BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
WCC NOS. H501935, H502416, & H601532

MICHELE GLEASON, EMPLOYEE	**CLAIMANT**
D & H CO., EMPLOYER	**RESPONDENT**
GREAT AMER. ASSURANCE CO., CARRIER	**RESPONDENT**

OPINION FILED SEPTEMBER 14, 2026

Hearing before Administrative Law Judge O. Milton Fine II on July 24, 2026, in Jonesboro, Craighead County, Arkansas.

Claimant represented by Mr. Phillip J. Wells, Attorney at Law, Jonesboro, Arkansas.

Respondents represented by Mr. Zachary F. Ryburn, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On July 24, 2026, the above-captioned claim was heard in Jonesboro, Arkansas. A prehearing conference took place on May 18, 2026. The Prehearing Order entered on that date pursuant to the conference was admitted without objection as Commission Exhibit 1. At the hearing, the parties confirmed that the stipulations and issues, and respective contentions, as amended, were properly set forth in the order.

Stipulations

The parties discussed the stipulations set forth in Commission Exhibit 1. Following the withdrawal of Stipulation No. 3, they read as follows:

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

2. The employee/employer/carrier relationship existed among the parties on the alleged dates of injury: May 5, 2024; July 11, 2024; and November 16, 2024.

3. Respondents have controverted these claims in their entirety.

Issues

The parties discussed the issues set forth in Commission Exhibit 1. Following the addition of one concerning the statute of limitations, and the withdrawal of two, pertaining to whether Claimant is entitled to temporary partial disability benefits and to a controverted attorney's fee, the following were litigated:

1. Whether Claims Nos. H501935 and H502416 were timely filed.

2. Whether Claimant sustained compensable injuries to her foot and ankle by specific incident.

3. When did Claimant furnish notice of her alleged injuries?

4. Whether Claimant is entitled to reasonable and necessary treatment of her alleged injuries.

All other issues have been reserved.[1]

Contentions

The respective contentions of the parties, as amended, read as follows:

[1]One of those issues is whether the above-captioned claims were controverted under Ark. Code Ann. § 11-9-715(a)(2)(B)(iii) (Repl. 2012), for purposes of Claimant's entitlement to an attorney's fee. This matter was addressed in the parties' contentions, but was not added by them to the issues to be litigated herein. But because Claimant at the hearing reserved the issue concerning whether her counsel is entitled to a fee

Claimant:

1. Claimant contends that on three separate occasions during the course of her employment, she sustained injuries to her ankle and foot that represent new injuries as well as aggravations of pre-existing conditions.
2. Claimant also contends that treatment for her ankle and foot injuries should be held as compensable, and appropriate bills should be paid by Respondents.
3. Moreover, Claimant disputes that medical documentation was withheld from Respondents, hampering their ability to respond. Their allegations are inaccurate. They could have filed a response at any time.
4. Finally, Claimant disputes that the statute of limitations bars any of the claims at bar. In this proceeding, she is seeking only the payment of her medical bills; consequently, this is the only issue to which the statute of limitations defense is going to apply.
5. All other issues are reserved.

Respondents:

1. Respondents contend that Claimant did not suffer a compensable injury or aggravation. She failed to give adequate notice to her employers. Individual incidents cannot result in new injuries and aggravations simultaneously. Dr. Sean Parham's causation opinion(s) are confusing,

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because she also reserved the issue concerning her entitlement to indemnity benefits, this matter is not yet ripe.

contradictory, and not stated within a reasonable degree of medical certainty.

2. Claimant's attorney is not entitled to a fee according to Ark. Code Ann. § 11-9-715(a)(2)(B)(iii) because Claimant or her representative has withheld from Respondents during the period of time allotted for the respondents to determine their position medical information in her possession which (could) substantiate her claims.

3. Claims Nos. H501935 and H502416 were untimely filed; thus, they are barred by the statute of limitations set forth in Ark. Code Ann. § 11-9-702(b)(1) (Repl. 2012) and *White Cty. Judge v. Menser*, 2020 Ark. 140, 597 S.W.3d 640.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record as a whole, including medical reports 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 these claims.

2. The Stipulations set forth above are reasonable and are hereby accepted.

3. The motion of Respondents to add an issue concerning whether Claims Nos. H502416 and H601532 were timely filed is hereby granted.

4. The objection of Respondents to Robin Wagner testifying on the grounds that her identity as a witness was not disclosed at least seven days before the hearing, as required by the Prehearing Order, is hereby sustained. Her testimony will be given no weight in this proceeding, but instead will be considered proffered.

