BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. **H205944**

DENIA ARTEAGA-MEJIA, EMPLOYEE	CLAIMANT
POPEYE'S, EMPLOYER	RESPONDENT
TRAVELERS INDEMNITY COMPANY, CARRIER/TPA	RESPONDENT

OPINION FILED **JUNE 18, 2026**

Hearing before ADMINISTRATIVE LAW JUDGE JOSEPH C. SELF in Springdale, Washington County, Arkansas.

Claimant represented by EVELYN E. BROOKS, Attorney, Fayetteville, Arkansas.

Respondents represented by GUY A. WADE, Attorney, Little Rock, Arkansas.

STATEMENT OF THE CASE

On April 2, 2026, the above captioned claim came on for a hearing at Springdale, Arkansas. A pre-hearing conference was conducted on February 12, 2026, and a pre-hearing order was filed on February 13, 2026. A copy of the pre-hearing order has been marked as Commission's Exhibit #1 and made a part of the record without objection.

At the pre-hearing conference the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.

2. The employee/employer/carrier relationship existed on August 4, 2022.

3. Claimant sustained a compensable left shoulder and left hip injury on August 4, 2022.

By agreement of the parties, the issues to be litigated and resolved at the forthcoming hearing were limited to the following:

1. Whether claimant is entitled to temporary total disability benefits from date last worked to a date yet to be determined.

2. Whether claimant is entitled to medical benefits.

3. Attorney fees.

All other issues are reserved by the parties.

The claimant contends that "She is entitled to left shoulder surgery as recommended by Dr. Dougherty. Claimant contends she is entitled to temporary total disability benefits from her date last worked to a date yet to be determined. Claimant reserves all other issues."

The respondents contend that "They accepted the claim as compensable and paid the applicable benefits. Claimant was released with no restrictions or impairment. Claimant's current claim for treatment is over 2 years after the injury and is not reasonable, necessary, or related to the work event."

From a review of the entire record including medical reports, documents, and other matters properly before the Commission, and having had an opportunity to hear the testimony of the witnesses and to observe their demeanor, the following findings of fact and conclusions of law are made in accordance with A.C.A. §11-9-704:

FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The stipulations agreed to by the parties at a pre-hearing conference conducted on February 12, 2026, and contained in a pre-hearing order filed on that same date are hereby accepted as fact.

2. Claimant has failed to prove by preponderance of the evidence that she is entitled to additional medical benefits as recommended by Dr. Christopher Dougherty for her compensable left shoulder and left hip injury.

3. Claimant has failed to prove by a preponderance of the evidence that she is entitled to temporary total disability benefits from October 25, 2024, to the date of the hearing.

FACTUAL BACKGROUND

The prehearing order recited that the parties stipulated that claimant sustained a compensable left shoulder injury but made no mention of the left hip injury. Respondents announced that it was also stipulating that claimant had suffered a compensable injury to her left hip and specified that it accepted both a left hip contusion and a left shoulder contusion on August 4, 2022. Claimant announced she was not in a position to submit the issue of claimant's average weekly wage and reserved that issue.

Following the hearing, I requested briefs from the parties on the issues presented at trial. Those briefs were very much appreciated and are blue backed to the record of this case.

HEARING TESTIMONY

Claimant provided the only testimony, both by deposition and at the hearing. On August 4, 2022, while working for Popeye's, she slipped and fell to the floor, landing on her left side. She immediately experienced pain in her left shoulder and left hip. No medical care was offered by the employer at the time of the accident, so her son picked her up from work and took her to the emergency room. Claimant denied having any left shoulder or left hip problems before that incident that restricted her activities or required ongoing medical treatment. She testified that she had been a patient at Community Clinic for many years; had she been having continuing complaints involving those body parts, those records would reflect it. She acknowledged a prior billing entry referencing shoulder pain but denied any ongoing shoulder condition before the work injury.

After the fall, claimant reported left shoulder and left hip pain throughout treatment. She initially treated through Conservative Care Occupational Health and later with Dr. Maryanov. She testified that many of Dr. Maryanov's treatment recommendations were denied by workers' compensation.

Claimant returned to work for respondent after the accident but was fired in November 2022 for not being able to fill her shift. She stated she was still on light duty at that time. Claimant went to Chick-fil-A in March 2023, where she worked for approximately a year and a half before she was terminated in October 2024 for not working on a scheduled shift.

