

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION**

**WCC NO. H009491**

JOSHUA BAKER, Employee	CLAIMANT
INTERNATIONAL PAPER COMPANY, Employer	RESPONDENT
SEDGWICK CLAIMS MANAGEMENT, Carrier	RESPONDENT

**OPINION FILED DECEMBER 13, 2021**

Hearing before ADMINISTRATIVE LAW JUDGE ERIC PAUL WELLS in Russellville, Pope County, Arkansas.

Claimant represented by MICHAEL L. ELLIG, Attorney at Law, Fort Smith, Arkansas.

Respondents represented by JACK TALBOT, Attorney at Law, Pine Bluff, Arkansas.

**STATEMENT OF THE CASE**

On September 21, 2021, the above captioned claim came on for a hearing at Fort Smith, Arkansas. A pre-hearing conference was conducted on June 23, 2021, and a Pre-hearing Order was filed on June 25, 2021. A copy of the Pre-hearing Order has been marked Commission's Exhibit No. 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. On all relevant dates, the relationship of employee-employer-carrier existed between the parties.
3. The respondents have controverted this claim in its entirety.
4. The claimant's weekly compensation rates are \$598.00 for temporary total disability benefits and \$449.00 for permanent partial disability benefits.

By agreement of the parties the issues to litigate are limited to the following:

1. Whether claimant sustained a compensable injury to his left knee and low back on November 12, 2020.
2. Whether claimant is entitled to reasonable and necessary medical treatment for his back and additional medical treatment for his left knee.
3. Whether claimant is entitled to temporary total disability benefits from November 13, 2020 to a date yet to be determined.
4. Whether claimant's attorney is entitled to an attorney's fee.

Claimant's contentions are:

"The claimant contends that he sustained compensable injuries to his low back and left knee in an employment related accident on November 12, 2020 that has and continues to reasonably require medical services and experienced temporary total disability as a result of these compensable injuries. Finally, he contends that the respondents have controverted all benefits that have not previously been paid."

Respondents' contentions are:

"Claimant did not sustain a compensable knee or back injury while employed with respondents, or he cannot carry his burden of proving he sustained a compensable knee or back injury within the meaning of Ark. Code Ann. §11-9-102(4). Claimant initially indicated an injury to his right knee only, then indicated a left knee injury to the treating provider. Initial medical records indicate claimant suffered chronic left knee pain for several years with degenerative changes. There was no swelling, bruising, effusion or abrasion after the allegedly compensable incident, only complaints of pain. There appear to be no objective findings of a compensable injury, as required by Ark. Code Ann. §11-9-102 (4)(D). There appears to be only one mention of pain in claimant's back on November 19, 2020, with nothing further. Claimant cannot carry his burden of proving an injury, if any, was caused by his work or an incident at his work. Claimant was placed on light duty until a release to regular duty on December 11, 2020. Respondents offered work within claimant's restrictions, but he refused it, precluding an award of indemnity benefits. See Ark. Code Ann. §11-9-526."

At the time of the hearing, counsel for respondent made the following statement:

"Judge, I did just have the one clarification about respondents'

contentions. I think the last one that we had listed was that the claimant was offered work within his restrictions and refused it. I think the testimony is going to be he was - - kind of had some issues with his employment prior to this injury and was ultimately let go, so I don't know that it was necessarily that he was offered light duty and refused it. That contention probably needs to be cut back based on what I have said."

The claimant in this matter is a 36-year-old male who alleges that he sustained a compensable injury to his left knee and low back on November 12, 2020. The claimant was employed by the respondent on that date as a forklift driver. At the hearing the claimant gave direct examination testimony about how he alleges his injuries to have occurred as follows:

Q Now, would you describe the accident for the Judge that occurred on November 11, 2020.

A Yes, sir. There is these rails that our forks come into and pick up the cardboard and me and Ken, my foreman- - is that what I call him foreman, I guess- - my head guy out there, a stack of the cardboard had gotten off-kilter and was going to fall, so Ken called me over and we were trying to straighten it up. And in between these rails, there is little pieces of paper and cardboard and the only way to get my foot in there to stand to adjust on the stack was to put my foot straight in one of those allies, you know, where the forks would go in. And while I was adjusting it, my leg slipped on one of the pieces of paper, debris or something and my leg was stuck straight and I fell twisting.

THE COURT: Which leg?

THE WITNESS: I don't remember. I believe it was my right leg I twisted.