5. Claimant has not proven by a preponderance of the evidence that Claims Nos. H502416 and H601532 were timely filed. Instead, the evidence establishes that these claims for additional benefits are time-barred under Ark. Code Ann. § 11-9-702(b)(1) (Repl. 2012).

6. Claimant has not proven by a preponderance of the evidence that she sustained a compensable injury to her left foot/ankle by specific incident on or about November 16, 2024 (Claim No. H501935).

7. Because of the foregoing, the remaining issues—when Claimant furnished notice of her alleged injuries and whether she is entitled to reasonable and necessary medical treatment of them—are moot and will not be addressed.

CASE IN CHIEF

Summary of Evidence

The witnesses were Claimant and Wendy Parnell. As discussed *infra*, because Robin Wagner's identity as a witness was not disclosed by Claimant to Respondents at least seven days prior to the hearing, per the Prehearing Order, her testimony will not be considered. Instead, it will be treated strictly as a proffer.

In addition to the Prehearing Order discussed above, admitted into evidence in this case were the following: Claimant's Exhibit 1, a compilation of her medical records, consisting of one index page and 37 numbered pages thereafter; Claimant's Exhibit 2, non-medical records, consisting of one index page and three pages thereafter; Claimant's Exhibit 3, a color photograph of the parking lot outside her place of employment; Respondents' Exhibit 1, non-medical records, consisting of one index page and 11 numbered pages thereafter; and Respondents' Exhibit 2, the transcript of the deposition of Claimant taken May 19, 2025, consisting of 51 numbered pages.[2]

Also, I have blue-backed to the record documentation from the Commission's file related to the raising of the statute-of-limitations issue, and documentation from the Commission's file related to the testimony of Robin Wagner, totaling 21 pages. In accordance with *Sapp v. Tyson Foods, Inc.*, 2010 Ark. App. 517, 2010 Ark. App. LEXIS 549, these documents have been served on the parties in conjunction with this opinion.

PRELIMINARY RULINGS

Statute of Limitations Issue

On the day before the hearing, Respondents' co-counsel emailed the Commission, copying Claimant's counsel. The email reads:

> Judge Fine,
>
> I am writing to give everyone fair notice that Respondents will raise the statute of limitations regarding additional benefits a la [sic] Menser v. White County—as an aspect of the compensability issue.

[2]Per Commission policy, this deposition transcript, separately bound, has been retained in the Commission's file.

> Ark. Code Ann. § 11-9-702(e) states that respondents must raise this issue at the first hearing or the defense is waived. Because I do not want anyone to be blindsided, I am sending this notice now.
>
> Thank you.

I responded, requesting clarification as to which claim(s) the statute-of-limitations defense was being raised. Co-counsel responded:

> It would apply to the first two: H501935 and H502416.
>
> Additional benefits were requested on the Form C with the 11/16/24 date of injury, though admittedly the claim numbers on the multiple Form Cs are confusing.

As the evidence shows, Claimant only filed a Form AR-C requesting additional benefits in connection with one of her three claims: H501935 (DOI November 16, 2024). This was done via an amended form bearing the file-mark date of February 23, 2026. Thus, as the above communication shows, Respondents intended to raise the statute of limitations defense concerning the remaining two claims: H502416 (DOI July 11, 2024) and H601531 (DOI May 5, 2024).

At the hearing, Claimant objected to the issue being raised so late in the process. I took the matter under advisement, and recommended that the parties amend their contentions to address this issue, in the event that were allowed to be included.

As the Arkansas Court of Appeals wrote in *Sapp*, *supra*, "elementary principles of fair play" apply in Commission proceedings. While the addition of this issue came very late in the game, Claimant was not unduly hampered by this timing. She offered her Forms AR-C as exhibits; and they came into evidence. Moreover, file-marked versions of these have been blue-backed to the record. Claimant gave testimony bearing on this

issue; and nothing in the record indicates that she would have identified and called another witness concerning this matter had she known about it at least seven days before the hearing, per the Prehearing Order. Respondents correctly pointed out that they cannot reserve this issue. Under Ark. Code Ann. § 11-9-702(e) (Repl. 2012):

> Failure to file a claim within the period prescribed in subsection (a) or (b) of this section shall not be a bar to the right unless objection to the failure is made at the first hearing on the claim in which all parties to interest have been given a reasonable notice and opportunity to be heard.

Thus, Respondents' motion to add an issue concerning this affirmative defense is hereby granted. As a threshold issue, it will be addressed first.

