

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION  
CLAIM NO. H007283**

**ROSE HILL,  
EMPLOYEE**

**CLAIMANT**

**ARKANSAS DEP'T OF TRANS.,  
EMPLOYER**

**RESPONDENT**

**STATE OF ARKANSAS,  
PUBLIC EMPLOYEE CLAIMS DIVISION,  
INSURANCE CARRIER/TPA**

**RESPONDENT**

**OPINION AND ORDER FILED DECEMBER 27, 2021**

Hearing before the Arkansas Workers' Compensation Commission (the Commission), Administrative Law Judge (ALJ) Mike Pickens, on September 28, 2021, in Little Rock, Pulaski County, Arkansas.

The claimant was represented by the Honorable Robert B. Buckalew, Buckalew Law Firm, Little Rock, Pulaski County, Arkansas.

The respondents were represented by the Honorable Robert H. Montgomery, State of Arkansas, Public Employee Claims Division (PECD), Little Rock, Pulaski County, Arkansas.

**INTRODUCTION**

In the Prehearing Order filed July 15, 2021, the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission (the Commission) has jurisdiction over this claim.
2. The employer/employee/carrier-TPA relationship existed with the claimant at all relevant times including September 23, 2020, when the claimant sustained a compensable injury to her right knee.
3. The claimant's average weekly wage (AWW) was \$618.00, which corresponds to weekly compensation rates of \$412.00 for temporary total disability (TTD), and \$309.00 for permanent partial disability (PPD) benefits.
4. The respondents accepted this claim as compensable and have paid all appropriate

medical and TTD benefits to date.

5. The parties specifically reserve any and all other issues for future determination and/or litigation.

(Commission Exhibit 1 at 1-2; Hearing Transcript at 4-5). Pursuant to the parties' mutual agreement at the hearing, the issues litigated at the hearing were:

1. Whether and to what extent the claimant is entitled to additional medical treatment; and to additional TTD benefits from November 4, 2020, through a date yet to be determined.
2. Whether the claimant's attorney is entitled to a controverted fee on these facts.
3. The parties specifically reserve any and all other issues for future litigation and/or determination.

(Comms'n Ex. 1 at 2; T. 4-5).

The claimant contends she sustained a "compensable injury" to her right knee within the meaning of the Arkansas Workers' Compensation Act (the Act), which occurred on or about September 23, 2020, while she was working for Arkansas Department of Transportation (AR DOT). The respondents initially accepted the claim as compensable, they paid both medical and TTD and benefits. After further investigation, the respondents controverted the payment of any additional medical treatment and TTD benefits. The claimant contends she is entitled to additional medical treatment on her right knee, as well as to additional TTD benefits from the date the respondents terminated them to a date yet to be determined. The claimant further contends the respondents have controverted the payment of additional TTD benefits, and her attorney is entitled to a controverted fee. entitling her attorney to an attorney's fees on the unpaid indemnity benefits. The claimant reserves the right to pursue any and all additional benefits to which the claimant may

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be entitled pursuant to the Act including, but not limited to, vocational rehabilitation, as well as the extent of her permanent partial disability (PPD), and wage loss disability, if any. The claimant specifically reserves any and all other issues for future litigation and/or determination. (Comms'n Ex. 1 at 2; T. 4-5; 9-15).

The respondents contend they have paid for all the reasonably necessary medical treatment related to the claimant's September 23, 2020, compensable injury. After the September 23, 2020, incident, Dr. Scott Carle of Concentra; as well as Dr. Lowry Barnes, and Dr. Barnes's colleague, Dr. Charles Pearce, both of whom are orthopedic surgeons at the University of Arkansas for Medical Sciences (UAMS). The respondents contend an October 9, 2020, MRI revealed the claimant had a medial meniscus tear in her right knee. This MRI was unchanged from a June 19, 2018, MRI the claimant had undergone after a non-work-related issue wherein she developed right knee pain and swelling. In November 2020 Dr. Barnes recommended the claimant undergo an arthroscopic medial meniscectomy on her right knee. The respondents contend that Dr. Pearce, Dr. Barnes's colleague who was the last orthopedic surgeon to examine the claimant, has opined the proposed arthroscopic meniscectomy is not related to the claimant's September 23, 2020, incident. The respondents further contend Dr. Pearce has opined the claimant reached maximum medical improvement (MMI) from the subject September 23, 2020, incident on November 5, 2020; and that she has no/zero percent (0%) permanent anatomical impairment attributable to the September 23, 2020, work-related incident. Finally, the respondents contend they have paid the claimant all appropriate medical and TTD benefits to which she is entitled related to the September 23, 2020, incident. The respondents specifically reserve any and all other issues for future litigation and/or

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determination. (Comms'n Ex. 1 at 3; T. 4-5; 7-9).

