

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. H201334

SALLY HER, Employee	CLAIMANT
SIMMONS PREPARED FOODS, INC., Employer	RESPONDENT
SEDGWICK CLAIMS MANAGEMENT, Carrier	RESPONDENT

OPINION FILED NOVEMBER 10, 2022

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

Claimant represented by EVELYN E. BROOKS, Attorney at Law, Fayetteville, Arkansas.

Respondents represented by R. SCOTT ZUERKER, Attorney at Law, Fort Smith, Arkansas.

STATEMENT OF THE CASE

On August 16, 2022, the above captioned claim came on for a hearing at Springdale, Arkansas. A pre-hearing conference was conducted on April 6, 2022, and a Pre-hearing Order was filed on April 6, 2022. A copy of the Pre-hearing Order has been marked Commission's Exhibit No. 1 and made a part of the record without objection.

At the pre-hearing conference the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. On all relevant dates, the relationship of employee-employer-carrier existed between the parties.
3. The claimant was earning sufficient wages to entitle her to compensation at the weekly rate of \$551.00 for temporary total disability benefits and \$413.00 for permanent partial disability benefits.

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

1. Whether the claimant sustained a compensable gradual onset injury to her right hand on or about October 12, 2021.
2. Whether the claimant is entitled to medical treatment for her right hand.
3. Whether the claimant is entitled to temporary total disability benefits from January 26, 2022, to a date yet to be determined.
4. Whether the claimant's attorney is entitled to an attorney fee.

Claimant's contentions are:

"Claimant contends she is entitled to treatment for her right hand and to TTD benefits from date last worked to a date yet to be determined. The claimant reserves all other issues."

Respondents' contentions are:

"a. Respondents contend that claimant did not sustain a compensable injury as that term is defined by Act 796."

The claimant in this matter is a 35-year-old female who began employment with the respondent on September 27, 2021, as a trimmer in the respondent's chicken processing facility. The claimant alleges that on or about October 12, 2021, she sustained a compensable gradual onset injury to her right hand. Following is a portion of the claimant's direct examination testimony in which she describes her job duties as a trimmer:

Q Okay. And what did the duties of a trimmer entail?

A Using my hand to debone the breast and the tendons and cutting all the bones off the breasts.

Q What did you use to cut?

A Scissors and another one I don't know. There is no name for it.

Q Okay. What did it look like?

A It was two knives and it is connected on the bottom and we use that to cut the tendon to loosen it from the bone.

Q Okay. And in your deposition you explained pretty much in depth your job duties. Was there ever a time at Simmons when you were not using both hands?

A No. I was using both hands.

Q And was there a quota system?

A Like what does that mean?

Q Where you had to do a certain amount of birds per minute or per hour?

A That I don't know.

Q Okay. And we have introduced some descriptions of job duties. And did you ever do a different job at Simmons than trimmer or was it just trimmer?

A Just trimmer.

I note that the claimant's job duties were described with additional details in her deposition taken on July 6, 2022, which was introduced as Respondents' Exhibit 3.

In direct examination testimony, the claimant testified about the difficulties she alleges concerning her right hand as follows:

Q Okay. Now, at some point did you begin having trouble doing your job?

A At some point, yes.

Q And what happened?

A In the beginning it was sore from, you, know, starting a new job. I never did it before ever. And then it just – I just had the pain.

Q And what was sore when you started your new job?

A Both of my hands.

Q Okay. And at some point did one hand begin bothering you in particular?

A Yes.

Q Which hand was that?

A My right hand.

Q And when it started bother you, did you report it?

A Yes, I did.

Q Who did you report it to?

A To the nurse.

Q Okay. And did you do that right away?

A Yes.

Q And what did the nurse do for you?

A She didn't do anything for me.

Q Were you able to continue working?

A Yes, I was continuing working, but I was babying my right hand mostly.

Q Did you go to a doctor?

A I eventually, yes, went to a doctor.