Testimony of Robin Wagner

At the hearing, after Robin Wagner was identified as a witness by Claimant, was sworn, and was sequestered after Respondents invoked the rule, the following colloquy took place:

> MR. RYBURN: Objection to Ms. Robin Wagner as a witness to this hearing.
>
> JUDGE FINE: What's the basis of your objection, counsel?
>
> MR. RYBURN: Wasn't improperly [sic] identified.
>
> MR. WELLS: She was identified as a witness seven days before today's hearing, Your Honor.
>
> MR. RYBURN: In the email?
>
> MR. WELLS: Yes.
>
> MR. RYBURN: Okay. I'm going to withdraw that, yes.

However, on July 28, 2026, Respondents filed a pleading captioned Motion to Strike Testimony of Undisclosed Witness, asking that Wagner's testimony not be taken into

consideration because the withdrawal of their objection was based on reliance on an inaccurate representation by Claimant's counsel that notice had in fact been given. Claimant's counsel responded on July 29, 2026, stating:

> A review of the emails sent out by my law firm identified the fact that [Respondents' co-counsel] was not actually sent a copy of the email that was forwarded in this claim [that identified Wagner]. The Claimant states that Judge Fine should make an appropriate ruling.

The Prehearing Order provides in pertinent part:

> Exhibits and the identity of witnesses must be exchanged at least seven (7) days prior to the hearing . . . [e]vidence not disclosed in compliance with this Order shall not be considered as evidence unless prior permission of the Commission is obtained and for good cause shown.

Again, as the Court of Appeals has written, "elementary principles of fair play" apply in Commission hearings. *See Sapp*, *supra*. Had Claimant's counsel known at the hearing that Wagner's identity had been disclosed within the requisite period, he undoubtedly would have acknowledged such. In turn, Respondents would not have withdrawn their objection, which was well-founded. Consequently, Respondents' motion is hereby granted. Wagner's testimony will be considered proffered only; it will not be considered in addressing any of the issues at bar.

ADJUDICATION

A. Statute of Limitations

Introduction. Respondents have alleged at the outset that two of the three claims that are part of this proceeding—H502416 and H601532--are barred by the statute of limitations. Claimant disputes this.

Standards. In her testimony, Claimant stated the Respondents furnished her some medical treatment in connection with these claims. I credit this. However, as the parties have stipulated, the claims have now been controverted it in their entirety. Under Ark. Code Ann. § 11-9-702(b)(1) (Repl. 2012):

> In cases in which any compensation, including disability or medical, has been paid on account of injury, a claim for additional compensation shall be barred unless filed with the commission within one (1) year from the date of the last payment of compensation or two (2) years from the date of the injury, whichever is greater.

The burden rests on Claimant to prove that her claims were timely filed. *Stewart v. Ark. Glass Container*, 2010 Ark. 198, 366 S.W.3d 358; *Kent v. Single Source Transp.*, 103 Ark. App. 151, 287 S.W.3d 619 (2008). Under Ark. Code Ann. § 11-9-705(a)(3) (Repl. 2012), she must prove this by a preponderance of the evidence. The standard "preponderance of the evidence" 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).

Per Ark. Code Ann. § 11-9-702(c) (Repl. 2012):

> A claim for additional compensation must **specifically** state that it is a claim for additional compensation. Documents which do not **specifically** request additional benefits shall not be considered a claim for additional compensation.

(Emphasis added) *See White Cty. Judge v. Menser*, 2020 Ark. 140, 597 S.W.3d 640.

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's 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*.

Discussion. At the hearing, when questioned by the Commission, Claimant testified that Respondents did not provide her with any treatment in connection with any of her alleged injuries until the matter came to the attention of human resources at Respondent employer. Respondents informed her that she had the option of going to the emergency room or to another physician. Claimant opted to continue to treat with Dr. Roy Cooper, whom she had been seeing in connection with her knee condition—which is not at issue here. She added that they paid for "several" visits to him after the preparation of a Medcor triage report, which is dated November 18, 2024. The last such visit in evidence occurred on February 6, 2025. Claimant also related that Respondents did not controvert her claim until two days before her surgery was to have taken place. The evidence at bar shows that the last treatment Respondents covered was her March 21, 2025, visit to Dr. Parham.

The payment of compensation for any benefit—whether indemnity or medical in nature—constitutes the "payment of compensation" under this provision. *See Wynne v. Liberty Trailer*, 2022 Ark. 65, 641 S.W.3d 621. The one-year period during which a claim for additional compensation may be filed—provided that it is later than two years after the alleged injury—begins to run from the last payment of compensation. *See Wynne*, *supra*. With respect to medical benefits, the date of payment is deemed to be

the date that medical services were provided. *Plante v. Tyson Foods*, 319 Ark. 126, 890 S.W.2d 253 (1994).