### **STATEMENT OF THE CASE**

The claimant, Ms. Rose Hill (the claimant), was 51 years old at the time of the subject September 2020 work incident. The claimant has worked for the Arkansas Department of Transportation (AR DOT) since about 2010, first as a maintenance worker then, after she had a right hip injury and right hip replacement, "mostly in the office". Before she worked at the AR DOT, she had worked for Walmart in their shipping and receiving department, and in restaurants. The claimant described all her past work as "physical labor." (T. 17-21).

The claimant testified she was at work on September 23, 2020, when she stumbled after stepping in a hole. (T. 23-24; 39-41). Dr. Scott Carle at Concentra examined her the same day of this incident. Concerning his physical examination of the claimant's right knee following this incident. Dr. Carle's clinic note states under the heading, "Physical Exam":

Right knee: Appears with no effusion. Appearance is normal. There is tenderness diffusely over the anterolateral aspect, diffusely over the anteromedial aspect and in the quadriceps tendon. Palpation Reveals: no crepitus and normal warmth. Flexion: AROM 80 degrees.

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Radiology Results: Hardware intact. No significant radiologic findings.

(Claimant's Exhibit 1 at 2).

After the claimant's complaints did not resolve, Dr. Carle ordered an MRI of her right knee without IV contrast, which was conducted on October 9, 2020. This MRI revealed a tear of the medial meniscus at the body/posterior horn junction. (CX1 at 15-18). The MRI report further reveals, in pertinent part:

**IMPRESSION:**

1. Tear of the medial meniscus at the body/posterior horn junction, not significantly changed.
2. Osteoarthritis with tricompartmental chondromalacia and small osteophytes scattered throughout the knee joint. Cartilage loss has mildly worsened since the first exam.

**KEY POINTS:** The meniscal tear has not significantly changed. There is no new meniscal tear. Arthritis and cartilage loss have worsened since the prior study. The intraosseous ganglion cyst associated with the ACL is compatible with chronic ligamentous degeneration. No definite acute injury identified. Overall I agree with the original report.

(CX1 at 16) (Emphasis in original).

On June 13, 2018, the claimant had presented herself for examination and medical treatment for “new onset of right knee pain... .” (Respondents’ Exhibit 1 at 14). At that time, according to the, “**History of Present Injury**” portion of the report the claimant had no issues related to her 2010 right hip injury, which she reported, “was doing well and she has no complaints.” (RX1 at 14). The claimant goes on to report to the treating medical provider:

Approximately 3 weeks ago she developed right knee pain. She does not recall any mechanism of injury. She does state that this is worker’s C[sic]omp related. Patient complains of swelling, buckling, giving way, in [sic] catching of the right knee. Is worse with increased activity. Patient has tried over-the-counter anti-inflammatories. Strengthening, and decreased activity level with minimal pain relief.

(RX1 at 14) (Bracketed material added; Emphasis in original). The record reveals the claimant had never reported any alleged work-related injury at any time in 2018, including in June 2018; and, on cross-examination she confirmed all the aforementioned right knee complaints and she agreed her right “knee was really bothering her that day.” (T.35-36).

Following her June 13, 2018, significant right knee complaints and examination, the claimant was scheduled to undergo an MRI of her right knee, which was performed on June 19, 2018. A

This June 2018 MRI reveals first, under a section entitled OTHER: “Small osteophytes scattered throughout the knee joint. Moderate knee joint effusion” (RX1 at 18). The MRI report further states:

**IMPRESSION:**

1. Tear of the medial meniscus at the body/posterior horn junction.
2. Osteoarthritis with tricompartmental chondromalacia and small osteophytes scattered throughout the knee joint.

**KEY POINTS:** There is a complex tear of the medial meniscus at the body/posterior horn junction that may be degenerative. There is osteoarthritis with loss of cartilage throughout the knee joint. Overall I agree with the original report.

