

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
WCC NO. H300194**

TAMMY T. CRAIG, EMPLOYEE

CLAIMANT

**ARROW WORKFORCE SOLUTIONS,
UNINSURED EMPLOYER**

RESPONDENT

OPINION FILED JANUARY 30, 2025

Hearing before Administrative Law Judge O. Milton Fine II on December 13, 2024, in
Forrest City, St. Francis County, Arkansas.

Claimant *pro se*.

Respondents represented by Mr. R. Scott Zuerker, Attorney at Law, Fort Smith,
Arkansas.

STATEMENT OF THE CASE

On December 13, 2024, the above-captioned claim was heard in Forrest City,
Arkansas. A prehearing conference took place on October 14, 2024. The Prehearing
Order entered on October 15, 2024, pursuant to the conference was admitted without
objection as Commission Exhibit 1. At the hearing, the parties confirmed that the
stipulations, issues, and respective contentions, as amended, were properly set forth in
the order.

Stipulations

At the hearing, the parties discussed the stipulations set forth in Commission
Exhibit 1. Following an amendment of Stipulation No. 4, they read as follows:

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

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2. The employee/employer relationship existed between the parties on July 11, 2022, and at all other relevant times.
3. Respondent has controverted this claim in its entirety.
4. Claimant's average weekly wage of \$989.18 entitles her to compensation rates of \$659.00/\$494.00.

Issues

At the hearing, the parties discussed the issues set forth in Commission Exhibit

1. The following were litigated:

1. Whether Claimant sustained compensable injuries¹ to her head, hips, buttocks, and right knee by specific incident.
2. Whether Claimant is entitled to reasonable and necessary medical treatment of her alleged compensable injuries.
3. Whether Claimant is entitled to temporary total disability benefits.

All other issues have been reserved.

Contentions

The respective contentions of the parties read as follows:

¹During her testimony, Claimant made references to injuring her lower back as well. Informed that her back had not been made a subject of the hearing, she moved to amend the compensability issue to include an alleged lower back injury. After Respondents objected due to a lack of adequate notice, the motion was denied. Thus, the issue of whether Claimant sustained a compensable injury to her lower back by specific incident is reserved and is not addressed herein.

Claimant:

1. Claimant contends that she sustained compensable injuries to her head, hips, buttocks, and right knee as the result of a work-related fall on July 11, 2022, and that she is entitled to medical and temporary total disability benefits as a result.

Respondent:

1. Respondents contend that they have controverted this claim in its entirety.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record as a whole, 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, I hereby make the following Findings of Fact and Conclusions of Law in accordance with Ark. Code Ann. § 11-9-704 (Repl. 2012):

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. The stipulations set forth above are reasonable and are hereby accepted.
3. Claimant has not proven by a preponderance of the evidence that she sustained a compensable injury to her head by specific incident.
4. Claimant has not proven by a preponderance of the evidence that she sustained a compensable injury to her hips by specific incident.
5. Claimant has not proven by a preponderance of the evidence that she sustained a compensable injury to her buttocks by specific incident.

6. Claimant has not proven by a preponderance of the evidence that she sustained a compensable injury to her right knee by specific incident.
7. Because of Findings/Conclusions Nos. 3-6 *supra*, the remaining issues—whether Claimant is entitled to reasonable and necessary medical treatment of her alleged compensable injuries and whether she is entitled to temporary total disability benefits—are moot and will not be addressed.

ADJUDICATION

Summary of Evidence

The witnesses at the hearing were Claimant, Marica Pettway, and Cedric Paxton, Sr. Along with the Prehearing Order discussed above, the exhibits admitted into evidence were Claimant's Exhibit 1, a compilation of her medical (one index page and 71 numbered pages thereafter) and non-medical records² (three index pages and eight numbered pages thereafter); Claimant's Exhibit 2, non-medical records, consisting of eight numbered pages; Respondent's Exhibit 1, a compilation of Claimant's medical records, consisting of three index pages and 212 numbered pages thereafter; Respondents' Exhibit 2, non-medical records, consisting of one index page and 17 numbered pages thereafter.

A. Compensability

Standards. Arkansas Code Annotated § 11-9-102(4)(A)(i) (Repl. 2012), which I find applies to the analysis of Claimant's alleged injuries, defines "compensable injury":

²These are simply a duplicate of Claimant's Exhibit 2.