THE COURT: Okay.

THE WITNESS: My leg healed, you know, like it should have, but it was – Ken caught me and that is how I got hurt.

Q [BY MR. ELLILG]: Okay. So your right leg was caught and twisted. What about your left leg?

A I forget how I was standing at the stack. It may have been my left leg. My back is what gives me fits from it.

Q Okay. Immediately after this accident, where did you experience pain and difficulties?

A I remember now, sir, it was my left leg. Yes. Ken had to carry me under my left arm. The immediate pain was in my leg because I thought I twist it and broke it. With the way I twisted, I never felt anything like it.

The claimant reported his injury and was taken to Arkansas Occupational Health Clinic that same day. The claimant filled out a document titled “Arkansas Occupational Health Clinic Workers’ Compensation Health History Questionnaire” during his November 12, 2020 visit as found at Respondent’s Exhibit 1, Pages 12 and 13. The claimant indicated “l/knee – adjusting unit twisting and fell on l/leg” to the question, “Description of present injury.” I find no mention of any back difficulties in that document.

On November 12, 2020, the claimant was seen by APRN Amanda Bell at Arkansas Occupational Health Clinic. Following is a portion of that medical record:

CHIEF COMPLAINT  
LEFT TIB FIB PAIN.

PATIENT DESCRIPTION OF ACCIDENT  
Patient states when adjusting right foot, Left foot slipped and twisted out from under him.

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HISTORY OF PRESENT ILLNESS  
Joshua’s primary probmel is pain located in the left tibfib. He describes it as sharp throbbing. He considers it to be moderate. The problem began on 11/12/2020. Joshua says that it seems to be constant. He has noticed that it is made worse by moving it. It is improved with nothing. He feels it is getting worse.

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EXAMINATION  
Left Lower Leg: An effusion is not present. An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. Pain on motion. A rash is not present. Swelling is not present. Range of motion is normal. Strength is normal. Pedal pulses are present. Patient reports pain to the medial and anterior mid shin. A lesion is not present. Nodularity is not present. Pain on motion is present over the lower leg.

Patient is able to dorsi-flex and plantar-flex his left ankle. Patient denies pain to his left ankle.

Left Knee: Pain to palpation is present over the posterior knee. Pain on motion is present over the knee. An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. A rash is not present. Nodularity is not present. Valgus stress testing is positive. No obvious swelling is present. Flexion and extension are limited due to pain. Patient reports buckling of the knee. Varus stress testing is positive. Patient reports pain to his medial/lateral knee. The worst pain is reported to the posterior knee. Patient reports pain with knee flexion and extension. Patient reports pain with weight bearing. Strength is limited. Quadriceps appears normal.

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#### IMAGING STUDIES

XRAY – Left Tibia/Fibula: There is no acute abnormalities of the knee or tibia/fibula seen. There is an old healed calcified fracture mid-shaft of the fibula. There are degenerative changes noted to the knee.

Number of views: 2 views were taken of the left tibia/fibula.

#### DIAGNOSIS

1. Left knee pain. (M25.562).
2. Left lower leg pain. (M79.662).

#### TREATMENT PLAN

Patient reports having chronic left knee pain for several years, but it is not currently being treated, and no history of surgery. Today's x-rays indicate degenerative changes and an old injury to the fibula, but no acute findings are seen. The patient has been provided crutches and a hinged knee brace. The patient is instructed to apply ice compresses several times daily, everyday. The patient is instructed to take Ibuprofen 400 mg 4 times daily, and to keep his left leg elevated when sitting. I am placing the patient on temporary restrictions. He is to follow-up in 1 week. A company representative was present in the clinic during today's exam. The patient's spouse was updated on today's exam findings. Warning signs of possible DVT such as redness and swelling to lower leg, and warm and/or hot-to-touch skin, were discussed with the patient and spouse. Patient is to report to the emergency room if concerns or signs of possible DVT develop. All questions have been addressed according to the patient and his spouse.

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#### RECOMMENDED WORK STATUS

Joshua's recommended work status is Restricted Duty. Return to work plan discussed with patient and communicated to the employer.

**RECOMMENDED ACTIVITY RESTRICTIONS**

General: Sedentary duty. Elevate left leg when sitting.  
Crutches as needed.

There was no mention of the claimant's alleged back difficulties in APRN Bell's medical report.

