

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION**

**WCC NO. H400841**

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| SHERRI BASS, Employee                    | CLAIMANT   |
| NATIONAL OPINION RESEARCH CTR., Employer | RESPONDENT |
| THE HARTFORD, Carrier                    | RESPONDENT |

**OPINION FILED JANUARY 22, 2026**

Hearing before ADMINISTRATIVE LAW JUDGE ERIC PAUL WELLS in Springdale, Washington County, Arkansas.

Claimant unrepresented and appearing *pro se*.

Respondents represented by RANDY P. MURPHY, Attorney at Law, Little Rock, Arkansas.

**STATEMENT OF THE CASE**

On October 28, 2025, the above captioned claim came on for a hearing at Springdale, Arkansas. A pre-hearing conference was conducted on March 31, 2025, and a Pre-hearing Order was filed on March 31, 2025. 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. The relationship of employee-employer-carrier existed between the parties on September 16, 2023.
3. The respondents have controverted the claim in its entirety.
4. The claimant was earning sufficient wages to entitle her to compensation at the weekly rates of \$356.00 for temporary total disability benefits.

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

1. Whether Claimant sustained compensable injuries to her bilateral shoulders, bilateral elbows, bilateral hands, and cervical spine on or about September 16, 2023.
2. Whether Claimant is entitled to medical treatment for her bilateral shoulders, bilateral elbows, bilateral hands, and cervical spine injuries.
3. Whether Claimant is entitled to temporary total disability benefits from January 29, 2024, to a date yet to be determined.

The claimant's contentions are as follows:

“The treatment orders were never full-filled. Denied claims. Claims they didn’t notify me were denied. They just told me ‘they were working on it.’ Verbally abused by the treating physicians with false diagnosis and accusations, unlawfully. Physically abused by the treating doctors, for not giving me proper restrictions and re-injuring and increasing the pain. I never had a case manager. I had to contact The Hartford through Insta-Gram. I have real injuries that have yet to receive any treatment at all. Verbal abuse tactics by Randy Murphy, AAL during a 3 way call with the State Attorney. I’ve been begging for treatment for over a year, for a 24 year physical career, that was ruined because of these injuries. Continued injuries for being returned to work without restrictions, over and over. There is a third claim for Cervical with an ER visit from 2022, that was denied after it was reported within the time limits. I am in severe pain and need treatment. I can no longer afford to pay out of pocket.

I would like appreciate restrictions for my dx. I would especially like treatment. I would also prefer the Work Comp Commission to choose where I receive my IME. I have requested IME’s, last year, so I could get treatment on my own, and be MMI’d. They refused to do this, like everything else. Mr. Murphy and his team are badgering me to see THEIR out of town doctor, for an IME, and won’t agree to mediation or a Department Committee approved physician. These records will also show discrimination. Also at the advise of the State Work Comp Legal Department.”

The respondents’ contentions are as follows:

“Claimant has received all benefits to which she is entitled for her compensable work-related injury. Claimant medical records establish that she has numerous physical and emotional problems which are unrelated to the compensable injury. The medical reports of Dr. Diemer, Dr. Benafield, and Dr. Kelly establish that her psychiatric condition is a non-work related independent, intervening cause which has caused and prolongs disability and her needs for treatment. See Ark. Code Ann § 11-9-102(F)(b)(III).”

The claimant in this matter is a 60-year-old female who alleges to have sustained compensable injuries to her bilateral shoulders, bilateral elbows, bilateral hands, and cervical spine on or about September 16, 2023. The claimant appeared *pro se* before the Commission and gave testimony in a narrative form. Following is an effort to highlight portions of the claimant’s narrative testimony regarding the incident or incidents on or about September 16, 2023, in which she alleges she sustained compensable injuries to her bilateral shoulders, bilateral elbows, bilateral hands, and cervical spine:

THE CLAIMANT: So, Your Honor, on September 16<sup>th</sup> and 17<sup>th</sup>, I didn’t have any work restrictions and I was released to work prior to that to do my regular job, which you have pictures and also linked to the video to show what my job entails: Balancing laptops on my hands, lifting a 20-pound bag out of my car in and out multiple times a day, carrying it into people’s homes, sitting in unergonomical places to do my job for up to 90 minutes, two hours or more at a time.

I have to hold out my arms stretched out with a 3-pound table, pinch grip, that the doctors state that I can pinch that and hold that all I want to and it won’t cause any damage.

We have to hold it out with our arms straight in order for the Respondent to take it from us. The Respondents are all elderly or disabled and a lot of times they don’t know how to work that table, so we have to work it for them and hold it out for them and move our arms in awkward positions.

