BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM №s. H401311 & H402897

GLORIA D. LYONS, EMPLOYEE	**CLAIMANT**
BATESVILLE HEALTHCARE, LLC, d.b.a. THE SPRINGS OF PINE BLUFF, EMPLOYER	**RESPONDENT**
ZURICH AMERICAN INS. CO., CARRIER/ TRISTAR CLAIMS MGMT., TPA	**RESPONDENT**

OPINION FILED 7 OCTOBER 2026

Heard before Arkansas Workers' Compensation Commission Administrative Law Judge JayO. Howe on 10 June 2026 in Little Rock, Arkansas.

The Caldwell Law Firm, P.A., Mr. Andy L. Caldwell, appeared for the respondents.

Wright Lindsey Jennings, Mr. Joseph H. Purvis, appeared for the respondents.

I. STATEMENT OF THE CASE

A Prehearing Order was filed on 28 April 2026 and admitted to the record as Commission's Exhibit № 1.

STIPULATIONS

Consistent with the Prehearing Order, the parties agreed to the following Stipulations:

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

2. The employee/employer/carrier-TPA relationship existed at all relevant times.

3. The respondents accepted Claim № H401311 as a medical-only claim for the claimant's right shoulder injury. They have controverted alleged injuries to the claimant's neck, right arm, and right hand.

4. The respondents have accepted Claim № H402897 as a medical-only claim for the claimant's right shoulder injury. They have controverted other alleged injuries under that claim, including the claimant's alleged neck injury.

5. The claimant filed amended Form AR-Cs with the Commission on 24 June 2024. The respondents did not have proof of receipt of the same at or around that time. But the respondents acknowledged receipt of those filings in advance of the hearing during the exchange of proposed exhibits. Copies of those filings were not available for introduction to the record at the time of the hearing. The claimant provided copies of those filings via email after the hearing. Those amended filings are blue-backed to this Opinion.

ISSUES TO BE LITIGATED AT HEARING

After discussion at the hearing, the parties agreed to amend the Issues to include:

1. Whether these claims in this litigation are barred by the statute of limitations.

2. Whether the claimant sustained compensable injuries to her left shoulder and neck by specific incident on or about 21 April 2023 under Claim № H401311.

3. Whether the claimant sustained compensable injuries or aggravation(s) to her left shoulder and neck by specific incident on or about 20 November 2023 under Claim № H402897.

4. Whether the claimant is entitled to additional medical benefits relating to her stipulated compensable medical-only right shoulder injuries, including but not limited to a referral to a cervical spine specialist.

All other issues are reserved.

CONTENTIONS

The parties' Contentions were set out in their respective Prehearing Questionnaire Responses. The claimant amended her Prehearing Questionnaire Responses on 2 July 2026. Accordingly, the parties' Contentions were amended to the following:

Claimant:

> The claimant alleges that she sustained a compensable injury to her neck and shoulders in the course and scope of her employment on or about 21 April 2023 while lifting a patient. Respondents accepted the right shoulder and upper extremity but denied the neck. The claimant sustained another injury or an aggravation on or about 20 November 2023 when she was struck by a door. Respondents accepted that claim as a medical claim for the right shoulder only. The claimant has been treated by Dr. Burrell and Dr. Hussey. Dr. Hussey has

opined that the claimant needs treatment for her neck; but the respondents have refused to authorize that treatment. The claimant contends that she is entitled to recommended treatment for her neck per the recommendation of Dr. Hussey. The claimant also contends that she is entitled to additional reasonable and necessary medical treatment for her shoulders and all treatment of record is reasonable, necessary, and causally related to her work injuries. The claimant is entitled to mileage reimbursements and, to the extent that she might be entitled to any indemnity benefits, attorney's fees. All other issues reserved.

Respondents:

The respondents contend that the claimant sustained a medical-only injury on or about 20 November 2023 to her right shoulder, which she had previously injured on 21 April 2023, and for which she also received medical treatment. The respondents accepted this new claim on 20 November 2023 as a medical-only claim. The claimant was promptly treated. The claimant was able to continue to work on a part-time basis. Respondents contend that the claimant was subsequently seen and deemed to be at maximum medical improvement on or about 7 May 2024 by her physician, Dr. Michael Hussey, for both claims, at which time he assigned a zero percent (0%) permanent impairment rating to the right upper extremity and to the body as a whole, allowing her to return to work.