The next day on November 13, 2020 the claimant was again seen by APRN Bell. Following is a portion of that medical record:

**PATIENT STATEMENT ON CURRENT VISIT**

Patient states his left knee pain has gotten progressively worse  
And he was unable to rest at all.

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**HISTORY OF PRESENT ILLNESS**

Joshua's primary problem is pain located in the left knee. He describes it as sharp, aching. He considers it to be moderate. The problem began on 11/12/2020. Joshua says that it seems to be constant. He has noticed that it is made worse by walking, moving it. It is improved with nothing. He feels it is getting worse.

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**EXAMINATION:**

Left Lower Leg: An effusion is not present. An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. Pain on motion. A rash is not present. Swelling is not present. Range of motion is normal. Strength is normal. Pedal pulses are present, a lesion is not present. Nodularity is not present. Pain on motion is present over the lower leg. Patient is able to dorsi-flex and plantar-flex his left ankle. Patient denies pain to his left ankle.

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Left Knee: Pain to palpation is present over the posterior knee. Pain on motion is present over the knee. An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. A rash is not present. Nodularity is not present. Valgus stress testing is positive, no obvious swelling is present, Flexion and extension are limited due to pain. Patient reports buckling of the knee, Varus stress testing is positive. Patient reports pain to his medial/lateral knee (just lateral to the patella). The worst pain is reported just lateral to the patella and radiating toward the posterior knee. Patient reports pain with knee flexion and

extension. Patient reports pain with weight bearing. Strength is limited. Quadriceps appears normal.

#### DIAGNOSIS

1. Left knee pain (M25.562).
2. Pain in left lower leg (M79.662).

#### TREATMENT PLAN

Patient reports increased pain to his left knee, and difficulty falling asleep due to his pain. Patient reports applying ice to his knee for 4 straight hours before attempt to sleep. The patient reports taking 800 mg Ibuprofen every 6 hours. Patient is not wearing his knee brace, and he states that he doesn't care about the brace. Patient is utilizing his crutches. There is no obvious swelling compared to the right knee. The patient was able to tolerate today's physical exam better than yesterday's exam. The patient is again, and instructions were written for the patient today, to apply cool compresses for 10-15 minutes 6-7 times daily. He is to take Ibuprofen 400-600 mg three times daily, and he is to wear his brace (as long as he tolerate the brace) except at bedtime. The patient has been provided a prescription for Tramadol to take at bedtime only. The patient is to keep his original appointment. A company representative was present during today's exam.

The claimant continued on restricted duty with limitations of "sedentary duty. Elevate left leg when sitting. Crutches as needed." There is no mention of back difficulties at this medical visit; however, the Review of Systems section of the report does indicate under the subsection Musculoskeletal that the claimant is negative for back pain.

On November 19, 2020 the claimant was again seen by APRN Bell. Following is a portion of that medical record:

#### PATIENT STATEMENT ON CURRENT VISIT

Patient states that pain in left knee is much worse. If he bends or twists it is excruciating and gives out on him. Patient has acquired low back pain also.

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#### HISTORY OF PRESENT ILLNESS

Joshua's primary problem is limited motion, pain in knee located in the left knee. He describes it as sharp, shooting. He considers it to be moderate. The problem began on 11/12/2020. Joshua says that it seems to be constant. He has noticed that it is made worse by bending. It is improved

with nothing. He feels it is getting much worse.

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#### TREATMENT PLAN

Patient reports continued pain to his left knee with occasional buckling with pivoting. The patient is able to walk without crutches today. I am adjusting the patient's restrictions. He is to continue applying cool compresses several times daily. The patient has been provided a prescription for Lodine to take twice daily for pain. He is to stop taking Ibuprofen. The patient is to continue his knee brace. I am requesting an MRI of the left knee. All questions have been addressed according to the patient. Incidentally, the patient reports today of some low back pain development that began around his 2<sup>nd</sup> exam with me. Patient did not mention [h]is low back pain at this time. The patient denies any specific even (sic) to trigger his back pain, but states that is gradually started.

The claimant was referred for an MRI of his left knee and remained in restricted duty with the following restrictions, "Sit/stand/walk as tolerated, no push/pull/lift more than 20 lbs., crutches as needed, no climbing ladders or squatting."