And my job there is – we follow my respondents for four years. There is three different times that we visit them per year.

Every four months we go to these people's houses and reinterview them once they have been put into the study.

Every June a whole new caseload comes out. People that have never been contacted. That lasts from June until December 27<sup>th</sup> or December 31<sup>st</sup>, I'm sorry, or whatever year it may be.

At that time we have new cases of people that are being brought into the study, so we have to – and I am the only employee in the whole state and I have one of the largest caseloads as my documents mention that you already have a copy of.

And so my work equipment is in my passenger's seat, along with the table that I have to grab, and I have to – before I leave, I have to fill up a notebook with all of the cases I have. I have to write down the person's name, their address – we don't get a phone number – their date of birth and so forth in a notebook. And we have to make folders. We have to put labels on them with literature in them to bring to the door. We knock on doors.

So that takes place for half of the year. We are bringing new people into the study. Those new people will be my future work because every year there is respondents leaving the study. So that is my future work. And that is what I am working on when Dr. Deimel and Dr. Benafield said that I could do all of that.

So that particular day I had to knock on doors. I held my arm like a clipboard, my left arm like a clipboard for four hours, Your Honor, while I was knocking on doors.

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The day of the injury, that Saturday I had worked, knocked on doors. I had pain while I was doing that. I had a lady who didn't want to participate, but she wanted to talk, so I stood there for an hour in her door with my arm held like a clipboard, in and out of my car, in and out of my car, reaching over the passenger seat pinching-gripping that tablet.

So I made two new appointments, so I had those appointments on Sunday. So the first appointment I made was a proxy, which I discovered he was a proxy for many women and he was a con artist on old women.

We went to his house, not the respondent's house. His house was a hoarder house There was nowhere to sit down. I was

sitting in a chair just like I am now, pushed up against something just like it is now. I had this much space (indicating). I would say maybe two feet of space to work. He was sitting facing me leaning against the side of the table. I had my laptop in my lap. I had the pen top on the right. I had to bring my right arm up and over like this (indicating) so I could move better, but I had to hold it up and over to try to work the tablet from this way so he could see it.

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So not only was I doing that with my shoulder, that took almost two hours to do that interview. I was also leaning on this side to pick up all my other stuff off the floor, Your Honor, because I didn't have enough space to do my job, which is 80 percent typical for my job.

So I had a severe pain, once again in my right occipital of my neck, just like I complained about on October 22 when I went to the emergency room after working and after climbing stairs to interview someone carrying my laptop case, so I went to the emergency room.

And they might like to claim that I had a preexisting injury to my neck and my shoulder. I did have a fall. I didn't get any – I got very little treatment. I didn't get a diagnosis. I didn't get any restrictions. Because of my job, I was able to take myself off of work. I had some pain in my shoulder, in my hand, and in my neck.

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So back on September 16<sup>th</sup> and 17<sup>th</sup>, on the 17<sup>th</sup> was a Sunday, I made two appointments from that work on the 16<sup>th</sup>.

THE COURT: Just for a point of clarification, this is September 16<sup>th</sup> and 17<sup>th</sup> of 2023?

THE CLAIMANT: Yes, sir.

THE COURT: Thank you.

THE CLAIMANT: I had an original neck injury from 10/21 and 22, but they quickly denied that.

THE COURT: Got you.

THE CLAIMANT: So I had two interviews, so I already explained how I had administered that first interview.

I was running late to the second interview, so I grabbed all my stuff, packed it up, loaded it in my car. Went down the street to the second interview. It was a woman who is younger than me. She was maybe in her 30s or 40s on Medicaid, low income. It was a – she had Halloween stuff sitting on her front porch and a nice chair, but she wouldn't let me sit there. She didn't want me in her house, so she brought out a child's chair that was homemade for me to sit in. It had one-inch handles that were just wood and it was a child's chair.

She was smoking a joint while I was there. She refused to take the pen to the laptop or the tablet from me, so I had to just keep my arm held out, my right arm held out for her to take it.

I kept asking her to take it, but she wouldn't take it, so that caused even more pain in my shoulders, my elbows, my hands, and my neck. That is the date, September 16<sup>th</sup> and 17<sup>th</sup>, I had those injuries. I was still released to work with no restrictions.

In October, I have proof here, and you will see the emails as well, because I am the only employee here, they had to bring someone in. That's what they do. They are called travelers. They bring someone in to do the other person's work.