(RX1 at 18) (Emphasis in original).

Thereafter, both Dr. Barnes and then Dr. Pearce examined the claimant. Both doctors noted the right medial meniscus tear and probable chondromalacia grade 2 and 3. Dr. Pearce saw the claimant on October 19, 2020 and noted the medial meniscal tear was “unchanged” from the MRI of June 19, 2018. (CX1 at 24). Dr. Pearce noted that the claimant...

...is having enough difficulty that arthroscopy should be considered. She understands this may not be curative. In fact, it may not help and in a small percentage of cases can make her knee worse.

(CX1 at 26).

The record reveals the claimant has a long history of right knee complaints. On March 15, 2011, she underwent diagnostic arthroscopy of the right knee by Dr. Johannes Gruenwald. (RX1 at 4). In June, 2012 the claimant underwent X-Rays on her right knee due to complaints of pain. (RX1 at 10). In December, 2012, X-Rays were done again due to right knee pain. At that time, ossification adjacent to the right femoral condyle was noted. (RX1 at 13). The claimant was

then seen on June 13, 2018 by Heather Rankin, PA / Charles Lowry Barnes, M.D. for right knee pain. At that time she stated that she developed right knee pain 3 weeks ago and “she does not recall any mechanism of injury.” (RX1 at 14). The claimant complained of swelling, buckling, giving way, and catching of the right knee which was worse with increased activity. A workers’ compensation claim was not filed or accepted relative to the June, 2018 acute onset of right knee pain. The claimant testified that “No, nothing happened to me” that might have caused her knee to hurt and swell. (T. 35).

An MRI performed on the claimant’s right knee on June 19, 2018, revealed a “tear of the medial meniscus at the body/posterior horn junction that may be degenerative along with osteoarthritis with tricompartmental chondromalacia and small osteophytes scattered throughout the knee joint.” (RX1 at 18). The medial meniscus tear was described as “complex”. Full-thickness cartilage degenerative changes were also noted without subchondral edema “representing a grade 3 cartilage degeneration of the femoral and tibial articular surface.” (RX1 at 19). These post-September 23, 2020, stipulated injury date medical records document the same significant damage to the claimant’s right knee was present after the subject September 2020, work incident (stepping in an indentation, or “hole” in the grass) as had been present in June, 2018, when her right knee complaints and concomitant treatment did not result from any identifiable incident, either non-work or work-related.

## DISCUSSION

### The Burden of Proof

When deciding any issue, the ALJ and the Commission shall determine, on the basis of the record as a whole, whether the party having the burden of proof on the issue has established it by a preponderance of the evidence. *Ark. Code Ann.* § 11-9-704(c)(2) (2021 Lexis Replacement). The claimant has the burden of proving by a preponderance of the evidence she is entitled to benefits. *Stone v. Patel*, 26 Ark. App. 54, 759 S.W.2d 579 (Ark. App. 1998). In determining whether the claimant has met her burden of proof, the Commission is required to weigh the evidence impartially without giving the benefit of the doubt to either party. *Ark. Code Ann.* § 11-9-704(c)(4) (2021 Lexis Repl.); *Gencorp Polymer Products v. Landers*, 36 Ark. App. 190, 820 S.W.2d 475 (Ark. App. 1991); *Fowler v. McHenry*, 22 Ark. App. 196, 737 S.W.2d 633 (Ark. App. 1987).

*Ark. Code Ann.* Section 11-9-704(c)(3) (2021 Lexis Repl.) specifically mandates the ALJ, the Commission, and the courts “shall strictly construe” the Act, which also requires them to read and construe the Act in its entirety, and to harmonize its provisions when necessary. *Farmers Coop. v. Biles*, 77 Ark. App. 1, 69 S.W.2d 899 (Ark. App. 2002). The Arkansas Supreme Court has held that “strict construction” means narrow construction and requires that nothing be taken as intended that is not clearly expressed. *Stewart v. Ark. Glass Container*, 2010 Ark. 198, 366 S.W.3d 358 (2010) (citing *Hapney v. Rheem Mfg. Co.*, 341 Ark. 548, 26 S.W.3d 771 (2000)). “The Act’s mandated doctrine of strict construction requires our appellate courts to use the plain meaning of the language employed.” *Id.*