On December 9, 2020 the claimant was seen at Millard-Henry Clinic of Russellville by Dr. Michael McAlister. The Chief Complaint portion of that medical record states, "Follow up: discuss getting a gastro referral right side pain." The physical examination portion of that report under the subsection Musculoskeletal states, "Motor strength and tone: motor strength 5/5 BUE and BLE. Joints, bones, and muscles: normal range of motion." I find no mention of left knee or back problems in this medical record.

On December 11, 2020 the claimant was again seen at the Arkansas Occupational Health Clinic. However, this time he was seen by APRN Cynthia Johnson. Following is a portion of that medical record:

#### PATIENT STATEMENT ON CURRENT VISIT

Patient states his right leg is feeling much better and states his knee only hurts when moving certain ways and it tries to catch.

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#### HISTORY OF PRESENT ILLNESS

Joshua's primary problem is pain located in the left knee. He describes it as aching. He considers it to be moderate. The problem began on 11/12/2020. Joshua says that it seems to be intermittent. He has noticed that it is made worse by walking. It is improved with rest. He feels it is improving.

#### COMMENTS ON HISTORY OF PRESENT ILLNESS

This is the first time I have seen Joshua for this problem.

#### REVIEW OF SYSTEMS

Musculoskeletal: Positive for joint pain, limited motion, and back pain. Negative for bruises, neck pain, joint swelling, prosthesis, fractures, and arthritis.

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#### DIAGNOSIS

1. Left knee pain (M25.562).
2. Pain in left lower leg (M79.662)

#### ASSESSMENT

Company representative accompanied patient to exam today. Compliant with medication and restrictions.

#### TREATMENT PLAN

He was given an opportunity to ask questions about his care. He verbalized understanding. No further treatment is required.

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#### RECOMMENDED WORK STATUS

Joshua's recommended work status is Regular Duty. Return to work plan discussed with patient and communicated to the employer.

On February 25, 2021 the claimant was seen at Capella Healthcare in Russellville by Dr. Ronald White. The claimant's chief complaint was "abdominal pain with variable bowel habits and diarrhea." The physical examination portion of that medical record under the subsection Back states: "No CVA or spine tenderness."

On March 10, 2021 the claimant was again seen by Dr. McAlister at Millard-Henry Clinic. The History of Present Illness portion of that report discusses the claimant's back pain as follows:

#### HPI

Chronic low back pain: While adjusting the lift for a fork lift he fell when his foot was stuck in the left. He injured his

knee right knee and lower back. HE states that this occurred 4 months ago. HE states that his knee is better, but his back is still hurting. He states that he has pain with flexion and extension.

The Assessment/Plan portion of that same medical record in part states:

Chronic low back pain – While adjusting the lift for a fork lift he fell when his foot was stuck in the lift. He injured his knee right knee and lower back. HE states that this occurred 4 months ago. HE states that His knee is better, but his back is still hurting. I am going to start him on meloxicam 15 mg p.o. daily for 10 days as well as tizanidine 4 mg. p.o. 3 times daily as needed for muscle spasms.

An x-ray of the claimant’s lumbar spine was ordered at that time. Following is a portion of that diagnostic report:

HISTORY: Chronic low back pain.

FINDINGS: Vertebral bodies heights are maintained. There are degenerative changes at the T12-L1 level with loss of disc space height. Paraspinal soft tissues are unremarkable.

IMPRESSION: Degenerative changes predominantly at T12-L1.

The claimant was again seen at Millard-Henry Clinic on April 2, 2021. The claimant’s chief complaint was “sleep study, F/U LBP.” The History of Present Illness portion of that medical record addresses the claimant’s back complaints as follows:

HPI

Chronic low back pain: While adjusting the lift for a fork lift he fell when his foot was stuck in the lift. He injured his knee right knee and lower back. HE states that this occurred 4 months ago. HE states that his knee is better, but his back is still hurting. He states that he has pain with flexion and extension.

The Assessment/Plan portion of that medical record addresses the claimant’s back complaints as follows:

Assessment/Plan

Chronic low back pain – While adjusting the lift for a fork lift he fell when his foot was stuck in the lift. He injured his knee right knee and lower back. HE states that this occurred 5 months ago. HE states that his knee is better, but his back is still hurting. Patient wants to use a different physical therapy location so we will get him set there. We will continue to follow and I will see him back in 2 months.