A nurse's log from the respondent's onsite nurse's station was introduced into the record by both the claimant and the respondent. The record can be found at Claimant's Exhibit 2, Page 1. That record is short on information but does indicate that the claimant was seen for left wrist pain on October 7, 2021, and bilateral wrist pain on October 10, 2021, and apparently received

some form of conservative treatment regarding her right wrist on October 10, 2021. The claimant's attendance records were also introduced into the evidence. Those records can be found at Respondents' Exhibit 2, Pages 6-15.

The claimant was seen at Rapid Remedy Urgent Care by Dr. Shawn Anderson on October 13, 2021. Following is a portion of that medical record:

Chief Complaint: R hand pain 1 of 2

History of Present Illness:

Sally Her is a 34 year old female complaining of Pain. She describes the location of her discomfort to be mainly in the area of the right hand. She also complains of Swelling. She states that she has been having pain and lack of grip in her right hand. The pain is also radiating to the right elbow and is concerning as the pain seems to be most present when gripping or using the hand muscles. She also states that she started a new job at the chicken plant and is working in the deboning section which requires a lot of hand strength and repetitive motions, she has noticed a consistent swelling in her right wrist and right handed knuckles.

Onset: Last week 2021

Severity: Mild to moderate

Quality: Constant

Duration: Since Onset

Timing: Constant, worse at times

Aggravating Factors: Weight bearing, Increased by touch, Increased with movement

Relieving Factors: Relieved with rest

Associated symptoms include: Weakness, Swelling

Review of Systems:

MUSCULOSKELETAL: Positive--, Joint pain, Muscle pain, Limited range of motion, Swelling, Right hand radiating up to the right elbow and right wrist shows swelling.

Assessment:

Acute Assessment:

Dequervains Tenosynovitis

Right hand over use

Swelling right hand right wrist

Muscle strain right hand

Plan:
Medications and Orders this Visit:
Right wrist brace – see scanned prescription
RICE
Work note – see scanned file
Diclofenac 1% topical gel apply tid
Medrol dosepak 4 mg – take as indicated
FU 10 days.

It appears through the attendance records, the claimant was on medical leave from October 12, 2021, to October 17, 2021, and then on disciplinary leave from October 18, 2021, to October 21, 2021. I note the claimant's disciplinary leave was apparently resolved at no fault of the claimant.

On November 17, 2021, the claimant was seen at Arkansas Occupational Health Clinic by APRN Amanda Bell. Following is a portion of that medical record:

CHIEF COMPLAINT

Right hand pain.

PATIENT DESCRIPTION OF ACCIDENT

Patient states she has gradually developed pain to the right hand from repetitive hand movements. States pain on her right hand causes numbness and tingling down to her right ring and small fingers. Patient states she has been treated at Rapid Remedy Urgent Care.

HISTORY OF PRESENT ILLNESS

Sally's primary problem is pain located in the right wrist. She describes it as tingling, numbness, throbbing. She considers it to be moderate. The problem began on 11/11/2021. Sally says that it seems to be constant. She has noticed that it is made worse by grasping. It is improved with nothing. She feels it is stable.

REVIEW OF SYSTEMS

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

EXAMINATION

Right Wrist: An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. Pain on motion is not present. Pain to palpation is not present. Radial pulses good and equal bilaterally. A rash is not present. Swelling is not present. Range of motion is normal. Strength is normal.

Left Wrist: An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. Pain on motion is not present. Pain to palpation is not present. A rash is not present. Swelling is not present. Range of motion is normal. Strength is normal.

Right Hand: An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. Pain on motion is present with gripping. A rash is not present. Swelling is not present. Range of motion is normal. Strength is normal. Patient reports tenderness to palpation to the dorsal side of her hand, God grip bilaterally, Capillary refill is less than 2 seconds in all fingers, Full range of motion noted with all fingers, Patient reports pain to the 4th and 5th fingers with use, Patient reports Intermittent tingling to the 4th, 5th fingers.

Left Hand: An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. Pain on motion is not present. Pain to palpation is not present. A rash is not present. Swelling is not present. Range of motion is normal. Strength is normal.

Constitutional: Patient is alert and oriented. Patient is pleasant and in no acute distress. She appears to be healthy. Maintains eye contact, Answers questions appropriately. She is able to move with no difficulty. She is afebrile. She is right handed.