By October 2024, claimant said her left shoulder and hip symptoms had worsened to the point that she could no longer keep working even with accommodations. She described ongoing pain in the left shoulder with lifting and reaching, and pain in the left hip with prolonged standing, walking, and stairs. After respondents stopped authorizing treatment with Dr. Maryanov, she said she could not afford consistent medical care and sometimes could not afford her diabetic medication.

Claimant obtained a change of physician to Dr. Christopher Dougherty. He examined her, reviewed diagnostic imaging, and recommended surgery for both the left shoulder and the left hip. She testified that her symptoms were never resolved after the work accident and that she wanted to proceed with the recommended treatment.

On cross-examination, claimant acknowledged that she continued working after the injury and that there were times during therapy when she reported improvement, but she disputed that her condition ever completely resolved. She denied exaggerating her symptoms and said she tried to cooperate with treatment and testing throughout, even though she continued to experience pain in her left shoulder and left hip. She acknowledged that imaging documented degenerative findings in the left shoulder but maintained that she had been asymptomatic before the fall and had been fully able to perform her work duties without restrictions or accommodations.

On redirect, claimant repeated that she had not experienced ongoing shoulder problems requiring treatment or medication before August 4, 2022. She described bruising and swelling on her left side after the fall and said therapy addressed both her shoulder and her hip. She clarified that the

pain and bruising extended through the left arm and hand as well as the left hip and thigh, and that a bump or protrusion developed on the outside of the hip and remained present afterward. She maintained that she gave her best effort during the functional capacity evaluation and continued to have problems involving both body parts at the time of testing.

Claimant acknowledged that no physician formally removed her from work after October 2024. Still, she said that because of her ongoing symptoms and inability to continue working with accommodations, she did not believe she remained capable of substantial gainful employment.

REVIEW OF THE EXHIBITS

Claimant was seen in the Mercy Hospital Northwest Arkansas Emergency Department on August 4, 2022, following the fall. She complained of pain involving the left shoulder, left hip, lower back, and head. Examination showed mild tenderness around the left shoulder and swelling versus deformity involving the left hip. She was treated conservatively and discharged in stable condition. (C.X.1, p.4)

At Community Clinic on August 12, 2022, claimant reported left hip pain only. She was diagnosed with contusion of the left hip and left thigh and released to return to work. A return visit on August 22, 2022, again reflected only left hip complaints. (R.X.1, p.23,25)

On August 19, 2022, PA J. Daniel Nicholas evaluated claimant at Conservative Care Occupational Health. She reported left arm and left leg pain. The left shoulder showed pain on motion and palpation without swelling, weakness, or other objective abnormality. The left hip likewise showed pain on motion and palpation without deformity or instability. X-rays of the left shoulder, left hip, and lumbar spine showed no acute findings, with mild degenerative changes noted at the hip and spine. PA Nicholas diagnosed contusion of the head, contusion of the left hip, left shoulder pain, and low back pain. He related the complaints to the work incident, placed claimant on restricted duty, and

referred her for physical therapy. (C.X.1, p.10-12)

A left shoulder MRI performed September 13, 2022, showed bursal surface fraying of the distal supraspinatus fibers without evidence of tear, tendinopathy of the infraspinatus without tear, and moderate degenerative changes of the AC joint. [C.X.1, p.30)

Physical therapy continued through November 2022 at ApexNetwork. Early sessions showed gradual improvement in shoulder range of motion and strength alongside persistent left-scapular complaints. A rash and blisters appeared in the armpit and scapular region by the September 6 session; PA Nicholas saw claimant the following day, diagnosed shingles, and referred her to her primary care physician for that condition while continuing therapy for the shoulder. In the October 18 session, claimant reported her manager was directing her to perform normal work duties despite documented restrictions. The November 1 session reflected left shoulder flexion of 160 degrees at full strength, abduction of 130 degrees at 4+/5, and internal rotation at full strength, with the therapist noting improved strength and the ability to lift above prior restrictions. (C.X.1, p.35-67)

At the recheck on October 28, 2022, claimant reported overall improvement but said she was not back to normal. The left shoulder showed no pain on motion or palpation, normal strength, normal range of motion, and negative Hawkin's and empty-can testing. The left hip continued to show pain on motion and palpation. Her lifting restriction was expanded to thirty pounds and a functional capacity evaluation was ordered. (C.X.1, p.63-65)