The respondents also contend that the claimant has alleged that she has sustained an injury to her neck, Respondents have yet to view any proof of the same.

II. FINDINGS OF FACT AND CONCLUSIONS OF LAW

Having reviewed the record as a whole, including the evidence summarized below, and having heard testimony from the claimant, observing her demeanor, I make the following Findings of Fact and Conclusions of Law under Ark. Code Ann. § 11-9-704:

1. The Commission has jurisdiction over this claim.

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

3. The claimant has failed to prove by a preponderance of the evidence that she suffered compensable injuries to her left shoulder or neck on or about 21 April 2023.

4. The claimant has failed to prove by a preponderance of the evidence that she suffered compensable injuries or to her left shoulder or neck on or about 20 November 2023.

5. The claimant has failed to prove by a preponderance of the evidence that she is entitled to additional medical benefits.

6. Based on the Findings of Fact and Conclusions of Law №s 3-5, whether these claims are barred by the statute of limitations is moot and will not be addressed in this Opinion.

III. ADJUDICATION

The stipulated facts as outlined above are reasonable and accepted. It is settled that the Commission, with the benefit of being in the presence of a witness and observing their demeanor, determines a witness' credibility and the appropriate weight to accord their statements. *Wal-Mart Stores, Inc. v. VanWagner*, 337 Ark. 443, 990 S.W.2d 522 (1999). A claimant's testimony is never considered uncontroverted. *Nix v. Wilson World Hotel*, 46 Ark. App. 303, 879 S.W.2d 457 (1994). The determination of a witness' credibility and how much weight to accord to that person's testimony are solely up to the Commission. *White v. Gregg Agricultural Ent.*, 72 Ark. App. 309, 37 S.W.3d 649 (2001). The Commission must sort through conflicting evidence and determine the true facts. *Id.* In so doing, the Commission is not required to believe the testimony of the claimant or any other witness but may accept and translate into findings of fact only those portions of the testimony that it deems worthy of belief. *Id.*

SUMMARY OF THE EVIDENCE

The claimant was the only witness at the hearing. The record consists of the hearing transcript, which includes following exhibits: Commission's Exhibit № 1 (the 28 April 2026 Prehearing Order); Claimant's Exhibit № 1 (one index page and three pages of non-medical records); Claimant's Exhibit № 2 (one index page and 151 pages of medical records); Respondents' Exhibit № 1 (six pages of medical records); Respondents' Exhibit № 2 (two pages of medical records); Respondents' Exhibit № 3 (three pages of medical records); Respondents' Exhibit № 4 (three pages of medical records); Respondents' Exhibit № 5

(three pages of medical records); Respondents' Exhibit № 6 (one index page and 26 pages of medical records); and Respondents' Exhibit № 7 (one index page and a one-page letter from Dr. Michael Hussey). As noted in Stipulation № 5, I have blue-backed to this Opinion the two amended AR-C Forms filed by the claimant and email correspondence for the same. Those documents are being served on the parties in conjunction with this Opinion. *See Sapp v. Tyson Foods, Inc.*, 2010 Ark. App. 517, 2010 Ark. App. LEXIS 549.

Claimant's Testimony

The claimant is 73 years old. She alleges that she first injured her bilateral shoulders and neck on 21 April 2023, while she was working as an LPN and lifted a patient from the floor of the respondent-employer's nursing facility. She testified that she felt "a few pops" during the lift. [TR at 29.]

She first received treatment at an urgent care clinic on 28 April 2023. She complained of her right shoulder first starting to hurt on 26 April 2023; she reported that the pain later spread to her left shoulder and neck. She testified that she was diagnosed with a trapezius strain and prescribed cyclobenzaprine and diclofenac. She stated that she returned to work after that visit and that she continued seeking treatment. A right shoulder rotator cuff tear was initially suspected but ruled out after an MRI study. Dr. Roy Burrell then referred to Dr. Michael Hussey for further evaluation.