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All claims for workers' compensation benefits must be based on proof. Speculation and conjecture, even if plausible, cannot take the place of proof. *Ark. Dep't of Corrections v. Glover*, 35 Ark. App. 32, 812 S.W.2d 692 (Ark. App. 1991); *Deana Constr. Co. v. Herndon*, 264 Ark. 791, 595 S.W.2d 155 (1979). It is the Commission's exclusive responsibility to determine the credibility of the witnesses and the weight to give their testimony. *Whaley v. Hardees*, 51 Ark. App. 116, 912 S.W.2d 14 (Ark. App. 1995). The Commission is not required to believe either a claimant's or any other witness's testimony, but may accept and translate into findings of fact those portions of the testimony it deems believable. *McClain v. Texaco, Inc.*, 29 Ark. App. 218, 780 S.W.2d 34 (Ark. App. 1989); *Farmers Coop. v. Biles, supra*.

It is the Commission's duty to weigh the medical evidence just as it does any other evidence; and its resolution of the medical evidence has the force and effect of a jury verdict. *Williams v. Pro Staff Temps.*, 336 Ark. 510, 988 S.W.2d 1 (1999). It is within the Commission's province to weigh the totality of the medical evidence and to determine what evidence is most credible given the totality of the credible evidence of record. *Minnesota Mining & Mfg'ing v. Baker*, 337 Ark. 94, 989 S.W.2d 151 (1999).

**Entitlement to Additional Medical Care: Right Knee Arthroscopic Partial Meniscectomy**

*Ark. Code Ann.* § 11-9-508(a)(1) (2021 Lexis Repl.) requires an employer to promptly provide an injured worker with, among other modalities, such medical treatment "as may be reasonably necessary *in connection with the injury received by the employee.*" (Emphasis added). The burden of proof is on the claimant to prove the additional medical treatment she requests is related to, and reasonably necessary for treatment of, her compensable injury. *Lankford v. Crossland Constr. Co.*,

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2011 Ark. App. 416, 384 S.W.3d 561 (Ark. App. 2011). What constitutes reasonably necessary medical treatment is a question of fact for the Commission, and turns on the sufficiency of the evidence. *Wright Contracting Co. v. Randall*, 12 Ark. App. 358, 676 S.W.2d 750 (Ark. App. 1984); *Gansky v. Hi-Tech Eng'g*, 325 Ark. 163, 924 S.W.2d 790 (1996).

While injured employees must prove by a preponderance of the evidence that medical services are related to and reasonably necessary for treatment of the compensable injury, Arkansas law is well-settled that such services may include those necessary to accurately diagnose the nature and extent of the compensable injury; to reduce or alleviate symptoms resulting from the compensable injury; to maintain the level of healing achieved; or to prevent further deterioration of the damage produced by the compensable injury. *Ark. Code Ann.* § 11-9-705(a)(3) (2021 Lexis Repl.); *Jordan v. Tyson Foods, Inc.*, 51 Ark. App. 100, 911 S.W.2d 593 (Ark. App. 1995).

Based on the applicable law as applied to the facts of this case, I am compelled to find the claimant has failed to meet her burden of proof in demonstrating that the same “complex” torn meniscus and related degenerative changes in her right knee which are seen on the October 2020 MRI, and which were also revealed and present in the non-work-related June 2018 MRI of claimant’s right knee (RX1 at 19; CX1 at 15; CX1 at 24; RX1 at 21; 25); and for which her current treating orthopedic surgeon has offered her an elective arthroscopic right knee partial meniscectomy – which he even admits the claimant herself acknowledges “may not be curative” (RX1 at 42) – is related to, much less constitutes reasonably necessary treatment for, the relatively minor work incident of September 23, 2021, for the following reasons.

First, since both the June 2018 non-work-related MRI and the post-subject September 2020

injury MRI (performed in October 2020) are essentially identical, it is patently unreasonable to relate the current request for elective arthroscopic partial meniscectomy surgery to the September 2020 work-related incident. In order to relate the proposed surgery and the September 2020 work-related injury, one must engage in sheer speculation and conjecture which, of course, will not support a claim for benefits. *See Dena, supra.*

Second, although for some reason (apparently, the claimant's self-reported history) Dr. Barnes appears to have been under the impression the claimant's right knee was relatively asymptomatic and that her symptoms after she stepped in the hole on September 23, 2020, were different in nature and character than the claimant's June 2018 complaints (CX1 at 32); however, the preponderance of the medical record herein does not support this presumption which, again, appears to have been based on either an inaccurate, or inaccurately perceived, history of complaints.