DIAGNOSIS

1. Right hand pain (M79.641).

ASSESSMENT

Number and Complexity of Problems Addressed: 1 acute, uncomplicated illness or injury.

TREATMENT PLAN

Patient reports being treated at a local Urgent Care clinic recently for her right hand complaints. She was diagnosed with tendinitis and given a wrist support to wear. The patient is encouraged to wear the wrist support at bedtime as needed. She may continue taking OTC Motrin and Tylenol. The patient may continue ergo protocol and follow-up in 1 week. All questions have been

addressed according to the patient. The company nurse, Lisa, was present during today's exam.

MEDICAL CAUSATION

The cause of this problem appears to be related to work activities.

RECOMMENDED WORK STATUS

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

The claimant again, according to attendance records, was on medical leave from October 24, 2021, to October 26, 2021. The claimant then worked an eight-hour shift on both October 27, 2021, and October 28, 2021. The claimant also worked eight-hour shifts on four days from October 31, 2021, through November 3, 2021, but had an unexcused absence on November 4, 2021.

The claimant then worked four eight-hour shifts from November 7, 2021, through November 10, 2021, and a four and one-half-hour shift on November 11, 2021. The claimant worked an eight-hour shift on both November 15, 2021, and November 16, 2021, but was absent without excuse on November 17, 2021, then returned and worked an eight-hour shift on November 18, 2021.

The claimant then worked three eight-hour shifts from November 21, 2021, through November 23, 2021, was then off for Thanksgiving on November 24, 2021, and worked one eight-hour shift on November 25, 2021. The records then show the claimant did not work again until an eight-hour shift on December 2, 2021. The claimant worked three eight-hour shifts from December 5, 2021, through December 7, 2021, and apparently worked December 8, 2021, but only worked for a period of 16 minutes.

On December 8, 2021, the claimant was again seen at Arkansas Occupational Health Clinic by APRN Bell. Following is a portion of that medical record:

TREATMENT PLAN

Patient reports improvement with the symptoms of her right hand and fingers. Patient's pain has changed from the dorsal side of her hand to her palm. The patient is to continue current treatment regimen and follow-up in 2 weeks. All questions have been addressed according to the patient. The company nurse, Lisa, was present during today's exam.

MEDICAL CAUSATION

The cause of this problem appears to be related to work activities.

RECOMMENDED WORK STATUS

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

On December 9, 2021, the claimant was absent without excuse and then on medical leave from December 13, 2021, through December 15, 2021. The claimant then worked an eight-hour shift on December 16, 2021.

Beginning December 19, 2021, the claimant worked four eight-hour shifts and was off on December 23, 2021, for Christmas. The claimant worked an eight-hour shift on December 26, 2021, and had an unexcused absence on December 27, 2021. The claimant worked an eight-hour shift on both December 28, 2021, and December 29, 2021.

On December 29, 2021, the claimant was again seen by APRN Bell at Arkansas Occupational Health Clinic. Following is a portion of that medical record:

PATIENT STATEMENT ON CURRENT VISIT

Patient states pain on her right hand has slowly improved, states she continues to feel like tight sensation on her right middle, ring, and fifth finger.

HISTORY OF PRESENT ILLNESS

Sally's primary problem is Pain located in the right hand. She describes it as sharp, tight. She considers it to be moderate. The problem began on 11/11/2021. Sally says that it seems to be variable – depending on the activity level. She has noticed that it is made worse by lifting. It is improved with Motrin, Tylenol.

TREATMENT PLAN

Patient reports her right hand pain feeling about the same despite conservative measures and ergo protocol. She is also complaining of pain to the distal Ulna styloid of her right wrist today. I am having the patient's hands and wrists x-rayed for comparison views. She is to continue ice/heat applications multiple times daily. She may take Motrin OTC strength. She is to follow-up in 1 week. All questions have been addressed according to the patient.

MEDICAL CAUSATION

The cause of this problem is not known at this time.