Dr. Hussey evaluated the claimant and found essentially normal structure for her age that did not warrant intervention. He recommended that her cervical complaints be evaluated by a spine specialist. The respondents have denied that her potential cervical issues were related to a workplace injury.

The claimant testified that the pain in her neck and both shoulders has mostly continued. She sought some physical therapy through the VA that brought some relief to her complaints of shoulder pain. She has a concern about the "look" of her neck. [TR at 33.]

She concluded her direct examination by saying that she would like the respondents to be responsible for the cervical specialist referral that Dr. Hussey suggested she consider.

On cross-examination, the claimant stated that she had been working in nursing for almost 50 years. She acknowledged that the respondents accepted her claim of a right shoulder injury and provided her with treatment related to that injury. Regarding her neck complaints, though, she said, "my neck is messed up. I can look in the mirror." [TR at 40.] She acknowledged that X-rays revealed some degenerative changes in her right shoulder; but she suggested that she was still in good shape despite her advanced age. She also acknowledged that the imaging revealed degenerative changes in her cervical spine. She stated, however, that she had been unaware of the various degenerative diagnoses relating to her neck until the hearing. "I understand why I hurt now," she said. [TR at 49.]

Regarding her second claim of compensable injuries (H402897), the claimant said that an automatic door hit her on her right side while she was at work on 20 November 2023. She acknowledged that a 6 December 2023 appointment with Dr. Burrell was her first medical visit after that alleged incident occurred and that the record from that visit did not include any report of the incident or any report of new injuries. She acknowledged, too, that the record from that visit only indicated ongoing right shoulder pain.

She understood that Dr. Hussey eventually released her to return to work at maximum medical improvement (MMI) and with a zero percent (0%) permanent impairment rating for her accepted right shoulder injury. She also acknowledged that he did not relate her neck complaints to a workplace accident.

Medical Evidence

The claimant testified that she reported to a Jefferson Regional Medical Center urgent care clinic on 28 April 2023. The notes from that visit include, in part, the following:

CHIEF COMPLAINT
Neck Pain, Shoulder and Arm Pain

CHIEF COMPLAINT DETAILS
Patient states that she got injured on the job on 4/21/23 by falling on the bed with a patient. Patient states that she was not hurting at first but that she noticed the pain starting on Wednesday, the 26th. She said that she started hurting in her right shoulder but that now it is both shoulders and around the back of her neck.

ADDITIONAL HPI
70-year-old female patient presents to the urgent care for complaints of continued pain in her upper back after having an incident at work on 4/21/23. Patients states that she was lifting a patient and she had to prevent a fall and landed on the bed with another person landing on her, per pt. She reports she worked the weekend following and felt ok, however Wednesday pain started to occur, and she attempted to go to work last night and was unable to tolerate pain. She has not taken anything for pain. Patient denies any numbness or tingling to extremities. She reports that her muscles feel tight and impair her ability to use her arms fully.
. . .

PLAN OF CARE
Diagnosis: Trapezius strain, work related injury, musculoskeletal pain, strain of trapezius muscle, muscle spasm.

She was prescribed cyclobenzaprine and diclofenac. She was taken off work for 48 hours. She was then to return to work with lifting restrictions until a return to full activity without restrictions on 5 May 2023. On a health insurance form that she filled out that day, the claimant indicated that the purpose of her visit was "WC visit/Arm injury."

On 8 May 2023, the claimant followed up with the urgent care clinic. The notes from that visit include, in part, the following:

HPI
Chief Complaint: right shoulder pain
Chief Complaint/Precipitating Event: right shoulder
Duration of symptoms: x several days
Additional HPI: 70 y/o female presents to urgent care with complaints of continued right shoulder pain x several days. Pt. initially injured right shoulder on 4/21/23 after lifting a pt. Pt. was taken off work for three days and given Naproxen and Flexeril for pain. No x-rays were taken on visit. Pt. was placed on restricted duty and released to return to work on 5/5/23. Pt. reports since returning to work she continues to [have] pain with lifting motions. Pt. also reports medication is to[o] strong and has stopped taking it.

. . .

