimant had told him he had arm soreness in the fall of 2020, but he did not recall claimant stating the soreness was work related. Duran denied claimant ever requested less demanding work prior to March 14, 2021. On March 15, 2021, claimant told Duran he was experiencing shoulder soreness from assembling the auger.

¶ 17 B. Medical Records

¶ 18 1. *Employer's In-House Facility*

¶ 19 Medical records from employer's in-house facility noted:

> "[Claimant] reports right shoulder discomfort that has been going on for [approximately] 9 months. Has made Supervisor aware of discomfort some months ago and believed it was related to stock prepping. Has not done that job in a few months and the discomfort actually got worse."

¶ 20 The objective findings indicated tenderness and decreased range of motion in claimant's shoulder. Employer's in-house facility closed its case based on noncompliance, stating claimant did not return for recommended additional visits.

¶ 21 2. *Tyler Medical Services*

¶ 22 Tyler Medical Services noted that claimant's shoulder had "been bothering him for about 9 months." Claimant had reported he was "emptying bags of frozen meat" that "caused him to have increased shoulder pain." The doctor diagnosed claimant with "[c]hronic right shoulder pain, possible AC impingement versus rotator cuff tear." He ordered an MRI and placed claimant on work restrictions.

¶ 23 The MRI revealed a superior labrum tear/maceration with an intact rotator cuff. Following the MRI, the doctor changed the diagnosis to "[r]ight shoulder pain secondary to superior labrum tear" and referred claimant to Dr. Suchy.

¶ 24 3. *Dr. Theodore Suchy*

¶ 25 Dr. Suchy's April 8, 2021, report indicates claimant's shoulder pain began in June 2020. Claimant stated he "ha[d] been working with [employer] for 10 years with repetitive motions such as pushing and pulling grinder pieces." The physical exam noted there was "positive evidence of [superior labrum from anterior to posterior] tear commensurate with his diagnostic MRI." Dr. Suchy gave claimant a corticosteroid injection for treatment and diagnosed him with a glenoid labrum tear and biceps tendinitis. He referred claimant to physical therapy and placed lift restrictions of nothing overhead or more than 25 pounds.

¶ 26 On a return visit in late April 2021, the physical exam noted "right shoulder examination reveal[ed] pain and tenderness over the biceps tendon." Dr. Suchy discussed the MRI with claimant, noting it had revealed a "superior labral tear with bicipital tendinitis. Some impingement syndrome as well." Claimant reported the corticosteroid injection helped "minimally."

¶ 27 At claimant's follow-up visit on May 24, 2021, Dr. Suchy noted claimant would likely need surgical intervention. He recommended conservative treatment first, but the employer denied coverage. Dr. Suchy found "a direct cause relationship between his work-related injury and development of a traumatic tear of the superior labrum and biceps anchor of [claimant's] shoulder."

¶ 28 4. *Dr. Bryan Neal*

¶ 29 Claimant was seen by Dr. Neal under section 12 of the Act. 820 ILCS 305/12 (West 2020). During his evidence deposition, Dr. Neal stated he disagreed with Dr. Suchy's diagnosis of a labral tear and bicep tendinitis. Dr. Neal had reviewed the MRI report but not the actual images. Dr. Neal diagnosed claimant with adhesive capsulitis, commonly referred to as frozen shoulder. He did not believe claimant's adhesive capsulitis was causally related to a work accident from March 15, 2021. In fact, he opined there was no work accident on March 15, 2021, and that claimant had a "symptomatic shoulder" prior to March 15.

¶ 30 Dr. Neal concluded claimant's adhesive capsulitis was likely caused by his "thyroid dysfunction." He stated:

> "[Claimant] could not tell me he suffered a thyroid condition, but he did suffer a condition for which ran in his family. He did suffer a condition involving his neck or throat which the thyroid, of course, does. He did suffer a condition for which he was prescribed medication on a daily basis based upon his history to me, although he did not recognize the commonly used medicine and he did not recognize the condition itself.
>
> The symptoms that he described to me which precipitated the discovery of the condition were consistent with hypothyroidism. So it seems that he suffers from hypothyroidism for which he takes medications. That is not mandatory for me to make a diagnosis.
>
> The diagnosis I rendered, that of adhesive capsulitis, was based upon the totality of the medical records I had reviewed, the history, the physical, and the X[-]rays and the MRI report.
>
> Whether or not [claimant] has a thyroid condition doesn't—was not part of the foundation for making the diagnosis."