RECOMMENDED WORK STATUS

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

The claimant was off work on December 30, 2021, for New Year's and worked an eight-hour shift on January 2, 2022. The claimant was again seen by APRN Bell on January 3, 2022.

Following is a portion of that medical record:

PATIENT STATEMENT ON CURRENT VISIT

Patient states that her right hand was re-injured when she was working on the line and she is now feeling numbness and tingling that goes up to her elbow.

DIAGNOSIS

1. Pain in right hand (M79.641).

TREATMENT PLAN

Patient reports feeling a sudden shock, tingling and numbness to her 3rd, 4th, 5th fingers radiating to her right elbow while pulling on product 1 week ago. X-rays of the right hand/wrist taken 1 week ago are negative for acute abnormalities. The x-ray results were discussed with the patient. The patient is encouraged to switch from Motrin to Naproxen 220 mg twice daily. She may alternate ice and heat multiple times daily. I am requesting an MRI of the right hand/wrist. The company nurse, Lisa, was present during today's exam. All questions have been addressed according to the patient.

MEDICAL CAUSATION

The cause of this problem is not known at this time.

RECOMMENDED WORK STATUS

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

RECOMMENDED ACTIVITY RESTRICTIONS

General: No tight gripping or pinching with the right hand.

The claimant began medical leave on January 3, 2022, and remained so until she returned to work on January 23, 2022, and worked three eight-hour shifts through January 25, 2022. The claimant apparently only worked for 59 minutes on January 26, 2022. The claimant was absent without excuse on January 27, 2022, and it appears that the claimant did not work at the respondent's place of business from that point forward.

On January 18, 2022, the claimant underwent an MRI of the right wrist and right hand without contrast at Siloam Springs Regional Hospital. Dr. Michael Flick authored a diagnostic report regarding the claimant's MRI of her right wrist and hand. Following is a portion of that medical record:

Impression:

1. Moderate bony sclerosis within the proximal lunate along the ulnar side with mild corresponding bone marrow edema. This is nonspecific but may represent ulnar impaction syndrome given history of repetitive motions at work.
2. No MRI evidence of positive ulnar variance. TFCC is unremarkable.

On January 26, 2022, the claimant was again seen by APRN Bell. Following is a portion of that medical report:

PATIENT STATEMENT ON CURRENT VISIT

Patient states she continues to have pain on her right palm/wrist area, states what causes her hand pain is grasping. Patient present to office for her right hand MRI review.

EXAMINATION

Right Wrist: An abrasion is not present. Bruising is not present. Erythema is not present. An open wound is not present. Radial pulses good and equal bilaterally, A rash is not present. Swelling is not present. Range of motion is normal. Strength is normal. Patient reports pain to the distal Ulna styloid with Horizontal motions of the wrist. Patient reports tenderness to the distal Ulna styloid of the wrist.

Constitutional: Patient is alert and oriented. Patient is pleasant and in no acute distress. Maintains eye contact, Answers questions appropriately, She is able to move with no difficulty. She is afebrile. She is right handed. She appears healthy.

Right Hand: Pain on motion is present with gripping, A rash is not present. Range of motion is normal. Strength is normal. Patient reports tenderness to palpation to the palm side of her hand at the 5th CMC, God grip bilaterally, capillary refill is less than 2 seconds in all fingers, Full range of motion noted with all fingers, Patient denies pain to palpation of the Ulnar notch of the elbow, Patient reports pain to the distal Ulna styloid today with horizontal motions of the wrist, Patient reports intermittent tingling and numbness to her right 3rd, 4th, 5th finger radiating up to her elbow lasting a second.

DIAGNOSIS

1. Bone Hypertrophy in right hand (M89.341).

TREATMENT PLAN

Patient reports some mild improvement with her right hand/wrist pain. MRI of the right hand indicates bony sclerosis of the Lunate which is aggravated by repetitive motion of the wrist, specifically the Ulna impacting the Lunate, according to the Radiologist. The MRI findings were discussed with the patient. Bony Sclerosis is typically a degenerative or congenital development. The patient reported her initial pain development only 1.5 months into this employment. This is most likely congenital, but I have also recommended the patient follow-up with a PCP to determine if she has an underlying autoimmune component as well. Unfortunately, the patient's wrist anomaly will only worsen if she continues repetitive motions with her right wrist. Therefore, I am recommending the patient permanently avoid repetitive right wrist motions. All questions have been addressed according to the patient. She is released from care regarding this reported injury.