On November 22, 2022, claimant reported improvement involving the left hip but said she continued hurting otherwise. The left shoulder again showed normal findings on examination, with persistent complaints involving the left hip. Restricted duty was maintained with follow-up scheduled in one month. (C.X.1, p.70-72)

By December 28, 2022, claimant reported slight improvement involving both the left shoulder

and left hip but continued pain with lifting, bending, and twisting activities. The same examination pattern was noted. Her restrictions were maintained, and a functional capacity evaluation was again ordered. (C.X.1, p.73-75)

A functional capacity evaluation was performed January 9, 2023. Full light capacity with abilities into the medium range was demonstrated, but the evaluator noted that overall test findings and clinical observations suggested variable effort and raised questions regarding the reliability of claimant's reported pain and disability. Specific concerns included lack of a bell-shaped curve on grip testing, REG values far exceeding those from MVE testing, and a mismatch between cervical range of motion during formal versus distraction-based testing. (R.X.1, p.35-57)

On January 17, 2023, PA Nicholas reviewed the FCE findings with claimant. He noted that the evaluation showed unreliable effort for the neck and shoulder and found inconsistency in her hip and shoulder presentation. He released claimant to return to work without restrictions or permanent impairment and recommended no additional treatment, referring her to neurology for continued headache complaints. (C.X.1, p.84-88)

Treatment at Fort Neuro began in March 2023. At the initial visit on March 16, 2023, Dr. Maryanov diagnosed Complex Regional Pain Syndrome I of the left upper limb and Post Traumatic Stress Disorder, in addition to an unspecified intracranial injury without loss of consciousness. A Stellate Ganglion block was ordered for the intractable CRPS, and neurocognitive and WAVI EEG testing was scheduled. Examination of the upper and lower extremities showed full strength and full range of motion, and left hip inspection was normal. (C. X.1, p.90-96)

At the April 7, 2023, visit, the active problem list included Chronic Pain Syndrome, Complex Regional Pain Syndrome I of the left upper limb, and unspecified intracranial injury without loss of consciousness, in addition to diabetes and hypertension. New weakness on the left side was reported

at that visit. Pain was rated 6/10 at its least and 7/10 at its worst, with the worst area located in the head and radiating to the left arm and right fingers. (C.X.1, p.97-99)

Fort Neuro treatment continued through at least August 2023, with records reflecting continuing complaints of headaches and pain symptoms. By June 8, 2023, the worst area of reported pain remained in the head. (C.X.1, p.107)

At Community Clinic on December 11, 2024, claimant reported more frequent falls due to left hip pain and instability. The shoulder showed normal range of motion without crepitus, edema, or erythema, with tenderness to palpation at the AC joint. Hip examination showed normal range of motion without deformity or edema, with tenderness along the lateral aspect of the leg. (C.X.1, p.119-120)

Claimant requested a change of physicians, and Dr. Christopher Dougherty first evaluated claimant on April 2, 2025. He made preliminary diagnoses of a partial thickness rotator cuff tear involving the left shoulder and an acetabular labral tear involving the left hip and ordered MR arthrograms of both the affected shoulder and hip, which Travelers authorized. (C.X.1, p.121) Those studies did not confirm his preliminary diagnoses. The hip MR arthrogram performed May 7, 2025, showed a pincer lesion and focal CAM with no discrete labral tear. At the May 22, 2025, visit, the hip diagnosis was changed to trochanteric bursitis based on examination findings over the greater trochanter, and left hip trochanteric bursectomy was recommended. (C.X.1, p.124; R.X.1, p.70)

A left shoulder MRI without contrast performed June 1, 2025, at Northwest Medical Center in Bentonville showed rotator cuff tendinosis without tear, AC joint arthritis, and bicep effusion — a pattern consistent with the September 2022 MRI, which had likewise shown tendinopathy and degenerative changes without evidence of tear. A left shoulder arthroscopy with subacromial decompression, distal clavicle resection, and bicep tenotomy was recommended. Surgical options were

discussed with claimant and her daughter at the May 21 and June 11 visits, and claimant was advised to consider her options. (C.X.1, p.127,133; R.X.1, p.71-72; C.X.1, p.30)

ADJUDICATION

Claimant has the burden of proving entitlement to the requested benefits by a preponderance of the evidence. Ark. Code Ann. § 11-9-705(a)(3). An employer is required to provide medical treatment reasonably necessary in connection with a compensable injury. Ark. Code Ann. § 11-9-508(a). The Commission determines the credibility and weight of the medical proof and is not bound by the opinion of any particular physician. *Wal-Mart Stores, Inc. v. Brown*, 82 Ark. App. 600, 120 S.W.3d 153 (2003).