¶ 31 Dr. Neal explained adhesive capsulitis was "universally recognized" as associated with diabetes and thyroid dysfunction. He did not find claimant's diagnosis was causally related to an aggravation of a preexisting condition. He explained adhesive capsulitis would be expected to be painful, but movement of the shoulder, such as during physical therapy, was encouraged as tolerated. Claimant's work activity would be expected to cause pain if claimant had adhesive capsulitis. However, in his opinion, claimant's work activity would not worsen his shoulder condition but could be a part of a "mobility program" to help it. Dr. Neal stated claimant did not need work restrictions except for those related to claimant's pain tolerance.

¶ 32 On cross-examination, Dr. Neal advised adhesive capsulitis is associated with immobility, not repetitive activities. He had examined claimant on May 19, 2021, but did not have an "independent recollection" of claimant's visit. He did not need to review claimant's MRI to make his diagnosis. Dr. Neal stated claimant's MRI "was basically normal," which was not unusual for an adhesive capsulitis diagnosis. He explained in "some shoulders labral tearing is normal for that shoulder." Dr. Neal described arriving at his belief that claimant had a thyroid condition by "clinical instinct" given claimant's family history, previous symptoms, and "location of his neck." He stated there was no "smoking gun evidence" that claimant had a thyroid dysfunction, "but it look[ed] that way." Dr. Neal stated adhesive capsulitis was either idiopathic or associated with thyroid dysfunction. He denied claimant had a "labral tear" and explained that some labral fraying or maceration is normal. Dr. Neal acknowledged he had not reviewed claimant's job description.

¶ 33 Upon the conclusion of testimony at the hearing, Dr. Neal's medical report was rejected on the basis of hearsay, but it remained with the record "to preserve any rights on appeal or on a review [of the arbitrator's] decision."

¶ 34 5. *Dr. Angel Gomez-Galan*

¶ 35 Medical records from claimant's primary care physician, Dr. Angel Gomez-Galan, indicated claimant had been diagnosed with hypothyroidism. Dr. Gomez-Galan's medical records dated back to 2018 and showed no issues involving claimant's shoulder.

¶ 36 6. *Arbitrator's Findings*

¶ 37 The arbitrator denied claimant benefits, finding (1) he lacked credibility, thereby failing to establish his accident arose out of and in the course of his employment, and (2) because claimant had failed to prove his current condition was causally related to a work accident, prospective medical care should be denied.

¶ 38 7. *Commission's Findings*

¶ 39 The Commission reversed the arbitrator's decision, finding that while claimant's testimony did present inconsistencies, "those inconsistencies did not outweigh the credible evidence and [claimant's] testimony as it relate[d] to the accident and causal connection." The Commission noted claimant testified he was setting up the auger into the grinder on March 15, 2021, when he experienced shoulder pain. Duran confirmed claimant reported shoulder pain to him on that date. Claimant was seen by employer's in-house medical personnel on March 16, 2021, who confirmed that claimant was experiencing significant pain. In that therapist's opinion, the injury was work related.

¶ 40 The Commission found claimant had previous shoulder soreness but was able to work full duty without restrictions. It was only after the March 15, 2021, incident when claimant began receiving medical treatment he was placed on work restrictions. The Commission, relying on the chain-of-events theory, concluded claimant had established a causal relationship between his condition of ill-being and a work-related injury.

¶ 41 The Commission found Dr. Suchy's opinion more persuasive than Dr. Neal's. Dr. Neal noted claimant reported having shoulder soreness prior to the accident, but there were no medical records supporting his complaint. According to the Commission, Dr. Neal ignored claimant's contention that his condition became symptomatic while working. Further, the Commission found Dr. Neal's opinion related to claimant's thyroid dysfunction speculative at best, as there were no medical records indicating claimant was being actively treated for a thyroid dysfunction.

¶ 42 Instead, the Commission found Dr. Suchy had examined claimant's MRI and found a direct relationship between claimant's work injury and a traumatic tear in his shoulder. Dr. Suchy's opinion was supported by claimant's work accident on March 15, 2021, and the fact that, prior to that date, claimant had worked full duty with no restrictions.

¶ 43 The Commission concluded (1) claimant had established his shoulder injury arose out of and in the course of his employment, (2) his right shoulder condition was causally related to the March 15, 2021, accident, and (3) he was entitled to prospective medical treatment as recommended by Dr. Suchy.