RADIOLOGY RESULTS
Procedure: XR Shoulder
History: Right shoulder pain
Findings: No fracture is identified. No dislocation is identified. No arthritis is noted. No suspicious periosteal reaction or unexpected opaque foreign body is seen.

DIAGNOSIS/TREATMENT
Right shoulder pain
Elevated blood pressure reading

The claimant's light duty and right arm lifting restrictions were continued; and she was referred for orthopedic evaluation.

On 22 May 2023, the claimant returned to the clinic for prescription refills while she was waiting for her orthopedic referral to be scheduled.

On 7 June 2023, the claimant was seen by Dr. Jay Lipke at OrthoArkansas. The notes from that visit include, in part, the following:

CHIEF COMPLAINT
Right shoulder pain

HPI
Subjective: Gloria Lyons is a 70-year-old female who presents to discuss concerns about their shoulder that began on 04/20/2023.
Hand dominance: Right
Pain location: Shoulder, both sides
Injury occurred: I injured my arm at work lifting a patient.
. . .

Updates to past medical history: Arthritis, Hypertension
. . .

ASSESSMENT/PLAN
70-year-old African-American female complains of right shoulder pain and tenderness that began after lifting a patient at work on 04/20/2023. She states the pain is gradually worsening and is having difficulty sleeping because of the pain.

IMAGING
Preliminary x-ray interpretation: 4 views of the right shoulder show diffuse degenerative changes of the AC joint. Glenohumeral joint shows humeral head slightly high riding. No evidence of dislocation noted.

> 2 views of the cervical spine show diffuse degenerative changes with disc space narrowing and osteophyte formation. No evidence of acute fracture noted.
> MD final x-ray interpretation: cervical spine AP, lateral x-rays C4 spondylosis, C5-6 autofusion, C6-7 spondylosis, but no evidence of acute fracture.
> Right shoulder acromial clavicular articulation, AP Grashey, superior outlet, and lateral axillary x-rays glenohumeral mild degenerative changes but no evidence of fracture or dislocation.
> . . .
>
> 1. Pain of right shoulder joint
> 2. Neck pain
> 3. Partial thickness rotator cuff tear

An MRI was ordered that day to evaluate the suspected right rotator cuff tear. Then, on 13 June 2023, the claimant first saw Dr. Burrell. The notes from that visit include, in part, the following:

> CHIEF COMPLAINT
> Right shoulder pain since 23 April.
>
> PHYSCIAL EXAM
> Right upper extremity (right shoulder): Positive tenderness to palpation over the a.c. joint. Negative cross body adduction test. No instability to anterior or posterior force. Weakness and pain to resisted rotator cuff muscle testing when compared to the contralateral side. Range of motion is minimally decreased in all planes when compared to the contralateral side. Positive impingement test. Negative biceps provocative testing.
>
> RADIOLOGY
> X-rays of the right shoulder reveal some degenerative changes. No acute fracture dislocation.
>
> DIAGNOSIS
> 1. Right rotator cuff tear
> 2. Right rotator cuff tendonitis
> 3. Work related injury
> 4. Right shoulder injury
>
> ASSESSMENT
> Right shoulder injury
> An MRI study was performed on 5 July 2023. It yielded the following:
>
> IMPRESSION
> 1. Mild supraspinatus tendinosis. No rotator cuff tear identified.
> 2. Small to moderate glenohumeral joint effusion.

3. Small amount of fluid in the subacromial subdeltoid bursa which may indicate mild bursitis.
4. Mild to moderate degenerative arthrosis of the acromioclavicular joint with mild inferior encroachment.
5. Mild degenerative arthrosis of the glenohumeral joint.

The claimant then followed up with Dr. Burrell on 13 July 2023. The notes from that visit include, in part, the following:

DIAGNOSIS
1. Right rotator cuff tendinitis
2. Stiffness of right shoulder joint
3. Right shoulder pain

Outpatient physical therapy was ordered; and the claimant's light duty was continued.

She presented to Dr. Burrell's clinic again on 6 December 2023. Right rotator cuff tendinitis and right shoulder pain were noted again. She was referred to a shoulder surgeon for definitive evaluation.