In order to prove a compensable injury as the result of a specific incident that is identifiable by time and place of occurrence, a claimant must establish by a preponderance of the evidence (1) an injury arising out of and in the course of employment; (2) the injury caused internal or external harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings establishing an injury; and (4) the injury was caused by a specific incident identifiable by time and place of occurrence. *Odd Jobs and More v. Reid*, 2011 Ark. App. 450, 384 S.W. 3d 630.

Within the medical records introduced into evidence there exists evidence of objective medical findings of derangement to some, but not all, of the body parts the claimant alleges to

have sustained compensable injuries to on or about September 16, 2023. However, even if the claimant could show objective medical findings regarding all the body parts she alleges to have sustained injuries to on or about September 16, 2023, she cannot prove a causal connection between those body parts and the incident or, more appropriately, the incidents she alleges.

The claimant's description of how she was injured is a wide array of tasks and events that appear to happen over a day if not a two-day period. Examples include, but are not limited to, sitting in a bad chair, holding a laptop in her hand, getting a bag from her car, and having to be seated while watching someone walk around in a room.

I note at this time that the claimant has a separate Arkansas Workers' Compensation claim that has an injury date in February of 2023. I note this due to the reference of this date in many of the medical records submitted into evidence.

The claimant's lack of a causal connection between her alleged compensable injuries and her objective medical findings is weakened by the lack of medical evidence to support any injury or injuries on that date or in that time frame. Claimant's Exhibit 1, pages 98-100, is an emergency department physician's note from Washington Regional Medical Center authored by Dr. Davis Duong dated November 5, 2023, which, in part, states:

**Chief Complaint**

Pt arrives to er with c/o bilat shoulder pain, pt was lifting a laptop and tablet

**History of Present Illness**

58-year-old female here for evaluation. History obtained from patient. Chief complaint of shoulder pain. Localized bilaterally, right greater than left. Reports chronic history of shoulder pain. States symptoms have been exacerbated since February 2023. Symptoms worsened with movement and palpation. Denies fall or trauma. Reports pain exacerbated over past several days after she obtained an outpatient MRI of RUE. States has follow-up

appointment pending with orthopedic surgery Clinic this upcoming week in Fort Smith.

Claimant's Exhibit 1, pages 129-130, is a medical record dated November 16, 2023, authored by Dr. Miles Johnson and, in part, states:

**CHIEF COMPLAINT:** Pain, numbness and tingling in the upper extremities.

**HISTORY OF PRESENT ILLNESS:** Patient is a 58-year-old ambidextrous diabetic female who has a history of bilateral elbow pain and intermittent numbness and tingling in the hands which began on February 21<sup>st</sup>. Symptoms can involve all the digits but usually just the fourth and fifth digits. Symptoms are worse at night, typing, lifting, or gripping. There is some improvement with heat and massage. She denies any significant weakness. There is some nonradiating neck pain. Patient has been seen by Dr. Kelly and is referred for electrodiagnostic testing of the bilateral upper extremities.

Neither of these medical records makes any mention of the claimant's suffering an injury on or about September 16, 2023. Instead, both reference the claimant's February 2023 incident.

The closest by date medical record in evidence after the claimant's alleged on or about September 16, 2023, incident is a medical record found at Respondents' Exhibit 1, pages 92-96, authored by Dr. George Diemel and dated September 26, 2023. Following are portions of that medical record:

Follow Up Questionnaire

Are you better, worse, or the same since your last appointment:  
Worse

Where is your primary complaint?  
LUE, elbow, medial/lateral/axillary, scapula, right elbow and wrist, fingers

Approximately how long have you had this symptom now?  
02/21/2023

Rate your pain  
9

Which best describes your current complaints?

Aching  
Burning  
Numb  
Sharp  
Shooting  
Stabbing  
Throbbing

Ms. Bass returns to the clinic today for follow up. She was last evaluated on 8/03/2023. At that time, I was seeing her for upper extremity pain complaints. She was also being seen by Dr. Benafield and had been going to occupational therapy. They have both discharged her from care. During our last visit, there were some emotional exchanges during the course of the discussion. After that visit, her work-comp case manager reached out and asked whether or not we would continue to evaluate her. She is here today to discuss further evaluation and treatment options.

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#### Assessment/Plan

##### Imaging and record review:

An MRI of the thoracic spine from Washington Regional Medical Center dated 2/7/2023 was reviewed. There is a vertebral body hemangioma. There is some mild degenerative disc disease at T5-6 with anterior osteophytosis.

Otherwise unremarkable

Cervical spine radiographs from Ozark Orthopaedics dated 4/4/2023 were reviewed. There is well preserved disc space and vertebral body height throughout. No abnormal alignment. No fracture.