¶ 44 8. *Circuit Court's Finding*

¶ 45 Employer sought judicial review. The circuit court reversed the Commission's decision and reinstated the arbitrator's decision. The court found the Commission's reliance on Dr. Suchy's opinion was clearly erroneous, stating:

> "In this case, the Commission relied on Dr. Suchy's report. The report was not competent as it was lacking in the basic fundamentals of credible and competent medical opinion. It was conflated in that it assumed a work-related injury and assessed a causal relationship. It was not offered with any reasonable degree of medical certainty. It was not subject to cross-examination. Therefore, the Commission was clearly erroneous in relying on Dr. Suchy's so-called opinion and thus the Commission's findings that Dr. Suchy's opinion was more persuasive is likewise clearly erroneous. Without any medical opinion, contrary to that of Dr. Neal, the decision of the Commission is against the manifest weight of the evidence."

¶ 46 This appeal followed.

¶ 47 II. ANALYSIS

¶ 48 The sole issue presented in this appeal is whether the Commission properly determined that claimant's condition of ill-being was causally related to his work accident on March 15, 2021. The purpose of the Act is to protect an employee from any risk or hazard which is peculiar to the nature of the work he is employed to do. *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 674 (2009). To recover compensation under the Act, an employee must

prove by a preponderance of the evidence all elements of his claim, including a causal connection between the injury and his employment. *Boyd Electric v. Dee*, 356 Ill. App. 3d 851, 860 (2005). An occupational activity 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).

¶ 49 Whether a causal relationship exists between a claimant's employment and his condition of ill-being is a question of fact. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984). It is the function of the Commission to decide questions of fact, judge the credibility of witnesses, and resolve conflicts in the evidence. *Hosteny*, 397 Ill. App. 3d at 674. A reviewing court may not substitute its judgment for that of the Commission on these issues merely because other inferences from the evidence may be drawn. *Berry v. Industrial Comm'n*, 99 Ill. 2d 401, 407 (1984). This is especially true with respect to medical issues, wherein we grant substantial deference to the Commission because of the expertise it possesses in the medical arena. *Long v. Industrial Comm'n*, 76 Ill. 2d 561, 566 (1979). We will not reverse the Commission's decision unless its findings are against the manifest weight of the evidence. *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64 (2006). "Fact determinations are against the manifest weight of the evidence only when an opposite conclusion is clearly apparent—that is, when no rational trier of fact could have agreed with the agency." *Id.* When the evidence is sufficient to support the Commission's causation finding, we must affirm. *Pietrzak v. Industrial Comm'n*, 329 Ill. App. 3d 828, 833 (2002).

¶ 50 On appeal, employer argues the Commission erred in its causation finding because (1) there was no supporting medical opinion evidence or testimony to support claimant's repetitive-trauma claim, (2) it relied on Dr. Suchy's causation statement of claimant "pushing and pulling grinder pieces," (3) it relied on a chain-of-events analysis for inferring causation when

that analysis was not applicable to repetitive-trauma claims where a preexisting condition was present, and (4) it overlooked Dr. Gomez-Galan's medical records, which validated Dr. Neal's testimony. We address each in turn.

¶ 51 A. No Supporting Medical Opinion Claim

¶ 52 To obtain compensation under the Act, a claimant must prove that some act or phase of his employment was a causative factor in his ensuing injuries. *Land & Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d 582, 592 (2005). As we noted earlier, 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*, 207 Ill. 2d at 205. Where a claimant has a preexisting condition that makes him more vulnerable to injury, recovery for an accidental injury is not precluded so long as he can show his employment was also a causative factor. *Id.* A claimant may establish a causal connection by showing that a work-related injury played a role in aggravating or accelerating his preexisting condition. *Id.* at 204-05.

¶ 53 When a claimant alleges the work-related injury is based on repetitive trauma, he must show "the injury is work related and not the result of a normal degenerative aging process." *Peoria County Belwood Nursing Home v. Industrial Comm'n*, 115 Ill. 2d 524, 530 (1987). In repetitive-trauma cases, the claimant "generally relies on medical testimony establishing a causal connection between the work performed and [the] claimant's disability." *Nunn v. Industrial Comm'n*, 157 Ill. App. 3d 470, 477 (1987). When a claimant alleges accidental injuries caused by a repetitive trauma, the Commission determines whether a claimant's disability is attributable solely to a degenerative condition or to an aggravation of a preexisting condition due to repetitive trauma. *Casssens Transport Co. v. Industrial Comm'n*, 262 Ill. App. 3d 324, 331 (1994).

