

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
CLAIM NO. H402768**

CALLIE CALDWELL, EMPLOYEE

CLAIMANT

**LONOKE SCHOOL DISTRICT,
SELF-INSURED EMPLOYER**

RESPONDENT

ARKANSAS SCHOOL BOARDS ASSOCIATION, TPA

RESPONDENT

OPINION FILED 19 FEBRUARY 2026

Heard before Arkansas Workers' Compensation Commission Administrative Law Judge JayO. Howe on 3 December 2025 in Little Rock, Arkansas.

Mr. Gregory R. Giles, Moore, Giles & Matteson, LLP, appeared on behalf of the claimant.

Mr. Jarrod Parrish, Worley, Wood & Parrish, PA, appeared on behalf of the respondents.

I. STATEMENT OF THE CASE

A Prehearing Order was filed on 18 September 2025 and admitted to the record as Commission's Exhibit No 1. For this litigation, and consistent with that Order, the parties agreed to the following at the hearing:

STIPULATIONS

1. The Arkansas Workers' Compensation Commission (the Commission) has jurisdiction over this claim.
2. Employee/self-insured employer/TPA relationship existed at all relevant times, including on 15 April 2024, when the claimant fell at work. She alleges that she sustained internal injuries by specific incident on that day.
3. At the relevant time, the claimant was earning an average weekly wage of \$1,592.47, which would entitle her to the maximum weekly benefits of \$876 for temporary total disability (TTD) and \$657 for permanent partial disability (PPD).
4. The respondents have controverted this claim in its entirety.

ISSUES TO BE LITIGATED

1. Whether the claimant sustained compensable internal injuries by specific incident as a result of a fall at work on 15 April 2024.
2. Whether the claimant sustained compensable injuries to her left knee and left shoulder/bicep by specific incident as a compensable consequence of her injuries alleged to have occurred on 15 April 2024.
3. Whether the claimant is entitled to medical benefits associated with reasonably necessary past and future medical treatment related to her injuries.
4. Whether the claimant is entitled to TTD benefits for 16 April 2024 and the period between 18 April 2024 and 16 May 2024.
5. Whether the claimant is entitled to an attorney's fee.

All other issues are reserved.

CONTENTIONS

The parties' Contentions are set out in their respective Prehearing Questionnaire responses:

Claimant

The Claimant contends that she suffered a fall at school on April 15, 2024, which caused her to suffer internal bleeding resulting in emergency room treatment on April 17, 2024. Before she could be discharged from the hospital as a result of the loss of blood she blacked out and fell suffering injuries to her left knee and left shoulder/torn bicep.

Claimant contends that the medical treatment that she has had since the fall has been reasonable, necessary and related such that Respondents should be ordered to pay for same associated with the blood loss and subsequent injuries to her left knee and left shoulder bicep.

Claimant contends that Respondents should be ordered to pay TTD benefits at this point from on or about April 18, 2024, through May 16, 2024.

Claimant contends that Respondents should be ordered to pay attorney's fees as provided by law.

All other issues are reserved.

Respondent

Respondents contend that Claimant did not suffer a compensable injury on or about April 15, 2024. Respondents contend that in the event compensability is found, Claimant's need for medical treatment, if any, is related to preexisting and underlying issues unrelated to any incident that occurred on April 15, 2024.

Respondents further contend that the medical records only support entitlement to TTD benefits from April 18, 2024 to May 16, 2024 in the event compensability is found.

The Respondents reserve the right to amend their contentions and position in all respects after additional discovery has been completed.

At the beginning of the hearing, the respondents amended their Contentions to make clear that they deny that the claimant's fall on 17 April 2024 was a compensable consequence of any work-related accident of injury.

II. FINDINGS OF FACT AND CONCLUSIONS OF LAW

Having reviewed the record as a whole, including the evidence summarized below, and having heard testimony from the witnesses, observing their demeanor, I make the following findings of fact and conclusions of law under Ark. Code Ann. § 11-9-704:

1. The Commission has jurisdiction over this claim.
2. The Stipulations as set forth above are reasonable and are hereby accepted.
3. The claimant has failed to prove by a preponderance of the evidence that she suffered compensable internal injuries by specific incident on or about 15 April 2024.
4. Because the claimant has failed to prove a compensable injury, the remaining issues are moot and will not be addressed in this Opinion.