An MRI of the cervical spine from Ozark Orthopaedics dated 4/10/2023 was reviewed. There is mild disc bulging and facet arthropathy at the C4-5 level. This results in mild central canal and mild right neural foraminal narrowing. There is moderate left neural foraminal stenosis. The remaining levels are unremarkable.

Report from EMC/NCS of the bilateral upper extremities dated 4/13/2023 was reviewed and is normal.

X-ray of the right elbow was taken in clinic 6/26/2023. 3 views showing good alignment. No osteolytic lesion.

Clinical documentation from Dr. Bryan Benafield, dated 07/19/2023, was obtained and reviewed. He gave her an injection and has done night time splinting.

Clinical documentation from D. Bryan Benafield, dated 8/23/2023, was reviewed. In this note, he indicated that he believed that there was some secondary gain behavior/malingering and would no longer see the patient.

Multiple clinic notes from occupational therapy were also reviewed. A discharge summary, dated 9/21/2023, was reviewed.

**Interventions:**

A report from ultrasound-guided right ulnar nerve corticosteroid injection dated 6/21/2023 was reviewed.

**Diagnoses:**

1. Bilateral elbow pain and hand paresthesias, suspected ulnar neuropathy at the elbow vs referred cervical radicular pain.
2. Neck and right shoulder pain with bilateral arm pain and paresthesias, possible superimposed cervical radiculopathy.
3. Work-related injury. 2/21/2023 with injury while lifting.
4. Pre-existing neck and shoulder pain secondary to fall.
5. Filed conservative care including activity modification, over the counter medications, and physical therapy.
6. Prior concern for autoimmune disorder, rheumatoid arthritis.
7. S/p EMG/NCS, normal.
8. Cervical spondylosis.
9. Cervical spine MRI evidence of C4-5 facet arthropathy, mild to moderate NF stenosis.
10. S/p right ulnar nerve corticosteroid injection with improvement in symptoms, patient experienced injection site dermatological reaction.
11. Status-post occupational therapy, night time splinting under the care of Dr. Bryan Benafield.
12. Recent discharge from care with Dr. Bryan Benafield due to contentious patient/physician interaction.
13. Status-post occupational therapy with discharge of care with clinical documentation of patient being resistant to suggestions/recommendations for joint protection techniques and workstation ergonomics.

**Assessment:**

Ms. Bass returns to clinic today for a follow up. We discussed her clinical course. She spent the first 20 minutes of the visit going through a list of grievances against Ozark Orthopaedics, Dr. Benafield, our therapy team and her WC carrier as far as how she

has been treated. She states she is frustrated by her care and also noted that she has attempted to get in touch with us on multiple occasions in attempts to try to pursue different treatments. During the course of the discussion, she outlined different dates in which she had tried to reach out in hopes that she could get a “Toradol shot”. She did state that somewhere in the course of this she ultimately went to urgent care although it was unclear whether she did in fact get the treatment she was looking for. She continued to reference her left shoulder and arm as the reason for the need for treatment. Previous complaints had focused on the bilateral elbows which is what the initial WC injury location was indicated as per my understanding. Our previous workup had included cervical spine x-rays, MRI of cervical spine, EMG/NCS of the bilateral upper extremities, an injection for the right elbow to assess the contribution of the ulnar nerve at the elbow, referral for orthopedic hand consultation and a considerable amount of therapy to address her bilateral upper extremity concerns.

Clinical correspondence from 8/18/2023 indicates a one-time approval from her WC CM regarding evaluation of her left shoulder and wrists which prompted today’s appointment. In the correspondence, it was noted that approval had not been given previously to evaluate these injuries. She states she was not aware of when this appointment was going to be made and had to look at the portal. I told her that the appointment was requested by her work-comp case manager which she states she has not spoken to. She states that she only knew about this appointment after referencing the portal. She stated that she didn’t know what she was here but wanted to be sure to show up so “we couldn’t mark her down as non-compliant.” I told her that I did not have any intention of making such a claim nor what “out to get her”.

So a summary of the initial discussion regarding this appointment from her perspective was questioning why she was here stating she did not request this appointment be made. This was subsequently followed by the aforementioned outlining of grievances she had with how her care had been administered. She then went on to say that she had hired an attorney. She also reached out to the Work-Comp State Commission. They have since sent her up an appointment with Dr. Kelley, and she has an appointment on Monday, in Fort Smith to see him and establish care.

Near the conclusion of the visit, she asked whether or not I would evaluate her left shoulder/arm. This was approximately 40 minutes into her visit. Prior to the visit, I did review records indicating we

have done EMG/NCS of the upper extremities, cervical spine xrays and cervical spine MRI. We have also sent therapy in to address her upper extremities complaints. Per her recollection, therapy did not do anything to address her concerns. Review of discharge therapy records from 9/20/2023 indicated that she was “resistant” to recommendations, “argumentative” and requested therapy elsewhere.