On 6 May 2024, the claimant was seen by Dr. Michael Hussey. The notes from that visit include, in part, the following:

SUBJECTIVE
Gloria Lyons is a 71-year-old female who presents to discuss concerns that began on 04/21/2023. She is a very pleasant right-hand-dominant lady here for work injury she states sustained after lifting a patient last year, hurting right shoulder. She states pain radiates from her neck into the shoulder blade area and occasionally paresthesia in the right arm. She has pain at night. She denies prior trauma or surgery in the shoulder. She was seen in urgent care last year.

PHYSICAL EXAM
Musculoskeletal exam right upper extremity:
Shoulder Exam: There is no obvious trauma or deformity noted. Nontender over the AC joint, subacromial space, bicipital groove, glenohumeral joint line. The shoulder has a full active range of motion without crepitus or pain. Motor strength of the shoulder is 5/5 to rotator cuff and deltoid muscle testing. There is no major atrophy noted of the shoulder girdle musculature. The patient has a negative Neer, Hawkins, Jobe, Lag sign, Horn blower, apprehension, Yorgason's test. Patient has full active range of motion of the elbow, wrist, and hand without pain. Sensation intact to light touch to all nerve distributions distally and with brisk cap refill to all digits.

Cervical exam demonstrates positive Spurling maneuver.

> 4 view x-ray of the right shoulder: There is no obvious sign of trauma, deformity, or masses noted around the shoulder girdle. The glenohumeral and acromioclavicular joints are well aligned. There are no major signs of osteoarthritis of the glenohumeral joint with AC joint arthrosis and subacromial enthesophyte noted. Possible os acromiale.
>
> Review of previous 2 view x-ray cervical spine performed 6/7/2023 demonstrates loss of cervical lordosis. Severe degenerative changes noted from C4-7 levels.
>
> Review MRI scan right shoulder performed at outside imaging facility on 7/5/2023 demonstrates normal joint alignment. No significant arthritis glenohumeral joint but moderate arthritis AC joint. Evaluation of rotator cuff tissue reveals all tendons grossly intact without atrophy. Biceps and labrum are grossly intact. Mild increase signal subcoracoid region consistent with mild bursitis.
>
> ASSESSMENT/PLAN
> 71-year-old female sustained occupation related injury on 4/21/2023, with right shoulder/upper extremity pain and dysfunction appears secondary to:
>
> 1. Cervical spine derangement/radiculopathy
> [2]. Went over detailed findings, imaging, MRI, x-rays that show relatively normal structure for her age and nothing that would warrant any invasive or surgical intervention. We discussed that exam findings point to more of a cervical issue causing her upper trapezial scapular and cervical pain and parethesias in the hand. Recommend that she be evaluated by spine physician to see if her issues may be work-related. In regards to her shoulder, she can work full duty without restrictions with the right upper extremity and she is at MMI for the right shoulder. No further follow-up necessary.
>
> 1. Pain of right shoulder
> 2. Neck pain

[Cl. Ex. № 2.]

On 7 June 2024, Dr. Hussey authored a letter that placed the claimant at MMI as of 7 May 2024. He released her without restrictions and with a zero percent (0%) permanent impairment rating.

[Resp. Ex. № 7.]

DISCUSSION

The respondents accepted as compensable claims of injury to the claimant's right shoulder; and they provided her with treatment accordingly. At issue in this litigation is

whether the claimant sustained additional compensable injuries to her left shoulder and neck and whether she is entitled to any additional medical benefits relating to her accepted right shoulder injury. The claimant has failed to prove by a preponderance of the evidence that she sustained any additional compensable injuries by specific incident. She also failed to prove by a preponderance of the evidence that she is entitled to additional medical. The statute of limitations issue is moot and will not be addressed in this Opinion.

A. THE CLAIMANT HAS FAILED TO PROVE BY A PREPONDERANCE OF THE EVIDENCE THAT SHE SUSTAINED COMPENSABLE INJURIES BY SPECIFIC INCIDENT TO HER LEFT SHOULDER AND NECK.