MEDICAL CAUSATION

Work activities have aggravated an underlying, pre-existing condition.

RECOMMENDED WORK STATUS

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

RECOMMENDED ACTIVITY RESTRICTIONS

General: Avoid repetitive motions of the right hand.

The respondent called Shedrick Jones as a witness at the hearing in this matter. Mr. Jones is the complex human resources manager at the respondent's facility where the claimant was employed. Mr. Jones testified that the first two days of the claimant's employment, September 27, 2021, and September 28, 2021, were spent in orientation, testing, and observation. The first date the claimant would have actually worked on the line trimming chickens would have been the eight-hour shift she worked on Wednesday, September 29, 2021. The claimant then worked an eight-hour shift on Thursday, September 30, 2021. The claimant was then off work for the weekend and returned to work on Monday, October 4, 2021, through October 7, 2021, working four eight-hour shifts.

It was on October 7, 2021, that the claimant reported left hand pain to the respondent's nursing staff. The claimant was off work from Friday, October 8, 2021, through the weekend, until she returned to work on Monday, October 10, 2021, and worked an eight-hour shift. It was this date that the claimant complained of bilateral hand pain to the respondent's nursing staff and received conservative treatment for her right hand complaints. It appears the claimant worked eight eight-hour shifts of actual line work trimming chickens before she complained of right hand pain to the respondent. Mr. Jones, the complex human resources manager for the respondent, stated in his testimony, "Based on her time frame with the company, she is on what is called the training line and they typically run it between 15 to 20 birds a minute, so I don't

believe she made it past the training line based on her time frame with the company.” This is slower than the typical line speed of 35 birds per minute.

The claimant has alleged that she sustained a gradual onset compensable right hand injury on or about October 12, 2021. It is the claimant’s burden to prove the compensability of her alleged right hand injury. The claimant’s allegation of gradual onset seems unusual in that the claimant worked for a very short period of time prior to her first complaint of right hand pain. However, the MRI of the claimant’s right hand and wrist performed on January 18, 2022, revealed “moderate bony sclerosis within the proximal lunate along the ulnar side with mild corresponding bone marrow edema.” APRN Bell notes this revelation about the claimant’s bony sclerosis is degenerative or congenital in development. Given the short time that the claimant had worked trimming chickens for the respondent, it makes sense that this condition predated her employment with the respondent.

The claimant’s pre-existing condition was then aggravated by the work she performed for the respondent trimming birds even though the work for a very short period of time. APRN Bell states in the claimant’s January 26, 2022, medical record “the patient’s wrist anomaly will only worsen if she continues repetitive motion with her right wrist. Therefore, I am recommending the patient permanently avoid repetitive right wrist motions.” It is plain that the claimant was participating in rapid repetitive work trimming chickens for the respondent even if she did so for a short period of time. The claimant’s testimony at both the hearing and deposition supports the rapid repetitive nature of her work along with the job descriptions placed into evidence.

The claimant is able to show objective medical evidence of her pre-existing condition through her right wrist and right hand MRI. She can also show objective medical evidence of an aggravation of her pre-existing condition through the medical record from her Rapid Remedy

Urgent Care visit on October 13, 2021. In the Review of Systems section of that report it states “Musculoskeletal: Positive--, Joint pain, Muscle pain, Limited range of motion, Swelling, Right hand radiating up to the right elbow and right wrist shows swelling.”

The claimant is able to prove by a preponderance of the evidence that she sustained a gradual onset compensable aggravation of her pre-existing underlying right hand and wrist condition, while performing rapid repetitive job duties for the claimant even though she did so for a very short period of time. The claimant is also able to prove a causal connection from the right hand injury she alleges to her objective findings of an aggravation of her pre-existing condition in the form of hand swelling.