III. ADJUDICATION

The stipulated facts as outlined above are reasonable and accepted. It is settled that the Commission, with the benefit of being in the presence of a witness and observing their demeanor, determines a witness' credibility and the appropriate weight to accord their statements. *Wal-Mart Stores, Inc. v. VanWagner*, 337 Ark. 443, 990 S.W.2d 522 (1999). A

claimant's testimony is never considered uncontroverted. *Nix v. Wilson World Hotel*, 46 Ark. App. 303, 879 S.W.2d 457 (1994). The determination of a witness' credibility and how much weight to accord to that person's testimony are solely up to the Commission. *White v. Gregg Agricultural Ent.*, 72 Ark. App. 309, 37 S.W.3d 649 (2001). The Commission must sort through conflicting evidence and determine the true facts. *Id.* In so doing, the Commission is not required to believe the testimony of the claimant or any other witness but may accept and translate into findings of fact only those portions of the testimony that it deems worthy of belief. *Id.*

SUMMARY OF THE EVIDENCE

The claimant was the only witness at the hearing. The record consists of the hearing transcript and the following exhibits: Commission's Exhibit № 1 (the 23 September 2025 Prehearing Order); Claimant's Exhibit № 1 (a 13-page abstract of the claimant's medical records); Claimant's Exhibit № 2 (a two-page index, one page of wage records, and 350 pages of medical records); Claimant's Exhibit № 3 (a one-page Return-to-Work note); Respondents' Exhibit № 1 (one index page and 58 pages of medical records); and Respondents' Exhibit № 2 (one index page and two pages of non-medical records).

Claimant's Testimony

The claimant is a 54-year-old woman who works as a speech language pathologist for the respondent-school district. She has relapsing-remitting Multiple Sclerosis (MS) and ambulates with the assistance of walking sticks or other assistive devices regardless of whether she is experiencing any disease-related symptoms.

While at work on 15 April 2024, which happened to be an administrative day for meetings with staff and parents, she tripped on her way to the restroom. She attributed her fall to catching her foot on a mat in the hallway just outside of the restroom doors. She denied perceiving any injuries after falling, but she was unable to get up. She crawled into

the restroom and eventually called for help from her cellphone. Staff attempted to help her up from the floor, but they were unable to lift her. The claimant's sons eventually arrived to lift her from the floor. After being seen by the school nurse, the claimant completed a Form AR-N that denied any injury. At her principal's suggestion, she went home early that day.

The claimant stayed home from work the following day. She testified that she was "sore" but otherwise felt "fine." [TR at 26.] She then returned to work the next day (17 April 2024). At some point that afternoon, she felt light-headed and that her "stomach was getting queasy." *Id.* She went to the restroom and noticed that she passed blood and bloody stool in the toilet. She finished working that day without reporting any injury or illness to her employer. Later that evening she asked her husband to take her to the emergency department for evaluation.

At the emergency department she "described the events of the day, seeing the blood, feeling bad, and at this point, I was feeling weak." [TR at 28.] She also reported that she had experienced a workplace fall two days earlier. In her testimony, the claimant denied any history of passing blood. She acknowledged, though, that she had an established history of iron deficiency anemia. Her anemia would be treated with iron infusions, oral iron supplements, or a combination of both, depending on her blood levels and responsiveness to the treatment(s).

The claimant testified that her hemoglobin levels continued to fall during her time in the emergency department; but she did not recall any treatment actually being administered during that time. After some evaluation and diagnostic imaging in the emergency department, the claimant was diagnosed with diverticulosis and readied for discharge with orders to follow-up with her PCP and for further GI evaluation. A wheelchair was brought into the exam room for her discharge. But she did not make it out of the exam room: "And I stand up just to transition—just to stand up, and then, sit right

back down and I barely got the phrase out, you know, 'I'm gonna pass out,' and I was down. I mean it was almost instantaneous." [TR at 35.] The claimant passed out. She regained consciousness a few moments later, sitting on the exam room floor with hospital staff checking on her. After getting up and back into the exam bed, the claimant's head and left shoulder were hurting from her collapse to the floor.

According to the claimant, she ultimately received three units of blood and additional diagnostic imaging, including a colonoscopy and gastroduodenoscopy and shoulder X-rays. She then remained inpatient for a few days. After being discharged (again) from the hospital, she had pain in her left shoulder and "realized that the knee, the left knee, was also hurting." [TR at 41.] She then followed up with her PCP for her shoulder and knee complaints.