The claimant was again seen by Dr. McAlister on June 2, 2021. The claimant's back complaints were discussed in the History of Present Illness of that medical report as follows:

Patient is a 36-year-old white male who comes to clinic today for follow-up. At his last appointment the following information was obtained:

“PT had an x-ray of his lumbar spine and some osteoarthritis mostly at the T12-L1 level was found. At that time we set him up with PT. patient states that he did not go to the hospital. He states that the lady that was scheduling was a little rude and he would like to go to a different physical therapy facility. We're going to get him set up with River Valley therapy and will continue to follow.

In the physical examination section of that medical report, the claimant's back is addressed and states, “Back Thoracolumbar appearance: **Pain to flexion and extension of the lumbar spine with noted muscle spasms.**” The Assessment/Plan portion of that same medical record addresses the claimant's back and states:

Degeneration of lumbar intervertebral disc – Will continue on his current medication regimen. M51.36: Other intervertebral disc degeneration, lumbar region.

The central issue in this matter regards whether the claimant sustained a compensable injury to his left knee and low back on November 12, 2020. In order to prove that he sustained compensable injuries to those body parts the claimant must prove the existence of objective medical findings regarding his left knee and low back. If the claimant is able to prove the existence of objective medical evidence, it

will then be the claimant's burden to prove a causal connection between those objective medical findings and the accident he alleges to have occurred on November 12, 2020.

I will first address the claimant's allegations that he sustained a compensable left knee injury on November 12, 2020. The claimant has apparently had difficulties in identifying if he was injured on his right or left leg. That is apparent in his testimony previously cited in this opinion and in his statement that he handwrote about the incident which is found at Respondent's Exhibit 2, Page 1. However, the treatment the claimant first sought on November 12, 2020 at the Arkansas Occupational Health Clinic certainly addressed his left leg and/or knee. That medical record, which included examination of the claimant's left knee, did note pain to palpation present over the knee and pain with motion. No abrasion, bruising, erythema, open wound, rash, nodularity, or obvious swelling were present. The claimant's visit the next day had the same physical examination results.

The claimant underwent x-rays of his lower extremity which found "no acute abnormalities of the knee or tibia/fibula seen. There is an old healed calcified fracture midshaft of the fibula. There are degenerative changes noted to the knee."

After review of all of the medical records submitted into evidence, it does not appear that any objective medical evidence of the injury the claimant alleges exists in the record. The medical evidence only demonstrates the existence of pain and degenerative changes. The pain complaints are not objective medical evidence and the degenerative changes are not related to the acute injury the claimant alleges. The claimant is unable to prove that he sustained a compensable left knee injury.

I will now consider the claimant's allegations that he sustained a compensable low back injury. The claimant was asked on direct examination about any back problems that he had prior to November 12, 2020 in his direct examination testimony as follows:

Q And prior to the time of this accident, had you had some problems with your back in the past?

A No, sir.

Q What problems are you having right now?

A Back pain. No such thing as comfortable anymore. I can't stand up for very long. I have gained almost 50 pounds for lack of being able to exercise. I have always been a fairly active person.

On cross-examination the claimant was asked about prior back problems as follows:

Q I want to ask you first about your health condition prior to your injury that you are alleging on November the 12<sup>th</sup> of 2020. I think you testified a minute ago that you said you've never had back problems prior to that day?

A No.

Q Okay. Had you ever complained to a doctor that you had chronic back pain, muscle pain, cramps?

A No, sir.

Q If your medical records reflect otherwise, they are just wrong?

A Yes, sir.

Q Okay. Do you recall giving a health history to IP before you started working there?

A Yes, sir.

Q Could you turn to that packet there that is in front of you, the longer one, and if you will look in the lower right-hand corner of those pages of each page, there is a number, a page number. If you will turn to the one that is Page 9. Is that the health history you gave to IP?

A Yes, sir. I don't remember saying - - I don't remember writing back pain for any reason.

Q Okay. If you look at Section B right past the middle of the page in that box Item 11 says - - or Section B says, "In the past five years, have you been told that you had one of the following health problems or have you been provided medical treatment for?" And then you mark "yes" on No. 11, "Back pain and sciatica." Do you see that?

A I do, sir.

Q And then down at the bottom it says, “Explain any Yes answers,” and you wrote, “Back pain” there; is that Right?

A Yes, sir.

Q Okay. What was the back pain - - what prompted you to mark that and write down back pain on this health history?

A Beyond just a muscle tensing up issue here and there, I don’t recall any.

Q Okay. Whatever you had had was significant enough, Though, that you marked it on this health history?

A Yes, sir.

Q As back pain being a problem you had experienced in the past?