On June 7, 2022, the claimant was seen at Rapid Remedy Urgent Care by Dr. Shawn Anderson. Following is a portion of that medical record:

Chief Complaint: Right wrist pain

History of Present Illness:

Sally Her is a 35 year old female complaining of Right wrist pain. She also complains of LROM, pain, swelling. She states that she injured her right wrist at work while trimming at Simmons. Pt states that was last Fall. Pt states after the injury the pain went away, but now the pain has come back. Pt states she may have irritated it from lifting her kids. Pt states it has been hurting for about a month now.

Onset: 1 month ago

Severity: 10 out of 10

Quality: Aching, Sharp, Spasms

Duration: Since Onset

Timing: Comes and goes

Aggravating Factors: Worse with exertion, Exacerbate with movement, Increased with movement, Increased by touch

Relieving Factors; Nothing

Review of Systems:

MUSCULOSKELETAL: Positive--, Limited range of motion, Muscle pain, Redness, Swelling, Stiffness, Tenderness, Right wrist.

Assessment:

Acute Assessment:

Right wrist pain

Lunate bone sclerosis caused by ulnar compression syndrome

Plan:

Medications and Orders this Visit:

MRI results from Siloam Regional to refer to Brian Chalkin in Tulsa

Continue wearing splint on wrist

Ibuprofen 800mg 1 tab PO TID

Follow up in two weeks

X rays ordered

Radiology Results: I have reviewed the images personally and found Right wrist, 2 views

NO OVER READ ORDERED

The claimant in this matter has asked the Commission to determine whether the claimant is entitled to temporary total disability benefits from January 26, 2022, to a date yet to be determined. As previously stated, the claimant in this matter suffered a compensable aggravation of a pre-existing underlying condition in the form of right-hand swelling. At the claimant's January 26, 2022, visit with APRN Bell the claimant was placed on a permanent restriction of not engaging in repetitive motions of her right wrist. This restriction was placed on the claimant due to her pre-existing underlying condition and not the compensable aggravation of that pre-existing underlying condition. The claimant at that time was released from care and it is at that point that the claimant's healing period for her aggravation of her pre-existing underlying condition ended. As such, the claimant is not able to prove by a preponderance of the evidence entitlement to temporary total disability benefits from January 26, 2022, to a date yet to be determined.

The claimant is able to prove her entitlement to medical treatment for her aggravation of her pre-existing underlying condition up to the date that she was released from care by APRN Bell on January 26, 2022. The treatment received after that date was for the claimant's pre-existing underlying condition and not for the aggravation of that pre-existing underlying condition.

From a review of the record as a whole, to include medical reports, documents, and other matters properly before the Commission, and having had an opportunity to hear the testimony of the witnesses and to observe their demeanor, the following findings of fact and conclusions of law are made in accordance with A.C.A. §11-9-704:

FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The stipulations agreed to by the parties at the pre-hearing conference conducted on April 6, 2022, and contained in a Pre-hearing Order filed April 6, 2022, are hereby accepted as fact.

2. That the claimant has proven by a preponderance of the evidence that she sustained a compensable gradual injury in the form of an aggravation to her pre-existing underlying right hand and right wrist condition in the form of right hand swelling on or about October 12, 2021.

3. That the claimant has proven by a preponderance of the evidence that she is entitled to medical treatment from October 12, 2021, to January 26, 2022, when the claimant was released from care by APRN Bell.

4. That the claimant has failed to prove by a preponderance of the evidence any entitlement to temporary total disability benefits from January 26, 2022, to a date yet to be determined.

5. That the claimant has failed to prove that her attorney is entitled to an attorney's fee in this matter as the claimant has failed to prove entitlement to any indemnity benefits.

ORDER

That the respondents shall be responsible for the medical treatment provided to the claimant from October 12, 2021, until January 26, 2022, as such treatment was for diagnosis and treatment of the claimant's compensable aggravation of her pre-existing underlying right wrist and right hand condition in the form of right hand swelling.

IT IS SO ORDERED.

**HONORABLE ERIC PAUL WELLS
ADMINISTRATIVE LAW JUDGE**