The claimant has asserted that she sustained compensable injuries by specific incident to her left shoulder and neck. Her assertions are not specific as to exactly what body part was injured when. She alleges: (1) that she sustained compensable injuries to her left shoulder and neck on 21 April 2023; (2) that she aggravated those injuries on 20 November 2023; or (3) that she sustained compensable injuries in the first instance on 20 November 2023; or (4) without being specific, that she experienced some combination of injury and aggravation as to either the left shoulder or neck across those two dates. As for the particular what's and when's of piecing together a compensable injury or compensable injuries, her allegations are at best a mixed bag. Regardless, she has failed to prove by a preponderance of the evidence that she suffered any compensable injury under any combination of incident dates and alleged injuries.

To prove a compensable injury by specific incident, she must establish four (4) factors by a preponderance of the evidence: (1) the injuries arose out of and in the course of her employment; (2) the injuries caused internal or external harm to the body that required medical services or resulted in disability or death; (3) the injuries are established by medical evidence supported by objective findings, which are those findings which cannot come under the voluntary control of the patient; and (4) the injuries were caused by a

specific incident identifiable by time and place of occurrence. *Mikel v. Engineered Specialty Plastics*, 56 Ark. App. 126, 938 S.W.2d 876 (1997). The employee has the burden of proving by a preponderance of the evidence that he sustained a compensable injury. *Id.* § 11-9-102(4)(E)(i). Preponderance of the evidence means the evidence having greater weight or convincing force. *Metropolitan Nat'l. Bank v. La Sher Oil Co.*, 81 Ark. App. 269, 101 S.W.3d 252 (2003). If a claimant fails to establish by a preponderance of the evidence *any* of the requirements for establishing a compensable injury, compensation must be denied. *Mikel, supra.*

A compensable injury must also be established by medical evidence supported by objective findings. Ark. Code Ann. § 11-9-102(4)(D). "Objective findings" are those findings which cannot come under the voluntary control of the patient. *Id.* § 11-9-102(16)(A)(i). The requirement that a compensable injury must be established by medical evidence supported by objective findings applies only to the existence and extent of the injury. *Stephens Truck Lines v. Millican*, 58 Ark. App. 275, 950 S.W.2d 472 (1997).

The claimant vaguely testified that she believed that she also injured her left shoulder and neck when she sustained the initial injury to her right shoulder. The medical records show occasional reference to both of her shoulders hurting; but there are no records relating to any evaluation or treatment associated with her left shoulder. Nor are there any objective findings that relate in any way to a compensable injury of her left shoulder occurring on 21 April 2023. I recognize that the claimant's medical records showed that she was prescribed cyclobenzaprine during the course of her treatment. I also recognize that in the vein of *Melius v. Chapel Ridge Nursing Ctr., LLC*, 2021 Ark. App. 61, 618 S.W.3d 410, a provider prescribing certain medications in certain circumstances may be sufficient to establish objective findings. It is important, then, to note that I am attributing the

prescribing of medications and the later orders for physical therapy only to the claimant's right shoulder injury. The initial physical therapy referral, for instance, is clear that she was referred for and evaluated for a *right* shoulder injury only. The diagnostic and treatment records relate only to the claimant's right shoulder condition. Absent objective findings of an injury to her left shoulder, her claim in that regard must fail.

The same is true for her claim of a compensable neck injury. The record simply lacks any evidence of objective findings that are causally related to an injury to the claimant's neck on 21 April 2023. While the imaging records for this 70-plus-years-old claimant include a loss of lordosis, those findings are consistent with the other *severe degenerative* findings that appear in the imaging of her cervical spine. No physician or provider relates her complaints of neck pain to an incident on 21 April 2023. Dr. Hussey makes no suggestion of the same in his record and only invites her to pursue that notion with some other provider. For me to attempt now to find some causal connection between her occasional complaints of neck pain and her clearly progressed degenerative conditions and her alleged date of injury would require me to engage in speculation and conjecture, and that I simply cannot do. *Dena Constr. Co. v. Herndon*, 264 Ark. 791, 575 S.W.2d 155 (1979). Because she has failed to prove that she sustained compensable injuries to her left shoulder or neck on 21 April 2023, her claim of a later aggravation(s) must also fail as to either or both.