At this point given the history of prior interactions, the fact that she has on her own accord attempted to establish care and has a pending appointment with another provider through the work-comp system which has apparently been orchestrated with her newly acquired legal representation, and made references to taking legal action against my orthopedic hand partner, Dr. Benafield, I told her that I would hold on any further evaluation of her new pain complaints. Despite my explaining this to her, she also asked wither or not she could receive a Toradol shot, which I politely declined. I did not take a detailed history of injury to the left shoulder. I did not inquire about prior injuries not did I address work status related to her shoulder injury. From my prior evaluation, there are no functional limitations related to her elbows (initial work injury) that would limit her ability to return to her prior work tasks which have been outlined previously as computer work, administrative tasks and light duty activities.

Again, this visit was contentious and centered accusations that she has not been provide the level of care that she expected. From prior interactions, this stems from a differing opinion on whether she is able to continue her work activities as outlined. I truly believe she believes that she cannot perform these tasks. Unfortunately, all objective data that we have to make decisions from in the context of her initial WC injury does not support her belief that continuing these work activities will result in irreversible and irreparable harm. Any attempts at discussing a return to work plan were met with resistance. My interactions seem to be consistent with documentation from Dr. Benafield and our occupational therapy team about interactions they have also had with Ms. Bass. At this point, I am not sure I have anything else further to add to her care.

In the end, I did apologize that she did not receive the level of care here at Ozark Orthopaedics that she was expecting. I wished her the best and told her I hoped she finds a suitable solution for her pain complaints.

Summary

Will hold on any further evaluation or treatment recommendations given that the patient has established care with another provider through work-comp.

No further work restrictions per my recommendation given pending care through other provider.

Follow up as needed.

1. Ulnar neuropathy of right arm

G56.21: Lesion of ulnar nerve, right upper limb

This administrative law judge has been unable to find any medical record that reports an injury, or injuries to have beset the claimant on or about September 16, 2023, until a February 27, 2024, medical record from the Center for Psychology, PA, authored by Virginia Krauft, a licensed psychologist and Carly Solome, a clinical psychologist. Following is a portion of that medical record found at Respondents' Exhibit 1, pages 172-179:

**REASON FOR REFERRAL:**

Psychological evaluation was requested by Ms. Bass due to her physician's concern about a possible overlap between physical and psychological symptoms. She reported difficulties communicating with medical providers, managing stress, coping with chronic pain and emotional distress, deficits in attention and focus that interfere with functioning at home and work. Her overall goal was to receive diagnostic clarity.

Ms. Bass reported difficulties organizing and completing tasks, becoming easily exhausted and overwhelmed, and experiencing stress and anxiety related to worker's compensation claim and chronic illness. She said symptoms become unmanageable after losing her job in November 2023. This followed incidents that happened at work in October 2022, February 2023 and September 2023 (See Appendix V).

I note that Appendix V is not found in the medical evidence in this matter.

The claimant filed an AR-C on January 31, 2024, alleging to have sustained compensable injuries to her bilateral shoulders, bilateral wrists, bilateral elbows, neck and numbness to

fingers, alleging those injuries to have occurred on September 16, 2023. That AR-C was signed by the claimant on January 22, 2024, and is found at Respondents' Exhibit 2, page 3.

Here, the claimant is unable to prove a causal connection between any objective medical findings she does possess and the incident or incidents she alleges to have occurred on or about September 16, 2023. The claimant has failed to prove her alleged injuries on or about September 16, 2023, compensable.

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 witness and to observe her 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 March 31, 2025, and contained in a Pre-hearing Order filed March 31, 2025, are hereby accepted as fact.

2. The claimant has failed to prove by a preponderance of the evidence that she sustained compensable injuries to her bilateral shoulders, bilateral elbows, bilateral hands, and cervical spine on or about September 16, 2023.

3. The claimant has failed to prove by a preponderance of the evidence that she is entitled to medical treatment for her alleged compensable injuries.

4. The claimant has failed to prove by a preponderance of the evidence that she is entitled to temporary total disability benefits from January 29, 2024, to a date yet to be determined.

**ORDER**

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

If they have not already done so, the respondents are directed to pay the court reporter, Veronica Lane, fees and expenses within thirty (30) days of receipt of the invoice.

**IT IS SO ORDERED.**

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**HONORABLE ERIC PAUL WELLS  
ADMINISTRATIVE LAW JUDGE**