The parties stipulated that claimant sustained a compensable left shoulder injury and a left hip injury on August 4, 2022. The issues before me are whether the surgical treatment recommended by Dr. Dougherty is reasonably necessary in connection with that injury, and whether claimant is entitled to additional temporary total disability benefits.

MEDICAL TREATMENT

The September 13, 2022, MRI showed fraying of the distal supraspinatus fibers without evidence of tear and moderate degenerative changes of the AC joint. The June 1, 2025, shoulder MRI likewise showed rotator cuff tendinosis without tear. Dr. Dougherty's preliminary shoulder diagnosis of a partial thickness rotator cuff tear was not confirmed by the imaging. With respect to the hip, the MR arthrogram performed May 7, 2025, showed a pincer lesion and focal CAM with no discrete labral tear and no evidence of bursitis. That study did not confirm his preliminary diagnosis of an acetabular labral tear, and his subsequent diagnosis of trochanteric bursitis was likewise not supported by the imaging findings.

The treatment history does not support surgery. By October 2022, the left shoulder showed

normal findings on examination. After reviewing the January 2023 functional capacity evaluation — which flagged variable effort and specific reliability concerns — PA Nicholas released claimant without restrictions or permanent impairment and recommended no further treatment. Claimant later worked at Chick-fil-A for approximately a year and a half after that release.

The Fort Neuro records do not establish Complex Regional Pain Syndrome as a basis for the additional treatment requested in this claim. Dr. Maryanov diagnosed CRPS in March 2023, but the records as a whole do not connect that diagnosis to the left shoulder and left hip conditions for which surgery is now sought. The requested treatment is not shown on this record to be reasonably necessary in connection with the compensable injury.

As claimant failed to prove by a preponderance of the evidence that the surgeries recommended by Dr. Dougherty are reasonably necessary in connection with the compensable injury, her claim for additional medical treatment is denied.

TEMPORARY TOTAL DISABILITY

Claimant likewise failed to prove entitlement to additional temporary total disability benefits for her unscheduled injuries to her shoulder and hip. An injured worker with an unscheduled injury is entitled to temporary total disability during the period she remains within her healing period and is totally incapacitated from earning wages. *Ark. State Hwy. & Transp. Dep't v. Breshears*, 272 Ark. 244, 613 S.W.2d 392 (1981). The healing period ends when the underlying condition has stabilized such that further treatment will not result in improvement. *Farmers' Cooperative v. Biles*, 77 Ark. App. 1, 70 S.W.3d 191 (2002). Total incapacity to earn wages is a separate inquiry from the existence of work restrictions, and a physician's opinion that a claimant should not work does not by itself establish that she is totally unable to earn wages in any capacity. *Tyson Poultry, Inc. v. Narvaiz*, 2012 Ark. 36, 386 S.W.3d 1.

PA Nicholas released claimant to regular duty without restrictions on January 17, 2023, finding no permanent impairment and recommending no further treatment. Claimant subsequently worked at Chick-fil-A for approximately a year and a half with accommodations — a work history inconsistent with total incapacity during that period. After leaving Chick-fil-A in October 2024, no physician formally removed claimant from work or documented findings establishing total incapacity to earn wages. Taken together, the January 2023 release, the FCE findings, and the subsequent work history do not establish a continuing healing period with total incapacity during the period for which additional benefits are sought. Claimant's testimony that she did not believe herself capable of substantial gainful employment is not sufficient, standing alone, to carry her burden of proof on this issue. Therefore, claimant's claim for additional temporary total disability benefits is denied.

ORDER

Claimant has failed to prove that treatment recommended by Drs. Dougherty is causally related to her original compensable left should and left hip injury. Claimant has also failed to prove by a preponderance of the evidence that she is entitled to temporary total disability benefits from October 2024 to the date of the hearing. Therefore, claimant's claim for compensation benefits is hereby denied and dismissed.

Respondents are liable for payment of the court reporter's charges for preparation of the hearing transcript.

IT IS SO ORDERED.

JOSEPH C. SELF
ADMINISTRATIVE LAW JUDGE