¶ 54 Employer specifically argues claimant had two preexisting conditions: a thyroid dysfunction and a frayed labrum. Employer contends that because claimant failed to present

supporting medical testimony, he has only shown a possible correlation but not causation between his condition of ill-being and repetitive trauma to his right shoulder. In support, employer cites *University of Illinois v. Illinois Workers' Compensation Comm'n*, 2021 IL App (4th) 210236WC-U. We note, unpublished orders pursuant to Illinois Supreme Court Rule 23(e) (eff. Feb. 1, 2023) may be cited for persuasive purposes but are not binding on this court.

¶ 55 In *University of Illinois*, the claimant worked for the employer for more than 19 years as a driver. *University of Illinois*, 2021 IL App (4th) 210236WC-U, ¶ 8. During the winter, the claimant operated a snow removal truck where he primarily used his left arm to move the steering wheel and his right arm to operate the plow controls. *Id.* In late February 2014, the claimant reported his shoulder injury and stated it had become progressively worse since he began experiencing shoulder pain in early January 2014. *Id.* ¶¶ 10-12. The arbitrator found the claimant sustained an injury to his left shoulder secondary to repetitive trauma that manifested in late February 2014 and was work related. *Id.* ¶ 26. No medical testimony was provided by the claimant to support a work-related cause of his injury. *Id.* ¶ 27. The Commission supplemented the arbitrator's findings with additional facts and affirmed and adopted the arbitrator's decision. *Id.* ¶ 29.

¶ 56 On review, the appellate court found the Commission's decision was contrary to the manifest weight of the evidence. *Id.* ¶ 45. The court explained:

> "[T]he claimant failed to prove by a preponderance of the evidence that he sustained a repetitive trauma injury arising out of his employment. The medical records revealed that the claimant had osteoarthritis and other preexisting degenerative conditions in his left shoulder. The claimant presented no expert medical opinion, medical evidence, or any other evidence suggesting that his injuries were work related and not merely the result of a normal degenerative process in his left shoulder. The only evidence that the claimant presented connecting his injuries to his employment was his own unrebutted testimony

> regarding the repetitive work duties he performed, the arm and shoulder movements he made while performing those duties, and the increased frequency of those movements in the months leading up to the manifestation of his injury. However, even assuming *arguendo* that this testimony was credible, it merely established a *correlation* between his increased work activities and the occurrence of his symptoms. The claimant's testimony did not, and could not, establish that his injuries were the result of his employment, as opposed to the natural progression of his preexisting degenerative conditions. Because this question is not within the common knowledge of a layman, only a medical opinion from an expert or a treating physician could provide evidence of causal connection. As noted, no such evidence was presented here." (Emphasis in original.) *Id.* ¶ 44.

¶ 57 The Commission had concluded expert medical testimony was not necessary for a causation finding because the claimant's description of his work activities that caused his injuries were within a layperson's comprehension. *Id.* ¶ 45. The appellate court disagreed:

> "The question is not whether the mechanics of the movements the claimant performed while driving, or the propensity of such movements to cause injury, were "within the common knowledge of the layman. Rather, the question is whether the injury sustained by the claimant was the result of (or was accelerated by) his work activities and were not merely the natural progression of his preexisting conditions. That is a medical question that is not within the common knowledge of a layman." *Id.*

¶ 58 We find *University of Illinois* distinguishable from the instant matter because claimant here had a specific traumatic injury. Repetitive-trauma cases require the same standard of proof as cases alleging a discrete and specific traumatic injury. *Peoria County Belwood Nursing Home*, 115 Ill. 2d at 530. In repetitive-trauma cases, the claimant does not need to prove a specific traumatic injury but must still show the injury is work related and not the result of the normal degenerative

aging process. *Luttrell v. Industrial Comm'n,* 154 Ill. App. 3d 943, 957 (1987); *Peoria County Belwood Nursing Home*, 115 Ill. 2d at 530. "The date of injury in repetitive trauma cases is the date on which the injury manifests itself, meaning the date on which the fact of the injury and the causal relation to work would have become plainly apparent to a reasonable person." *University of Illinois*, 2021 IL App (4th) 210236WC-U, ¶ 41.

¶ 59 This case, unlike *University of Illinois,* is not a repetitive-trauma case. Here, claimant had a specific traumatic injury that occurred on March 15, 2021. Claimant testified he experienced a "sharp-heated pain" distinct from any shoulder soreness he had previously experienced. Claimant's specific traumatic injury was corroborated by Duran.