On cross-examination, the claimant acknowledged her iron deficiency and anemia history and that she had previously testified that she had experienced no related issues in the preceding 10 years. The records revealed that she had, however, been seen as recently as February and March of 2023 for anemia-related evaluation and treatment. She denied that iron deficiency anemia and passing bloody stool could be complications associated with her history of gastric bypass surgery.

While the claimant testified that she believed her bleeding and syncope episode was attributable to an intestinal polyp that ruptured when she fell on 15 April 2024, she acknowledged that the medical records made no such indication. She agreed that the medical records only showed "diverticulosis with no evidence of diverticulitis, no other acute findings." [TR at 80.]

Medical Records

Pre-Incident

The claimant provided an extensive set of medical records. The records confirm a history of iron deficiency anemia, gastric bypass surgery, and MS. A CARTI Hematology/Oncology note from 22 February 2016 indicated that the claimant was having to manage her need for iron supplementation versus related severe abdominal cramping and a history of gastric bypass surgery. No active rectal bleeding was reported at that time. The outside lab results noted in the record indicated low hemoglobin levels on 30 July 2015. [Cl. Ex. № 2 at 3.] A subsequent visit note from 5 October 2016 represented previously low hemoglobin values on 9 September 2015 and on 21 October 2015. [*Id.* at 7.]

On 5 January 2020, the claimant presented to an urgent care clinic in Lonoke with complaints of left knee pain and swelling after experiencing a fall at home. Lab results from that visit also showed low hemoglobin values. [*Id.* at 12.]

On 23 February 2023, the claimant established care at a Baptist Health clinic in Lonoke. Her chief complaint was listed as anemia. The record indicated that her hemoglobin was again low at the time. [*Id.* at 19.] Fatigue, weakness, numbness, Vitamin D deficiency, Folic acid deficiency, Vitamin B12 deficiency, arthritis, and lower extremity edema were also noted as problems during that visit.

Post-Incident

The claimant presented to the Baptist Emergency Department on the night of 17 April 2024. Her complaint upon arrival was listed as “GI bleed, fell on Monday.” [*Id.* at 29.] The treatment flowsheet in the records shows that the Chief Complaint was later updated to Rectal Bleeding with “Fall” being struck-through. [*Id.* at 32.] Her hemoglobin was again found to be low. She was diagnosed with an unspecified gastrointestinal hemorrhage and iron deficiency anemia due to chronic blood loss.

A physician's note from the emergency department includes the following:

... presents with blood in the stool and some left lower quadrant pain. She also has some aches and pains from a fall yesterday but does not have any obvious deformity and is more concerned about the blood in the stool. Differential diagnosis includes GI bleed, diverticulosis, diverticulitis, internal hemorrhoid, anemia.

...
CT of the abdomen/pelvis shows diverticulosis without evidence of diverticulitis. No evidence of colitis. CT otherwise negative. We discussed admission for further workup and management versus outpatient follow-up with primary care doctor and gastroenterology. At this time she would prefer to go home. I think that is reasonable since she has normal vital signs and hemoglobin of 9 with no evidence of active bleed on CT and no signs of colitis or other acute abnormality.

[*Id.* at 68.] Her inpatient admission record states, "patient stood up to leave after discharge and became very lightheaded and then had a syncopal event...." [*Id.*]

One note from her inpatient stay indicates that the claimant experienced "acute blood loss anemia due to hematochezia from perspective diverticular bleed." [*Id.* at 81.] The CT scan of her abdomen showed: "1. Colonic diverticulosis. No evidence of diverticulitis. 2. No evidence of bowel obstruction. 3. Normal appendix. 4. No other acute findings. 5. Incidental findings as described." [*Id.* at 84.] It was further noted that a history of gastric bypass "can have nutritional deficiencies contributing to anemia." [*Id.* at 98.]

Another note from her stay, dated 21 April 2024, shows that she experienced a bloody bowel movement the night before and an associated drop in hemoglobin and hematocrit levels. The doctor stated that the claimant would "benefit from EGD and colonoscopy given her longstanding [iron deficiency anemia], to be completed tomorrow." [*Id.* at 105.] Those imaging studies confirmed diverticulosis. The impression listed "suspect resolved diverticular bleed with underlying [iron deficiency anemia] related to her [gastric bypass surgery]." [*Id.* at 110.] Small internal hemorrhoids were also noted on the EGD report. [*Id.* at 152.] She was eventually discharged home with orders for physical therapy.