Under *Wynne*, *supra*, the statute of limitations began running following the March 21, 2025, visit to Parham. Thus, in order to be timely filed, Claims Nos. H502416 and H601532 had to have been filed by the later of (a) one year after the above visit, or March 21, 2026; or (b) two years after the alleged injury. The alleged date of injury in H502416 is July 11, 2024, while H601532 is May 5, 2024—making the operative deadlines July 11, 2026, and May 5, 2026, respectively. Before these dates, Claimant filed Forms AR-C for both, on April 21, 2025. But each form contains boxes, and marks in those boxes, clearly showing that only initial—not additional—benefits were being sought in each. This falls short of the standard in § 11-9-702(c), as explained by the Arkansas Supreme Court in *Menser*, *supra*. These forms, consequently, did not stop the running of the limitations periods for those claims, which have now run. Moreover, nothing else in evidence serves as a claim for additional benefits to perform this function. Therefore, Claimant has not proven by a preponderance of the evidence that Claims Nos. H502416 and H601532 were timely filed. Instead, the evidence establishes that they are now time-barred under § 11-9-702(b)(1).

B. Compensability

Introduction. With respect to the remaining claim, H501935, Claimant has argued that she suffered compensable injuries to her left foot/ankle in a specific incident on November 16, 2024, while working for Respondent employer. As the parties have stipulated, Respondents have controverted this claim in its entirety. *See supra*.

Standards. In order to prove the occurrence of an injury caused by a specific incident identifiable by time and place of occurrence, a claimant must show that: (1) an injury occurred that arose out of and in the course of her employment; (2) the injury caused internal or external harm to the body that required medical services or resulted in disability or death; (3) the injury is 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 injury was caused by a specific incident and is identifiable by time and place of occurrence. *Mikel v. Engineered Specialty Plastics*, 56 Ark. App. 126, 938 S.W.2d 876 (1997). If a claimant fails to establish by a preponderance of the evidence any of the above elements, compensation must be denied. *Id.*

Under the Arkansas Workers' Compensation Act, the employer takes the employee as the employer finds her, and employment circumstances that aggravate pre-existing conditions are compensable. *Nashville Livestock Comm. v. Cox*, 302 Ark. 69, 787 S.W.2d 64 (1990). A pre-existing infirmity does not disqualify a claim if the employment aggravated, accelerated, or combined with the infirmity to produce the disability for which compensation is sought. *St. Vincent Med. Ctr. v. Brown*, 53 Ark. App. 30, 917 S.W.2d 550 (1996).

Evidence. As the parties have stipulated, Claimant on November 16, 2024, was an employee of Respondent D&H, doing business as Dodge's Southern Style Chicken. Her title was Assistant Store Manager; and she eventually also became the Money Manager. She described her duties there as follows: "Count the safe, manage people,

clean, do soda fountain, stock coolers, fry food, help customers. It's everything within the four walls." Wendy Parnell was her supervisor.

Asked what happened on the alleged date of injury, Claimant related:

> We were working. I was working along the back getting food in and out of the fryer and putting it into the hot box, and I twisted my left ankle on tiles that were not secure to the floor and they were kind of floating on top of the oil slick that had developed along that area.

According to Claimant, she experienced "[s]harp pain over the arch area and across the top of the foot."

Claimant did not believe that Parnell was present when this happened. But she told her in person later. Parnell responded that the company was supposed to fix the tiles. She did not provide Claimant with any workers' compensation forms, and did not offer to have her seen by the company doctor. However, on the advice of her divorce attorney, Claimant contacted the human resources department of the company directly about the matter. Due to Respondents' inability to locate a doctor to see in the Paragould area, she was permitted to go to her own physician, Dr. Cooper. As discussed above, Respondents paid for her treatment with him. Cooper referred her for further treatment. Thereafter, she underwent an MRI and saw specialists. Surgery was recommended. However, two days before this procedure was to take place, per Claimant, Respondents reneged on an earlier representation that they would cover the surgery.

Under cross-examination, Claimant again described the mechanism of injury:

> There was an accumulation of oil, and there was a large portion of the floor where the tile was—some of it was cracked, some of it was missing,

> it was very slippery and, some of them were—actually had oil under them, so when you stepped on them, they moved and slipped.

Claimant added that when she stepped in this area on that particular day, her ankle "twisted . . . I twisted and went to the side on my ankle." Claimant could not explain why the MedCor report in evidence does not mention this particular incident—particularly since it purportedly occurred only two days prior. But she was adamant that she reported all three alleged incidents that make up the three claims at bar.