¶ 60 The court in *University of Illinois* found the claimant failed to present any evidence showing his injury was work related other than through his own testimony. *Id.* ¶ 45. Here, claimant's specific traumatic injury was supported by claimant's and Duran's testimony. Additionally, medical records from Dr. Suchy noted "a direct cause relationship between his work-related injury and development of a traumatic tear of the superior labrum and biceps anchor of [claimant's] shoulder." Therefore, while there was no expert medical opinion testimony provided to support claimant, there is medical evidence presented by claimant to show his injury was work related and not merely the result of the natural progress of a preexisting degenerative condition.

¶ 61 B. Chain-of-Events Analysis Claim

¶ 62 Employer further cites *University of Illinois* for the proposition that the Commission erred when it relied on a chain-of-events analysis. Employer contends this is a question of law subject to a *de novo* standard of review, with no deference to the Commission's findings.

¶ 63 In *University of Illinois*, the court stated:

> "The claimant argues that the circumstantial evidence presented in this case established causation because the claimant's symptoms appeared only after he performed

> particularly strenuous activities at work. We disagree. In cases involving a traumatic injury occurring at a particular time, and also in some repetitive trauma cases, '[a] causal connection between work duties and a condition may be established by a chain of events including petitioner's ability to perform the duties before the date of the accident, and inability to perform the same duties following that date.' [Citation.] However, the claimant cites no repetitive trauma case finding causation based on a 'chain of events' analysis where, as here, there is evidence of a preexisting degenerative condition. Nor have we found any such cases. Each of the cases upon which the claimant relies involve either a traumatic injury occurring at a particular time or the presentation of expert medical testimony to establish causal connection." *Id.* ¶ 46.

¶ 64 We, again, find *University of Illinois* distinguishable. As we stated earlier, this case is not a repetitive-trauma case like *University of Illinois*. This case involves a specific traumatic injury that occurred at a particular time, specifically, on March 15, 2021. The court in *University of Illinois* implicitly condoned a chain-of-events analysis in cases involving a specific traumatic injury. The court explicitly rejected the chain-of-events analysis without supporting expert medical testimony for repetitive-trauma cases where there is evidence of a preexisting degenerative condition. On this basis alone, we do not find *University of Illinois* applicable, and as such, we need not address employer's argument that a different standard of review is required.

¶ 65 However, even if we assumed, *arguendo*, this case was a repetitive-trauma case akin to *University of Illinois*, we do not find there is evidence of a preexisting degenerative condition. In *University of Illinois*, the court noted "[t]he medical records revealed that the claimant had osteoarthritis and other preexisting degenerative conditions in his left shoulder." *Id.* ¶ 44. There is no dispute among the parties that claimant had previous shoulder soreness. While the date of onset of claimant's previous shoulder "soreness" is disputed, claimant testified he had experienced some

type of shoulder discomfort prior to his injury on March 15, 2021. Employer points to two preexisting conditions: a thyroid dysfunction and a frayed labrum. We do not find employer's arguments persuasive that either preexisting condition sufficiently establishes a preexisting degenerative condition to make *University of Illinois* applicable.

¶ 66 The evidence of claimant's thyroid dysfunction came from Dr. Gomez-Galan's medical records, which showed claimant had been diagnosed with hypothyroidism, and Dr. Neal's deposition, where he believed, based on "clinical instinct," claimant had a thyroid dysfunction. Dr. Neal stated his diagnosis of adhesive capsulitis was either idiopathic or associated with a thyroid dysfunction. However, Dr. Neal specifically stated, "Whether or not [claimant] has a thyroid condition doesn't—was not part of the foundation for making the [adhesive capsulitis] diagnosis." Because claimant's thyroid dysfunction was not necessary for Dr. Neal's opinion, it cannot be the case that claimant was required to prove his work injury was not merely the result of his preexisting shoulder condition caused by hypothyroidism.