The claimant followed up at the Baptist Health clinic on 30 April 2024. She complained of ongoing shoulder pain, which was misattributed to her fall at school versus her fall in the emergency department. [*Id.* at 217.] At a subsequent follow-up, she noted ongoing pain in her left knee that she attributed to her fall in the emergency department. [*Id.* at 226.] She continued pursuing treatment afterwards for complaints of left knee and left shoulder pain.

DISCUSSION

The initial matter in this claim is whether the claimant sustained compensable internal injuries by specific incident after a fall at work on 15 April 2024. To prove a compensable injury by specific incident, she must establish four (4) factors by a preponderance of the evidence: (1) the injuries arose out of and in the course of her employment; (2) the injuries caused internal or external harm to the body that required medical services or resulted in disability or death; (3) the injuries are established by medical evidence supported by objective findings, which are those findings which cannot come under the voluntary control of the patient; and (4) the injuries were caused by a specific incident identifiable by time and place of occurrence. *Mikel v. Engineered Specialty Plastics*, 56 Ark. App. 126, 938 S.W.2d 876 (1997). The employee has the burden of proving by a preponderance of the evidence that he sustained a compensable injury. *Id.* § 11-9-102(4)(E)(i). Preponderance of the evidence means the evidence having greater weight or convincing force. *Metropolitan Nat'l Bank v. La Sher Oil Co.*, 81 Ark. App. 269, 101 S.W.3d 252 (2003). If a claimant fails to establish by a preponderance of the evidence *any* of the requirements for establishing a compensable injury, compensation must be denied. *Mikel, supra.*

"Objective findings" are those findings which cannot come under the voluntary control of the patient. *Id.* § 11-9-102(16)(A)(i). The requirement that a compensable injury must be established by medical evidence supported by objective findings applies only to the existence and extent of the injury. *Stephens Truck Lines v. Millican*, 58 Ark. App. 275, 950 S.W.2d 472 (1997).

The claimant has failed to prove by a preponderance of the evidence that she sustained compensable internal injuries as a result of her workplace fall on 15 April 2024. There is no question that the claimant tripped and fell that day. And she acknowledges that she completed a Form AR-N on the same day indicating that she suffered no injuries in her fall. [Resp. Ex. No 2.] She now argues, however, that she actually sustained internal injuries that were unknown to her at the time that she completed her post-accident paperwork; that those injuries caused internal bleeding and eventual blood loss; and that an unanticipated syncope event, while being discharged from the emergency department for the evaluation of the alleged internal injuries, resulted in additional injuries to her left knee and left shoulder. The knee and shoulder injuries from the second fall, she says, are compensable consequences of the unbeknownst internal injuries that she sustained in her workplace fall.

The credible evidence, however, does not support her claim of a compensable injury in the first instance. The records show that the claimant has an established history of iron deficiency anemia and low hemoglobin. She has received iron infusions and courses of iron supplementation over the years to address the problem. When she established care at a new clinic about a year before her workplace fall, fatigue and weakness were noted along with chronic anemia and vitamin deficiencies.

The claimant presented to the emergency department after she experienced rectal bleeding on April 17th, two days after her workplace fall. Through the course of her evaluation and treatment, she underwent CT imaging and upper and lower GI scope

studies that revealed no indication that the bleeding or the anemia were related to a recent trauma or blunt force injury. There are no objective findings that support her notion that the fall at work was a mechanism of any sort of internal hemorrhagic injury. The medical records simply do not relate her workplace fall to the bleeding that she happened to have experienced days later. Instead, the evidence clearly shows that the claimant was diagnosed with a diverticular bleed that the medical reports and opinions suggested was related to her chronic anemia, which was possibly an ongoing complication from a past gastric bypass surgery. Finding now that the claimant's bleeding episode was related to her workplace fall would require engaging in speculation and conjecture, which cannot stand in the place for actual proof. *Dena Constr. Co. v. Herndon*, 264 Ark. 791, 575 S.W.2d 155 (1979). Accordingly, the claimant has failed to prove by a preponderance of the evidence that she suffered compensable internal injuries as a result of her workplace fall.

Because the claimant has failed to prove a compensable injury, the other issues in this claim are moot and will not be addressed in this Opinion.

IV. CONCLUSION

Consistent with the Findings of Fact and Conclusions of Law, this claim for initial benefits is DENIED and DISMISSED.

SO ORDERED.

JAYO. HOWE
ADMINISTRATIVE LAW JUDGE