The transcript of Claimant's deposition reflects that the following exchange occurred:

> Q. I was asking you about whether you remember anything occurring in November of 2024, to your left ankle. Is it still your testimony at this point that you don't remember anything happening to your left ankle in November of 2024?
>
> A. **I remember a slight twist due to broken tiles, but it did not injure me.**

(Emphasis added) At the hearing, Respondents asked Claimant about this testimony:

> Q. Were you injured in November?
>
> A. Yes. I just—in my opinion, I didn't realize the severity of it in comparison to the falling [i.e., the other two alleged incidents].

Called by Respondents, Parnell testified that she is a Store Leader or Store Manager for Respondent D&H. She has been employed in this capacity for 24 years. Claimant was her Assistant Store Leader/Manager during the period at issue. In this capacity, they worked together on a daily basis. Asked if she was aware of the alleged November 16, 2024, incident, Parnell replied: "I do not remember." On cross-examination, the following exchange occurred:

> Q. Let's now talk about the last incident in which she claimed that she hurt her ankle, reaggravated her ankle by loose tile in front of the stove. You are aware of the fact that there were loose tile, as testified to by her . . . that that was an issue, correct?
>
> A. Yes.
>
> Q. And that was loose and greasy, correct?
>
> A. Yes.
>
> . . .
>
> Q. And Ms. Gleason told you on that date, November of 2024, that she slipped on the tile and hurt her ankle. She told you that, is that correct?
>
> A. I do not remember.
>
> Q. Are you denying that?
>
> A. I am not denying that.

The medical records in evidence show that Claimant was having left foot/ankle problems prior to November 16, 2024. That is unsurprising, in light of the fact that she has alleged injuries in May and July of that year that have been found herein to be time-barred.

On May 9, 2024, examination by Dr. Cooper showed her to have "moderate swelling" of the left ankle. X-rays showed her to have mild-to-moderate osteoarthritis at this site. On that date, she was assessed as having a sprain of the deltoid ligament of the left ankle, and was placed in an Aircast ankle brace. As of June 27, 2024, she was found to have, inter alia, mild effusion to the medial malleolus. X-rays of the left foot on July 12, 2024, were negative. An MRI of the left ankle was ordered on September 9, 2024. However, nothing in evidence indicates that the MRI took place at that time.

Following the alleged incident at issue, on November 19, 2024, Claimant presented to Aaron Hathcock, PA-C, at NEA Baptist Emergency Department. The history portion of the report reads:

> Chief Complaint
> Patient presents with
> - Ankle Pain
>
> 55-year-old female who presents with complaints of ongoing issues with her ankle. The patient states that in April of this year she injured her left ankle at work. Again in July of this year she tripped at work and injured her left ankle. She states last week she tripped on some broken tile at work and has once again reaggravated the left ankle injury. She states favoring the left ankle has now begun to cause pain in her right knee. She has been seeing Dr. Cooper for the ankle but has not seen him since the reaggravation of the injury last week.

X-rays of the left foot and ankle were normal.

On December 20, 2024, Claimant underwent an MRI of her left ankle. It showed:

1. Severe posterior tibialis tendinosis and tenosynovitis with multifocal low-grade partial-thickness tears.
2. Plantar fasciitis.
3. Osteochondral lesions in the medial talar dome.

In a follow-up visit to Dr. Cooper on January 2, 2025, Claimant mentioned only the alleged May and July 2024 incidents; the record does not reflect that she mentioned the alleged November 2024 incident to him. He referred her to a foot and ankle subspecialist at the University of Arkansas for Medical Sciences concerning her left ankle/foot, and prescribed her Cyclobenzaprine (Flexeril) “as needed for muscle spasms.” However, there is no indication in Cooper’s report whether this medication was for her foot, ankle, knee, for perhaps something else; no findings of spasm are mentioned.

Claimant saw Dr. Parham for the first time on January 24, 2025. That report reads in pertinent part:

> Status/Diagnosis: new patient, workers comp., left posterior tibial tendon insufficiency stage II A and medial talar dome OCD lesion
>
> . . .
>
> Date of Injury: 3 several falls in 2024 with 1 being in April, 1 being in July and 1 being in November
>
> . . .
>
> CHIEF COMPLAINT: left ankle pain
>
> HISTORY: Michele E. Gleason is a 55 year old female patient here today for evaluation of her left ankle. This is a worker's compensation claim. She states that in April of 2024 last year she slipped and twisted her ankle initially. She states that she was given a lace-up ankle brace after she went to an urgent care where radiographs were obtained which did not show any fracture. She states that is the [sic] she then twisted her ankle again in July of 2024. Lastly, she states that November of 2024, she slipped and twisted her ankle while at work. She states that this was because the floor was slippery. She states that ever since that time she has had medial ankle pain. She states that it is pain every day. She states that [it] hurts with every step. She was put into a boot 3 weeks ago. She states that the boot has helped her pain some but not significantly. She states that she has never had pain in either of her ankles or feet before these falls.
>
> . . .
>
> IMAGING:
> Multiple weight-bearing radiographs of the left ankle and foot were ordered reviewed in clinic today. These demonstrate overall pes planovalgus deformity with decreased calcaneal pitch and decrease[d] cuneiform height. [T]here is not any obvious plantar gapping of the 1st TMT. She has an inverse Meary's angle. She does not have substantial talonavicular uncoverage.
>
> MRI of the left ankle from outside facility was reviewed in clinic. This is independently interpreted by myself. This demonstrates significant signal change and tearing of the posterior tibial tendon. Difficult to delineate this

> spring ligament on this imaging. There is no obvious sinus tarsi edema. There is a medial talar dome OCD lesion with a cartilaginous cap intact. This lesion is approximately 5x6 mm.
>
> ASSESSMENT AND PLAN:
> Michele E. Gleason is a 55 year-old female patient with primary diagnosis of concomitant acute left posterior tibial tendon insufficiency stage II A and medial talar dome OCD lesion.
>
> [I have] reviewed all of her imaging with her in clinic today. I discussed with her that the posterior tibial tendon insufficiency is typically a chronic disease in patients her age but I do believe that is reasonable based upon the falls, that she could have damaged her posterior tibial tendon and kick started the process. I did discuss with her that classically medial talar dome OCD lesions the lesions [sic] have been viewed as being chronic lesions which means that this would be an incidental finding and since she has not had any precipitating pain before these falls, I do believe that this is most likely what this is. Unfortunately it is difficult to delineate whether this is causing her a problem as well.

During her physical therapy evaluation on February 12, 2025, Claimant stated that her ankle problems began with her April 2024 injury. She was being evaluated for physical therapy because her doctors wanted to try therapy before resorting to surgery.

After Dr. Parham saw Claimant again on March 21, 2025, he wrote:

> I reviewed her imaging with her again today in clinic. Based on the fact that she has failed a period of boot immobilization and a course of physical therapy, I do believe that she is indicated for surgical intervention. She will require surgical intervention in the form of flexible flatfoot reconstruction including a gastrocnemius recession, medial displacing calcaneal osteotomy, posterior tibial tendon exploration with possible excision, flexor digitorum longus transfer to navicular, possible spring ligament reconstruction and possible Cotton osteotomy.

In an email dated March 26, 2025, Dr. Parham gave a causation opinion:

> It is my medical opinion that >51% of posterior tibial tendon dysfunction is due to her work related injuries. She has had three separate ankle injuries resulting in chronic pain to the medial ankle with MRI findings demonstrating significant tearing of the posterior tibial tendon. While most cases of posterior tibial tendon insufficiency are chronic in nature, it is my

> opinion that she was predisposed to pathology of her posterior tibial tendon due to her pes planovalgus deformity thus the ankle injuries resulted in an eversion force on the ankle causing the tearing of her posterior tibial tendon that has led to her chronic pain.

The second opinion was issued the next day, also in the form of an email. Portions of the copy that are in evidence have been cut off. It reads:

> . . . more than likely that Mrs. Gleason sustained a partial tear/injury to her posterior tibial tendon from the initial step off the curb in April of 2024. She was ambulatory in a lace up ankle brace following this injury before her recurrent injuries in July and April [sic—presumably November]. She does report worsening of the medial ankle pain and an increase in the consistency of the ankle pain following the November injur[y] . . . whatever posterior tibial ankle pathology was present from the April injury, was worsened following the November injury. I cannot confidently say at this time that >51% of her current problem was due solely to the injury in April.

On August 6, 2025, he rendered a third opinion:

1. Is the left posterior tibial tendon insufficiency stage II a condition that would normally be caused by work injuries described by Ms. Gleason?
    a. Posterior tibial tendon tears are most commonly due to a degenerative process but there are case reports of posterior tibial tendon tears being caused by more acute mechanisms such as ankle sprains.

2. Can you state that the left posterior tibial tendon insufficiency stage II related to the alleged work injuries is related to the alleged work injuries within a reasonable degree of medical certainty (>51%)?
    a. I cannot say to a reasonable degree of medical certainty (>51%) that the posterior tibial tendon pathology was due solely to the injury in April of 2024 since she reports two subsequent ankle injuries, one in July and one in November, which afterwards, she reports that her symptoms worsened.