- (i) An accidental injury causing internal or external physical harm to the body . . . arising out of and in the course of employment and which requires medical services or results in disability or death. An injury is “accidental” only if it is caused by a specific incident and is identifiable by time and place of occurrence[.]

A compensable injury must be established by medical evidence supported by objective findings. Ark. Code Ann. § 11-9-102(4)(D) (Repl. 2012). “Objective findings” are those findings that cannot come under the voluntary control of the patient. *Id.* § 11-9-102(16).

If Claimant fails to establish by a preponderance of the evidence any of the requirements for establishing compensability, compensation must be denied. *Mikel v. Engineered Specialty Plastics*, 56 Ark. App. 126, 938 S.W.2d 876 (1997). This standard means the evidence having greater weight or convincing force. *Barre v. Hoffman*, 2009 Ark. 373, 326 S.W.3d 415; *Smith v. Magnet Cove Barium Corp.*, 212 Ark. 491, 206 S.W.2d 442 (1947).

Discussion. The evidence shows that on the alleged date of injury, Claimant was an employee of Respondent Arrow Workforce Solutions (“AWS”), which is a temporary staffing agency. AWS had assigned her to the Marion, Arkansas plant of Hino Motors Manufacturing USA, Inc. (“Hino”). That facility manufactures Toyota automotive parts. Claimant worked on the carrier case production line there during the period at issue.

The following exchange took place:

Q. You had said that you got hurt on July 11, 2022?

A. Correct.

Q. All right. What happened on that day?

- A. Well, I went into work on that day. The line was short-staffed. It was myself on that line by myself. Usually it's three to four workers on that line, but a lot of people didn't come in that day. It's—it's a line that goes from this part to this end, end to end . . . [t]he carrier case consists of a line that goes from A—A [L]ine all the way through I think D. A, B, C, D, E is different sections of the area. Section A is where a group of workers work, B, C, and D.
- Q. Okay. And you were in what section again?
- A. I think I was in C.
- Q. All right. So what were you doing working in C on July 11, 2022?
- A. I was working making carrier case parts. I went to load the line because I ran out of carrier cases. Carrier cases are the parts that we put in the machine to file them down and drill holes in them. We ran out of parts for that machine. There was nobody to load them, and usually when there is nobody to load them on there, we have to load them our[s]elf. I went down to the back of the line to get ready to load a carrier case on the line. I slipped in some product and fell backwards with the part.
- Q. All right. Let's stop for a second, and let's go back and kind of flesh this out.
- A. Okay.
- Q. You were putting a carrying case yourself on the line, you were hanging it, is that correct?
- A. On the loading line.
- Q. On the loading line. What does that mean to put it on the loading line?
- A. The loading line is in the back of the carrier case line. It's where we load the parts on the conveyor belt to load and go up the ramp and come down the line to us.
- Q. All right. And you said you slipped in a product?

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A. Yes. I don't know what the product consists of, oil mixed with some other solution. They got mixed together. But it's milky-looking, it's—I don't know what it is.

...

Q. Tell us what happened. You hit—did you hit anything? Where—how did you land? Go into detail on this.

A. I land on—I land backwards on my butt, and I hit my head backwards. And I threw—the part was in this right hand, and I threw it over my head so it wouldn't fall on my head.

...

Q. You said you head hit something. What did your head hit?

A. The ground.

...

Q. What's the ground made of?

A. Concrete.

Later, Claimant elaborated that she injured her right leg in the fall as well.

Per Claimant, she immediately reported the incident to Antonio Moore, her supervisor. She was instructed to continue working. But after she later requested to leave because she was hurting, Moore allowed her to do so.

The next day, July 12, 2022, she was informed that she had to work because no one from AWS was present at the jobsite. However, on July 14, 2022, she was given an appointment at Coast to Coast Medical (“Coast to Coast”). The record of that visit reflects that Claimant informed treating personnel at the clinic that she slipped at work on July 11, 2022, and “landed on [her] rear” She presented with pain in her lower

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back, right hip, and the back of her thigh. Claimant was diagnosed as having lower back pain as a result of a fall, was allowed to return to work without restrictions on July 18, 2022, and was prescribed Ibuprofen. After a follow-up visit to Coast to Coast on July 20, 2022, Claimant was assessed by Lance Harrell, NP, as having right lower back and gluteal pain; and she was informed that she could return to work without restrictions as of July 25, 2022.