¶ 67 Evidence of claimant's frayed (or torn) labrum appeared in the MRI performed after the traumatic injury at work. There is no evidence claimant had any labral fraying, tearing, or maceration prior to his work injury on March 15, 2021. Employer argues that claimant admitted to experiencing shoulder pain prior to March 15, 2021, but claimant's own testimony is not medical evidence of a preexisting degenerative condition of his shoulder. The only medical records prior to claimant's work injury on March 15 came from Dr. Gomez-Galan. His records go back several years prior to claimant's work injury and are completely silent regarding any issues involving claimant's shoulder. Dr. Suchy's records articulated a direct causal relationship to claimant's work injury on March 15 and labral tearing. Dr. Neal opined claimant's MRI report indicated a "basically normal" finding, thereby disputing the significance of any labral tearing. Therefore, given this evidence, we find the Commission did not err in determining claimant had sufficiently

shown the absence of any shoulder complaints to his primary care physician Dr. Gomez-Galan. The absence of such evidence, in light of Dr. Suchy's direct causal finding that claimant's shoulder condition was caused by his work injury and not merely the result of preexisting labral fraying, was sufficient to support the Commission's determination.

¶ 68 C. Dr. Suchy's Causation Opinion Claim

¶ 69 Employer argues Dr. Suchy's causation opinion was not a valid expert opinion and was not sufficiently supported by facts from the record. In support, employer cites *Sunny Hill of Will County v. Illinois Workers' Compensation Comm'n*, 2014 IL App (3d) 130028WC.

¶ 70 In *Sunny Hill*, the claimant sustained an injury to her shoulder, neck, and lower back due to an accident at work in December 2008. *Id.* ¶ 7. All of the claimant's treating physicians identified the work accident in December as the causal factor of the claimant's ongoing shoulder problems. *Id.* ¶ 36. The claimant underwent an independent medical examination by Dr. Walsh in June 2009. *Id.* ¶ 10. However, Dr. Walsh's report was not admitted into evidence at the arbitration hearing, nor was it included in the record on appeal. *Id.* The only reference to Dr. Walsh's findings came from the claimant's treating physicians. *Id.* The claimant's treating physicians referenced Dr. Walsh's conclusion the claimant's injuries were not related to the December work accident, and Dr. Walsh released the claimant to work without restrictions. *Id.* On review, the employer argued Dr. Walsh's opinion was more persuasive than the claimant's treating physicians. *Id.* ¶ 36. The appellate court stated the employer never introduced Dr. Walsh's report into evidence, nor did he testify. *Id.* The court noted: "Other than a brief mention in the initial report of Dr. Romeo and in Dr. Markarian's deposition, Dr. Walsh's causation opinion appears nowhere else. Moreover, the record is barren of any basis or foundation supporting Dr. Walsh's opinion." *Id.*

¶ 71 We find *Sunny Hill* distinguishable from the instant matter. Unlike in *Sunny Hill*, Dr. Suchy's report was admitted into evidence and is part of the record. Second, as we noted earlier,

it is the function of the Commission to decide questions of fact and to assess and weigh the credibility of the evidence. *Hosteny*, 397 Ill. App. 3d at 674. Employer has not shown Dr. Suchy's report is inadmissible or unreliable.

¶ 72 D. Dr. Gomez-Galan's Medical Records Claim

¶ 73 Finally, employer argues the Commission erred in rejecting Dr. Neal's opinion because Dr. Gomez-Galan's records show claimant had a thyroid dysfunction and was prescribed levothyroxine medication. Therefore, according to employer, when the Commission stated in its findings there were no records supporting claimant's treatment for a thyroid dysfunction prior to his injury, the Commission findings were clearly erroneous.

¶ 74 We do not find employer's argument persuasive. Employer simply points to Dr. Gomez-Galan's records but offers no explanative analysis of the significance of claimant's thyroid dysfunction or the relevance of his prescribed levothyroxine. This court is not a repository for employer to dump the burden of argument and research. *Stenstrom Petroleum Services Group, Inc. v. Mesch*, 375 Ill. App. 3d 1077, 1098 (2007). Moreover, Dr. Neal explicitly stated claimant's thyroid condition was not necessary for his diagnosis. Thus, even if employer had provided a sufficient explanation of the significance of claimant's thyroid dysfunction and prescribed levothyroxine supported by evidence in the record, it would not validate Dr. Neal's testimony. Additionally, such an explanation would also not give Dr. Neal's testimony more weight than the Commission already accorded it. *Sunny Hill*, 2014 IL App (3d) 130028WC, ¶ 36 ("[I]t is the province of the Commission to determine the credibility of witnesses and the weight to be accorded their testimony.").

¶ 75 III. CONCLUSION

¶ 76 For the reasons stated, we reverse the circuit court's judgment and reinstate the Commission's decision.

¶ 77 Judgment reversed; Commission's decision reinstated.