3. Is the incidental medial talar dome OCD lesion a condition that would normally be caused by the work injuries described by Ms. Gleason?
    a. Osteochondral defect lesions of the talar dome are often, but not always, caused by traumatic mechanisms, such as ankle sprains.

4. Can you state that the incidental medial talar dome OCD lesion is related to the alleged work injuries within a reasonable degree of medical certainty (>51%)?
    a. I cannot say to a reasonable degree of medical certainty (>51%) that the osteochondral defect lesion is due solely to the injury in April of 2024 since she reports two subsequent ankle injuries, one in July and one in November, which afterwards, she reports that her symptoms worsened.

Parham authored a fourth opinion on August 29, 2025, that reads:

1. In my medical opinion, the tearing of the posterior tibial tendon likely represents an acute injury evidenced by objective findings of the left ankle of Michele Gleason. I am unable to specify if this was due to a single one of the injuries she reported or if each of these three events contributed to the pathology.

2. In my medical opinion, the osteochondral lesion of the medial talar dome likely represents a chronic condition unrelated to her work related injuries.

3. In my medical opinion, Michele Gleason has failed appropriate conservative treatment and surgical intervention is indicated for her pathology.

On September 18, 2025, Dr. Parham issued a fifth:

> In my opinion, Ms. Gleason could have sustained the injury to her posterior tibial tendon during any one, or a combination of, the three injuries that she reported to me.

The sixth and final opinion that Parham gave came in response to a letter from Claimant's counsel in which eight optional opinions could be selected. Of the two options the doctor checked on March 10, 2026, only the following related to Claimant's alleged left ankle injuries:

2. In my medical opinion, the work injuries of Michele Gleason created an aggravation of pre-existing conditions causing an acute injury to her left ankle verified by objective medical findings.

On January 17, 2026, in response to an inquiry by Claimant's counsel, Dr. Chelsea Matthews checked a box next to the following opinion:

> In my medical opinion, the work injuries of Michele Gleason created an aggravation of pre-existing conditions causing an acute injury to her left ankle verified by objective medical findings.

However, Matthews hand-wrote the following qualifier:

> Unsure of relation of medial talar dome cyst. Diagnostic injection today to rule out pain in that area.

On February 2, 2026, Matthews amended the above to confirm that the cyst was not related to any work injury:

> [Zero] improvement w/injection. OCD unrelated. Treatment indicated for PTT and pes plan = valgus. [Zero] treatment indicated for OCD.

Discussion. Due to Claimant's claims for alleged injuries on May 5, 2024, and July 11, 2024, running afoul of the statute of limitations (see *supra*), only the merits of the final claim (No. H501935)—one with an alleged injury date of November 16, 2024—is before me.

It is clear that the medical records in evidence show that Claimant has objective findings of an injury. That injury is a tear of her posterior tibial tendon. Both Drs. Parham and Matthews gave the opinion that her medial talar dome cyst/lesion was not an injury. I credit this. 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).

But the key question here is whether the alleged incident of November 16, 2024, played any role in the tearing of the tendon. Both Parham and Matthews checked forms supplied by Claimant's counsel to indicate "that the work injuries of Michele Gleason

created an aggravation of pre-existing conditions causing an acute injury to her left ankle verified by objective medical findings." I do not credit these particular opinions because they are conclusory; no effort whatsoever was made by either physician to explain what is meant by Claimant's "injuries." Fortunately, because the parties went to Dr. Parham again and again in an effort to nail down exactly what he was opining, the doctor explained exactly what his causation opinion was, and why.

Dr. Parham's August 29 and September 18, 2025, opinions, which I credit, are problematic for Claimant. This is because, broken down, he does not expressly tie the tear of the tendon to the November 2024 incident; it could have been caused by that incident, but just as easily could have been caused by one of the others, any two of them, or perhaps all three.

His March 27, 2025, causation opinion is different in that Parham overtly relates the alleged November incident to the tendon-tearing, and the basis for this opinion:

> [Claimant] does report worsening of the medial ankle pain and an increase in the consistency of the ankle pain following the November injur[y] . . . whatever posterior tibial ankle pathology was present from the April injury, was worsened following the November injury.