The foregoing records are devoid of objective findings of an injury to Claimant's head, hips, buttocks, and right knee. As for the remaining medical records that are in evidence, the first and only reference to her head is a report of an MRI of her head that took place on March 18, 2023—and which was compared to another that she underwent on April 29, 2020. The stated reason for the MRI was that Claimant was presenting with “vascular headaches.” The Coast to Coast records do not show that she reported striking her head in the alleged fall at Hino. It is noteworthy that this MRI occurred eight months after the alleged fall. Questioned at the hearing about her head, Claimant acknowledged that her headaches were a pre-existing condition, and that her providers had posited that her use of narcotics was the source of them. She agreed that in 2019, she was complaining of headaches and dizziness, and reported having falls, a motor vehicle accident, and suffering a head injury. The following exchange took place:

- Q. So whatever happened with the looking into the traumatic brain injury?
- A. When they looked into that, they found nothing. To my knowledge, they found nothing because they never discussed it with me.

...

Q. So you're having problems out of the right eye?

A. Correct. That's the eye that I wear the glasses for. I actually wear the glasses for both, but the right eye is the eye with the problem, and this side of the head where I hit my head is where the scarring the brain is.

But the MRI report by Dr. Scott Didier reads in pertinent part:

Findings

There is no diffusion abnormality. There is no mass effect extra-axial collection. There is no hydrocephalus. There are a few scattered punctate T2/FLAIR hyperintensities in the supratentorial white matter bilaterally, nonspecific and unchanged. This may represent sequela of migraine headaches or minimal microangiopathy among other less likely etiologies. The intracranial internal carotid arteries and basilar artery demonstrate signal void implying gross patency. The orbits and skull base are grossly unremarkable. Minimal cerebellar tonsillar ectopia is unchanged. There is no mass effect on the brainstem or upper cervical spine.

Impression.

Minimal supratentorial white matter T2 hyperintensities, nonspecific, as discussed. Minimal cerebellar tonsillar ectopia.

These are not objective findings of a head injury. And even if they were, assuming so only for the sake of argument, they cannot be causally related to Claimant's alleged work-related fall.

There are no objective findings in evidence with respect to her buttocks. As for her hips, she underwent an MRI of her hips and pelvis on July 27, 2022—16 days after her alleged fall. The findings of that MRI, per Dr. Scott Ferguson, were normal. The only other references—post-July 11, 2022—to her hips in her medical records are general complaints of left hip pain that do not mention her alleged fall. I note that these

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same records reflect that she was diagnosed as having osteoarthritis of the hip. This, of course, is a degenerative condition. Therefore, there are no objective findings of a hip injury, either.

Finally, with regard to Claimant's alleged right knee injury, Amber Sloan, APRN, stated on January 18, 2023, that Claimant had crepitus in the right knee. Because crepitance is a condition that can be heard and/or felt—i.e., perceived with one or more of the five senses, per DORLAND'S ILLUSTRATED MEDICAL DICTIONARY 433 (30th ed. 2003)—and is not voluntary, it can constitute an objective finding. But it is worth noting not only that Sloan found crepitus in both of Claimant's knees—i.e., the non-injured as well as the allegedly injured one—but that the records of Claimant's July 27, 2022, (16 days after the alleged incident) and September 21, 2022, visit to Sloan's clinic make no mention of crepitance.

However, more than mere crepitance was found in Claimant's right knee. She underwent an MRI of that body part on May 3, 2023. Dr. Dexter Witte read the MRI to show:

1. Low-grade MCL sprain.
2. Mild sprain of the proximal fibular collateral ligament without frank ligament discontinuity.
3. Small horizontal tear medial meniscal body.
4. Mild articular cartilage loss across the lateral femoral condyle and within the patellofemoral joint.
5. Small effusion and Baker's cyst which dissects in the proximal popliteal fossa.

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On September 21, 2023, Dr. Jay Saenz operated on Claimant, performing an arthroscopic loose body removal and arthroscopic chondroplasty of the right knee. While his pre-operative diagnosis was that Claimant had a “[m]edial meniscus tear,” his inspection during surgery revealed that the medial meniscus was “intact.” Thus, post-surgery, he assigned her the diagnoses of

1. Patellar chondromalacia, right knee.
2. Multiple loose bodies, right knee.

Respondents consulted Dr. Theodore Hronas, a board-certified radiologist, about the above. On December 4, 2024, Dr. Hronas issued the following opinion letter:

Dear Mr. Zuerker:

At your request, the following films and reports were reviewed:
Clinical records provided.
MRI of the right knee, 04/16/2019. Millenium MRI.
Radiographs of the right knee, 04/25/2023. MSK Group PC.
MRI of the right knee, 05/03/2023. Midsouth Imaging.
Operative note, 09/21/2023. Dr. Saenz.