A I’m sorry, sir, can I correct myself? I had been taking potassium chloride because of having muscle spasms and now that I am taking potassium chloride given to me by Brad McAlister, I don’t have the muscle spasms anymore. But that is what that was referring to.

Q When you marked back pain on that health history, you were referring to muscle spasms that you had from time to time?

A Yes, sir, due to low potassium.

The claimant’s prior medical records introduced by the respondent clearly show the claimant’s chronic back difficulties prior to his alleged November 12, 2020 back injury. In a November 2019 medical record from CHI St. Vincent-Heart Clinic states under the Review of Symptoms subsection Musculoskeleton: “Chronic back pain, muscle pain or cramps.” The claimant’s January 3, 2020 visit to CHI St. Vincent-Heart Clinic states the same. On July 2, 2020 the claimant completed a Post-Offer-Pre-Placement Health History for the respondent through Arkansas Occupational Health Clinic. Those documents are found at Respondent’s Exhibit 1, Pages 9 -11. The claimant was asked in that document at Section B, “In the past five YEARS have you been TOLD that you had one of the following health

problems, or have been provided MEDICAL TREATMENT for: .” Multiple conditions are numbered and listed. However, in Number 11, “Back pain and sciatica” the claimant in his response circled “Yes.” The document also asked to explain any “yes” answers to Numbers 10 through 13. The claimant handwrote “back pain, high blood pressure.” The claimant’s memory has appeared deficient throughout testimony in this matter. I believe this contrast between his testimony of no back problems prior to his alleged November 12, 2020 back injury and the documentary evidence including documents he personally completed appear to be untruthful instead of forgetful. The claimant’s credibility is low in this matter as I believe he has been untruthful with the Commission, particularly regarding his alleged back injury.

The claimant’s first mention of back pain in any medical record is found in the Arkansas Occupational Health Clinic medical record by APRN Bell on November 19, 2020, seven days after his alleged compensable injury to his back. At that time APRN Bell notes, “Patient has acquired low back pain also.” She also states in the medical record from that visit in the subsection Treatment Plan, “Incidentally, the patient reports today of some low back pain development that began around his second exam with me. Patient did not mention his low back pain at this time. The patient denies any specific even (sic) to trigger his back pain, but states that it gradually started.” On March 10, 2021 the claimant underwent an x-ray of his lumbar spine. That Impression as previously stated was, “Degenerative changes predominantly at T12-L1.” Dr. McAlister had ordered that radiology report. In his following report, Dr. McAlister stated, “Pt had an x-ray of his lumbar spine and ome (sic) ostoarthritis, mostly at the T12-L1 level was found.” Finally, in Dr. McAlister’s June 2, 2021 report he stated, “pain to flexion and extension of the lumbar spine with noted muscle spasm.” It is clear that the claimant has objective medical findings regarding his back difficulties. However, these back difficulties do not appear to be related to his alleged November 12, 2020 injury. The claimant did not initially report any back difficulties and it wasn’t until his third visit with APRN Bell that he reveals to her that he is having back difficulties on November 19, 2020. Given the claimant’s untruthfulness with the Commission about his prior back difficulties it seems more likely than not that his current complaints of back difficulties are

associated with problems that predated his alleged November 12, 2020 incident. Instead, those objective medical findings appear to be related to prior back difficulties that while the claimant denies to the Commission having, medical records and his own handwritten statement in his Pre-Health Assessment show existed. The claimant has failed to prove by a preponderance of the evidence that he sustained a compensable injury to his back in his alleged November 12, 2020 incident.

From a review of the record as a whole, to include 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 the pre-hearing conference conducted on June 23, 2021, and contained in a Pre-hearing Order filed June 25, 2021, are hereby accepted as fact.
2. The claimant has failed to prove by a preponderance of the evidence that he sustained a compensable injury to his left knee and low back on November 12, 2020.
3. The claimant has failed to prove that he is entitled to medical treatment for his back and additional medical treatment to his left knee.
4. The claimant has failed to prove by a preponderance of the evidence that he is entitled to temporary total disability benefits.
5. The claimant has failed to prove that his attorney is entitled to an attorney's fee in this matter.

**ORDER**

Pursuant to the above findings and conclusions, I have no alternative but to deny this claim in its entirety.

**IT IS SO ORDERED.**

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**HONORABLE ERIC PAUL WELLS  
ADMINISTRATIVE LAW JUDGE**