But what must be kept in mind is that Dr. Parham never saw Claimant until January 24, 2025, after the occurrence of all three alleged incidents—most particularly the one in November 2024. He did not see her, for instance, between July and November 2024, to note an increase in her symptoms or her findings. Her MRI did not take place until December 20, 2024. His only basis for his opinion that she experienced a worsening after November 16, 2024, is what she purportedly told him. But what Claimant

supposedly related to Dr. Parham on this matter conflicts with her deposition testimony, which bears quoting at length:

> Q. And the reason I ask is because the November 23rd, 2024, report states, it says, Patient states that she had injuries from work to the ankle since April and she reinjured it last week. Do you know why they would've written that?
>
> A. No. It's incorrect.
>
> Q. You think that's just a mistake?
>
> A. Yeah.
>
> Q. What did you do to your left ankle in, if it was last week, it would be in November of '24? And again I'm referring to the November 19th, 2024, note by Carissa Lauren Nanney, an R.N., Nanney, N-A-N-N-E-Y.
>
> A. I don't, I don't understand where she got part of her information. She might've been half listening. I don't know. Because they were, the two injuries were prior.
>
> Q. Okay, right. Well, she says that you injured it in April of '24, I'm assuming, because it's written in '24, and last week, which would be early November of '24. Do you remember something happening in early November of '24?
>
> A. No.
>
> Q. Have you had any injuries outside of work to your left ankle or right knee?
>
> A. No.
>
> Q. So you think that this note is just wholly inaccurate as to both April and last week?
>
> A. No.
>
> Q. Well, what is your belief as to the accuracy of this note stating that patient states that she had injuries from work to the ankle since

April and she reinjured it last week, noted on November 19th of 2024?

A. Honestly, I don't remember. I know I've twisted it a few times at work. Maybe it was during that conversation, but that wasn't anything that would cause a lot of damage.

Q. How do you know?

A. Because it's already messed up from the first two.

. . .

Q. But you admit that you may have forgotten something that happened in November of '24?

A. I don't recall.

. . .

Q. I believe I was asking you about whether you remember anything occurring in November of 2024, to your left ankle. Is it still your testimony at this point that you don't remember anything happening to your left ankle in November of 2024?

A. I remember a slight twist due to broken tiles, but it did not injure me.

Q. But it was enough that you mentioned it to the, to the doctor?

A. Probably, yes.

. . .

Q. And this note, the January 24th, also talks about the November incident. It says, lastly, she states in November of 2024 she slipped and twisted her ankle while at work. She states that this was because the floor was slippery.

A. That's the prior thing that I told you. **But I didn't fell, feel that it contributed to what was already going on.**

Q. You didn't seek treatment necessarily directly because of that slip?

A. No. I was already seeking treatment for the other two falls.

Q. Okay. And so you just mentioned it—

A. Yes.

Q. —while seeking treatment for the May and July events?

A. Yes.

(Emphasis added)

To boil it down, Dr. Parham has rendered the opinion that Claimant suffered a left ankle injury in November 24 because (to quote his January 24, 2025, report of their first visit): "Lastly, she states that November of 2024, she slipped and twisted her ankle while at work. She states that this was because the floor was slippery. She states that ever since that time she has had medial ankle pain. She states that it is painful every day." This does not comport with her deposition testimony, which I credit, that she does not believe that she suffered a left ankle injury at that time. This is corroborated by the fact that (a) the Medcor report does not reflect that Claimant felt it significant enough to mention the alleged tile incident at the time the report was made, just two days after the incident supposedly took place; and (2) Claimant did not tell Dr. Cooper about it on January 2, 2025, her first visit with him since before the alleged incident.

I recognize that at the hearing, she attempted to explain this discrepancy:

Q. Were you injured in November?

A. Yes. I just—in my opinion, I didn't realize the severity of it in comparison to the falling [i.e., the other two alleged incidents].

But after weighing this against the detail in her deposition, I find that I cannot credit it. Simply put, based on the evidence, I cannot credit Dr. Parham's opinion insofar as it

states that she suffered a posterior tibial tendon tear in the alleged November 2024 incident involving Claimant slipping on tile at work—which she herself described under oath as a "slight twist" that did not hurt her.

Due to the foregoing, apart from Claimant's ability to prove the other elements of compensability, her claim must fail. She has not proven in the context of Claim No. H501935 that she suffered a compensable injury to her left foot/ankle by specific incident on or about November 16, 2024.

C. Remaining Issues

Because of the foregoing, the remaining issues—when Claimant furnished notice of her alleged injuries and whether she is entitled to reasonable and necessary medical treatment of them—are moot and will not be addressed.

CONCLUSION

In accordance with the Findings of Fact and Conclusions of law set forth above, these claims for additional benefits are hereby denied and dismissed.

IT IS SO ORDERED.

_____
Hon. O. Milton Fine II
Chief Administrative Law Judge