As for what the medical records *do show*, at least with regard to her complaints of neck pain, the claimant clearly suffers from severe degenerative cervical conditions. She noted in her testimony that her neck aches and that it "looks" like something is wrong with it. The imaging revealed that she has experienced an autofusion, spondylosis, and a loss of lordosis in her cervical spine. Any and all of these degenerative conditions could account for

the discomfort and postural changes that she has described. But the record clearly lacks any causal relation between her neck-related complaints and any workplace incident(s).

Regarding for her claim of compensable injuries occurring on 20 November 2023, the claimant offered no mention on direct examination of an injury or aggravation of any sort actually occurring on that day. On cross-examination, her testimony was mostly limited to attempting to explain why the medical records were devoid of discussions around her purported injuries or aggravations of injuries sustained when she was supposedly bumped by a door. In the absence of objective findings relating to any compensable injury being sustained to her left shoulder or neck on 20 November 2023, her claims for the same must fail.

B. THE CLAIMANT IS NOT ENTITLED TO ADDITIONAL MEDICAL BENEFITS RELATING TO HER ACCEPTED COMPENSABLE RIGHT SHOULDER INJURY.

Employers must promptly provide medical services which are reasonably necessary in connection with the compensable injuries. Ark. Code Ann. § 11-9-508(a). However, injured employees have the burden of proving by a preponderance of the evidence that medical treatment is reasonably necessary. *Patchell v. Wal-Mart Stores, Inc.*, 86 Ark. App. 230, 184 S.W.3d 31 (2004). What constitutes reasonable and necessary medical treatment is a fact question for the Commission, and the resolution of this issue depends upon the sufficiency of the evidence. *Gansky v. Hi-Tech Engineering*, 325 Ark. 163, 924 S.W.2d 790 (1996). A claimant may be entitled to additional treatment even after her healing period is ended, if that treatment is geared towards management of a compensable injury. *Patchell, supra.* In order to prove her entitlement to additional treatment, the claimant here must prove that the treatment is causally related to her stipulated compensable knee injury. *See Pulaski Cty. Spec. Sch. Dist. v. Tenner*, 2013 Ark. App. 569, 2013 Ark. App. LEXIS 601.

The claimant has exhausted all the reasonably available options relating to the diagnosis, treatment, and maintenance of her compensable right shoulder injury. She was evaluated for a potential rotator cuff tear and was essentially found to only have some degenerative changes in her right shoulder. Dr. Burrell noted no improvement in her condition at their last visit. So, he sent her on for evaluation by Dr. Hussey, who performed a thorough examination, reviewed of all relevant imaging studies, and noted that the claimant's shoulder was relatively normal for her age. He found her to be at MMI with no impairment and he released her to full-duty work. 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). I find Dr. Hussey's opinions to be credible. The claimant has failed to provide credible evidence that any additional treatment for right shoulder is reasonable or necessary. Her claim must, therefore, fail.

As for her assertion that she should be entitled to a cervical spine specialist for the purpose of investigating whether or not she might have an injury that could be related to the workplace, such a referral would not be reasonable or necessary as it relates to her stipulated right shoulder injury. As explained above, she has failed to prove by a preponderance of the evidence that she sustained a compensable neck injury. Relating a cervical spine referral to the claimant's right shoulder condition (which was consistently worked up as a suspected rotator cuff tear) would require me to engage in speculation and conjecture. As noted above, I simply cannot do that. *See, Dena*. The claimant has failed to prove by a preponderance of the evidence that she is entitled to additional medical benefits in connection with her stipulated compensable injury.

C. WHETHER THESE CLAIMS ARE BARRED BY THE STATUTE OF LIMITATIONS IS MOOT.

The claimant has failed to prove by a preponderance of the evidence that she is entitled to any of the benefits sought in this litigation. In light of those failings, the issue of whether any such claims might be barred by the applicable statute of limitations is moot and need not be addressed.

IV. CONCLUSION

The claimant has failed to prove by a preponderance that she sustained compensable injuries to her left shoulder and neck. She has also failed to prove by a preponderance of the evidence that she is entitled to any additional medical benefits. Whether any of the above claims are barred by the statute of limitations is therefore moot.

SO ORDERED.

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JAYO. HOWE
ADMINISTRATIVE LAW JUDGE