As noted in the "Statement of the Case" *supra*, the claimant has a long history of right knee complaints. To reiterate, on March 15, 2011, she underwent diagnostic arthroscopy of the right knee by Dr. Gruenwald. (RX1 at 4). In June, 2012 she underwent X-Rays on her right knee due to complaints of pain. (RX1 at 10). In December 2012, the claimant underwent x-rays of her right knee because of her pain complaints at that time. These x-rays showed ossification adjacent to the right medial femoral condyle was noted. (RX1 at 13).

Significantly, on June 13, 2018, Heather Rankin, Dr. Barnes's PA, examined the claimant for additional complaints of right knee pain. At that time the claimant reported she developed right knee pain three (3) weeks ago and "she does not recall any mechanism of injury." (RX1 at 14).

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Even more significantly – and apparently contrary to Dr. Barnes’s understanding after the September 2020 work incident – the medical record reveals the claimant reported *some significant complaints such as swelling, buckling, giving way, and catching of the right knee which was worse with increased activity*. In June 2020, the claimant herself admitted there was no incident at work or anywhere else that prompted her to seek Dr. Barnes’s treatment for these significant symptoms. As the claimant testified under oath: “No, nothing happened to me” that might have caused her right knee to hurt, swell, and buckle in 2018 June. (T. 35).

Consequently, although there appears to be some confusion or misunderstanding reflected in a couple of the medical records that perhaps both Dr. Barnes and Dr. Pearce were at least at that time under the impression the June 2018 incident “is also work related”, the medical record – and the claimant’s own testimony given under oath – conclusively demonstrate this presumption to be inaccurate, false, and quite simply, *wrong*. (T. 35; RX1 at 14). Once again, the preponderance of the medical evidence conclusively proves otherwise, as the claimant testified she did not know what happened in June 2018 to cause right knee to hurt, swell, and buckle. Moreover, Dr. Barnes confirmed that the June 2018 meniscus tear seen on the June 2018 MRI was *not related to the claimant’s compensable 2010 claim wherein she injured her hip and knee*. (CX1 at 44).

Third, it is well- and long-settled in Arkansas workers’ compensation law the claimant must prove a causal relationship exists between her employment and the alleged injury for which she seeks compensation, in this case surgery in the form of an arthroscopic partial meniscectomy of her right knee. *See, Wal-Mart Stores, Inc. v. Westbrook*, 77 Ark. App. 167, 171, 72 S.W.3d 889, 892 (Ark. App. 2002) (citing *McMillan v. U.S. Motors*, 59 Ark. App. 85, 90, at 953 S.W.2d 907,

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at 909 (Ark. App. 1997). Objective medical evidence is not always essential to establish a causal relationship between the work-related accident and the injury where objective medical evidence establishes the existence and extent of the injury, and a preponderance of other nonmedical evidence establishes a causal relationship between the objective injury and the work-related incident. *Flynn v. Southwest Catering Co.*, 2010 Ark. App. 766, 379 S.W.3d 670 (Ark. App. 2010).

“Objective findings” are those findings which cannot come under the voluntary control of the patient. *Ark. Code Ann.* § 11-9-102(16)(A); *Long v. Wal-Mart Stores, Inc.*, 98 Ark. App. 70, at 80 250 S.W.3d 263, at 272 (Ark. App. 2007). Objective findings “specifically exclude pain, straight-leg-raising tests, and range-of-motion tests.” *Burks v. RIC, Inc.*, 2010 Ark. App. 862, at 3 (Ark. App. 2010).