The clinical history is of a work-related accidental injury on 7/11/22 described as, “unloading the carrier case machine and slipped and fell backwards.” Two MRI exams of the right knee are presented for review that were presented prior to, and after the date of injury. Radiographs of the right knee are also presented. The exams are a good quality and sufficient for diagnostic purposes. I am a board-certified radiologist with additional training in body and musculoskeletal MRI, and therefore my focus will be on the imaging studies and radiographs provided.

The MRI of the right knee, 04/16/2019, was performed approximately three years prior to the date of injury. This study demonstrates normal patellofemoral articulation with maintenance of the articular cartilage and retinacula. There is a small joint effusion. The quadriceps tendon, patella tendon, anterior cruciate ligament, posterior cruciate ligament, and medial and lateral collateral ligaments are normal. The lateral meniscus is normal. There is an oblique tear involving the posterior horn of the medial

meniscus. There is no meniscal root injury. There is diffuse grade III chondromalacia of the medial and lateral tibiofemoral compartments.

The MRI of the right knee, 05/13/2023, was performed approximately ten months after the date of injury. The exam shows areas of grade II chondromalacia involving the articular surfaces of the patellofemoral compartment. The medial and lateral retinacula are intact. There is a small joint effusion. The quadriceps tendon, patellar tendon, anterior cruciate ligament, posterior cruciate ligament, and lateral collateral ligaments are normal. There [is] edema superficial to the medial collateral ligament, characteristic of a recent grade I injury. The lateral meniscus is normal. There is intermediate T2 signal intensity within the posterior horn of the medial meniscus, characteristic of granulation tissue or myxoid change which correspond to the medial meniscal tear seen on the MRI dated 04/16/2019. There is no meniscal root injury. There is diffuse grade III chondromalacia involving the medial and lateral tibiofemoral compartments. There is no osteochondral injury or evidence of bone marrow edema.

In review of the operative report, 09/21/2023, the surgeon reported, “inspection of the meniscus revealed it was intact,” confirming there was not [a] meniscal tear related to the 7/11/22 event. The surgeon report[ed] additional findings of a few small loose bodies and presence of chondromalacia.

In summary, the MRI exam of the right knee performed prior to the work injury demonstrated findings of a nondisplaced tear of the posterior horn of the medial meniscus, presence of a small joint effusion, and areas of chondromalacia. The most recent MRI exam of the right knee, 05/03/2023, performed approximately ten months after the date of injury, demonstrates the same medial meniscal tear present on the 4/16/2019 MRI and presence of a recent grade I injury of the MCL. The imaging appearance of the MCL injury is consistent with an injury occurring within 3-4 months of the study and is not related to an injury that occurred ten months prior. **Specifically, there are no findings of any injury of the right knee that would be related to a work injury that occurred on 7/11/2022.**

My findings herein are stated within a reasonable degree of medical certainty.

(Emphasis added)

The Commission is authorized to accept or reject a medical opinion and is authorized to determine its medical soundness and probative value. *Poulan Weed Eater v. Marshall*, 79 Ark. App. 129, 84 S.W.3d 878 (2002); *Green Bay Packing v. Bartlett*, 67 Ark. App. 332, 999 S.W.2d 692 (1999). After consideration of the evidence, I credit Dr. Hronas on this matter. In a nutshell, the evidence does not show that Claimant has objective findings of a right knee injury—or of her other injuries that she allegedly sustained on July 11, 2022. Because of her failure to establish this element, she has not proven by a preponderance of the evidence that any of these alleged injuries are compensable. Her claim, consequently, must fail at the outset.

B. Remaining Issues

Because of the above findings, the remaining issues—whether Claimant is entitled to reasonable and necessary medical treatment of her alleged compensable injuries and whether she is entitled to temporary total disability benefits—are moot and will not be addressed.

CONCLUSION

In accordance with the Findings of Fact and Conclusions of Law set forth above, this claim for initial benefits is hereby denied and dismissed.

IT IS SO ORDERED.

Honorable O. Milton Fine II
Chief Administrative Law Judge