The relevant objective medical evidence simply does not document the claimant sustained any new acute injury on September 23, 2020, as a result of stepping in a hole at work. The claimant has a long-standing history of right knee complaints dating back as far as 2010. The June 2020 MRI revealed a complex meniscus tear and degenerative changes in the claimant’s right knee. This same right knee complex meniscus tear and degenerative changes were also identified on the October 2020 subject post-injury MRI. In this rather unique situation, we are able to directly compare the October 2020 post-subject work incident MRI and the June 2018 MRI where the claimant herself admitted under oath she had not sustained any injury, and she could not and did not identifying symptom-precipitating event. Both the 2018 and 2020 MRIs reveal, as the physicians have noted, that there *is essentially no difference in the two (2) MRI scans.*

**CONCLUSION**

The court of appeals case of *Willis v. Great Dane Trailers*, 2014 Ark. App. 547, 444 S.W.3d 423 (Ark. App. 2014), provides precedent for the decision herein. In its essential holding the *Willis* court affirmed the Full Commission's denial of compensability for the claimant's alleged aggravation of the preexisting condition of his left knee since the claimant was unable to support his aggravation claim with any new objective medical evidence. Although the case at bar is not one of compensability, the court's reasoning is directly on point: Where a claimant is requesting surgery for a condition that was never proved to be work-related; and where there exists no new objective medical findings nor evidence of a new injury, or any new objective medical findings relating the surgical condition to a specific-incident work injury, the surgery cannot possibly be deemed related to, much less reasonably necessary treatment for, the compensable incident in question.

Here, the subject September 23, 2020, incident wherein the claimant said she stepped in a hole did not cause any new injury, nor does the medical record contain any new objective medical findings or evidence that proves the subject right knee complex meniscus tear was work-related in any way, or that it had not been *both preexisting and symptomatic since at least June of 2018*. The claimant has failed to establish the necessary causal connection between the September 23, 2020, work incident and her request for elective knee surgery.

Indeed, when Dr. Pearce was asked to comment further about the relationship, if any, between the surgical recommendation, the claimant's significant preexisting right knee condition and complaints, and the September 23, 2020, work incident, he first noted that the September 23, 2020,

incident was “an exacerbation of previous O T J injury in 2018.” (RX1 at 28). As noted multiple times, *supra*, the claimant has never alleged nor contended she was injured on the job in June 2018. Quite to the contrary she admitted under oath she was not injured, nor could she recall any incident that precipitated her serious symptoms at that time, nor did she report or file – nor was a workers’ compensation claim filed by on her behalf – as a result of this “exacerbation”/flare-up of her preexisting right knee pain. Dr. Pearce then went on to opine: “If 2018 is not O T J, then new dx is pre-existent [sic].” (RX1 at 29) (Bracketed material added). Dr. Pearce opined further that if the claimant’s June 2018 “exacerbation”/flare-up of right knee pain was preexisting, then no other treatment was indicated for the subject September 23, 2020, incident, and the claimant would be considered at MMI for the September 23, 2020 incident. (RX1 at 29). If the claimant wishes to undergo this elective knee surgery, the Act does not provide her the means by which to pay for what the considerable preponderance of the evidence reveals is a health insurance claim.

Therefore, for all the aforementioned reasons, I hereby make the following:

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. The stipulations to which the parties agreed in the Prehearing Order filed July 15, 2021, hereby are accepted as facts.
2. The claimant has failed to meet her burden of proof in demonstrating the recommended, elective surgical procedure – an arthroscopic partial meniscectomy of her right knee – is related to, much less that it constitutes reasonably necessary medical treatment for – the subject September 23, 2020, work incident.
3. There exists no credible evidence whatsoever, and specifically no objective medical evidence, the “complex tear” and other degenerative findings revealed on the June 2018 MRI, nor the significant symptoms the claimant was experiencing at that time, were in any way work-related. In fact, the claimant admitted she

could recall no specific work- or non-work-related event that precipitated her June 2018 right knee complaints and need to seek medical treatment that time.

4. The October 2020 MRI which the claimant underwent after the subject September 23, 2020, work incident, does not reveal any new objective medical findings of a new injury. In fact, the June 2018 and October 2020 MRI findings are essentially identical; and the exact same surgical condition for which the claimant now seeks surgery in 2021 existed on the non-work-related June 2018 MRI, and was interpreted by the claimant's medical specialists to be "unchanged" on the October 2020 MRI following the subject September 23, 2020, work incident.
5. The claimant's attorney is not entitled to a fee on these facts.

Wherefore, this claim is hereby denied and dismissed in its entirety. If the respondents have not already done so, they shall pay the court reporter's invoice within ten (10) days of their receipt of this opinion and order.

**IT IS SO ORDERED.**

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Mike Pickens  
Administrative Law Judge

MP/mp



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MP/mp