BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
CLAIM NO. H505911

DINA MAGANA, EMPLOYEE	**CLAIMANT**
VS.	
CARGILL, INC., EMPLOYER	**RESPONDENT**
SEDGEWICK CLAIMS MANAGEMENT, CARRIER/TPA	**RESPONDENT**

OPINION FILED AUGUST 12, 2026

Hearing before Administrative Law Judge, James D. Kennedy, on the 3RD day of June 2026, in Springdale, Arkansas.

Claimant is represented by Evelyn Brooks, Attorney at Law, Fayetteville, Arkansas.

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

STATEMENT OF THE CASE

A hearing was conducted on the 3rd day of June 2026, to determine the issue of additional medical treatment. A copy of the Pre-hearing Order dated March 4th, 2026, was made part of the record without objection. The Order provided that the parties stipulated as follows:

1. The Arkansas Workers' Compensation Commission has jurisdiction of the within claim.

2. An employee-employer-carrier relationship existed between the parties on December 5, 2024, when the claimant sustained compensable injuries to her bilateral hands and wrists on or about December 5th, 2024.

3. The claimant was earning sufficient wages to entitle her to compensation at the weekly rates of $496.00 for temporary total disability benefits and $372.00 for permanent partial benefits.

The Claimant's and Respondent's contentions were set out in their respective responses to the Pre-hearing questionnaire and made a part of the record without objection. The Claimant contends that she is entitled to surgery, medical treatment, temporary total disability payments, and reserved all other issues. Respondent's position is that they initially accepted the claim, and all appropriate benefits have been paid. However, Respondents controverted Claimant's claim for additional medical treatment in the form of surgery by Dr. Chistopher Dougherty and Claimant's claim for temporary total disability. Additionally, it is the position of the Respondent that the Claimant was not under active medical treatment from August 14th of 25 to December 3rd of 25 and Claimant was released with no restrictions. In the alternative, if TTD is found, the respondents claim an offset for unemployment benefits and the unemployment files were attached as a nonmedical exhibit. Based upon the above contentions, the issues before the Commission at the time of the hearing are Claimant's entitlement to additional medical treatment for her claimed bilateral hand and wrist injuries in the form of surgery by Dr. Dougherty, TTD benefits from her last her day worked to a date yet to be determined, any offset in regard to unemployment benefits if the Claimant is found to be entitled to TTD benefits, and attorney fees.

The sole witness to testify was the claimant, Dina Magana. The claimant submitted 28 pages of medical records and one page of non-medical and both were admitted without objection. The respondents submitted 33 pages of medical records and 34 pages of non-medical records that were admitted without objection. Additionally, the respondents submitted the March 5, 2026, deposition of the claimant that was also admitted without objection. From a review of the record as a whole, to include medical reports and other

matters properly before the Commission and having had an opportunity to observe the testimony and demeanor of the witness, the following findings of fact and conclusions of law are made in accordance with Ark. Code Ann. §11-9-704.

FINDINGS OF FACT AND CONCLUSSIONS OF LAW

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. That an employer/employee relationship existed on December 5, 2024, the date that the claimant suffered an injury to her bilateral hands and wrists that was accepted as compensable.
3. The claimant earned sufficient wages to entitle her to compensation at the weekly rates of $496.00 for temporary total disability and $372.00 for permanent partial disability benefits.
4. That there is no alternative but to find that the claimant has failed to satisfy the required burden of proof to prove by a preponderance of the evidence that the medical treatment recommended by Dr. Doughtery, consisting of surgical intervention to the bilateral hands and wrists, is reasonable and necessary.
5. Additionally, the claimant has failed to satisfy the required burden of proof to show that she is entitled to temporary total disability.
6. That all other issues are moot.
7. That unless already paid, the Respondents are ordered to pay the applicable court reporter fees.

REVIEW OF TESTIMONY AND EVIDENCE

The claimant, Dina Magna, the sole witness to testify, stated that she was fifty-six years old at the time of the hearing and was working for the Respondent when she reported problems with her hands while working in the gizzard department on a turkey line where she dealt with the gizzards and livers that came by on a belt. “I would use the scissors and cut the gizzards and then with this hand, I would take out the poo-poo and the stones, the pebbles” (indicating). She used her right hand to cut the gizzards and left hand to throw things away and her actions were similar when working with the livers. She would separate the good and bad gizzards and livers. When reporting her hand problems on December 5th, 2024, her hands were swollen and inflamed. The pain basically started in the thumb and the two fingers by the thumb on her right hand. The thumb of her left hand was also inflamed and the bone in her ring finger would get stuck and she could not make it close all the way. She reported her problem to her boss. The day that she reported her problem, she stated Respondent took her to the nurse’s station where they treated her for a while, placed her on restrictions, and she continued to work until the company shut down. She was still on restricted duty when the company closed. Before the plant closed, the claimant was transferred to the supply department, and she handed out robes. She was moved from the gizzard department due to her swollen hands. She eventually received a nerve conduction test and was seen by Dr. Johnson, who sent her to a therapist. (Tr. 9 – 13) Dr. Johnson provided slings for her wrists and braces for her hands when she was in pain. The claimant stated she tried to do the best that she could on the functional capacity evaluation but was unable to do certain things due to the pain. “The

thumb of my left hand gets stuck and that day he asked me to lift or pick up heavy boxes, some really heavy boxes." (Tr. 14)

After the functional capacity evaluation, Claimant admitted seeing Dr. Johnson again, with the last visit on August 14th, 2025. She testified that there was no interpreter present on her first visit to Dr. Johnson, just a nurse that attempted to explain things, but that she felt she was not understood. The claimant also testified that there was no interpreter on her last visit to Dr. Johnson. (Tr. 15) She was not aware she was going to be released after her last appointment with Dr. Johnson. She attempted to return to Dr. Johnson and called a number that had been provided by the respondent to use if she had any questions after the respondent had closed, but no one answered. She went on to state on her last visit with Dr. Johnson, she was still suffering from pain, with inflamed and swollen hands and felt that she could not return to the gizzard department. She has not returned to work since the plant closed. (Tr. 16, 17) She admitted that she was given a small severance package and a folder when the plant closed, and that she had applied for unemployment. (Tr. 18)

The claimant agreed that she first saw Dr. Dougherty on December 3rd, 2025, who examined her hands with a translator present. She testified she understood about the treatment plan and surgery and "I feel like if I have the surgeries, I will be able to not have any more pain and the swelling that I get and the inflammation that I get in this hand and in this hand also my thumb and ring finger." "Talking about the right hand, the pain that also goes up to my elbow." (Tr. 18, 19)

Under cross examination, the claimant denied having a second nerve conduction study. She admitted that her first job in Arkansas was for the respondent and that

immediately before that, she had worked on a line in a chicken facility in California. She started for the respondent on September 18th, 2024, and started having problems with her hands, which involved swelling and inflammation in November and which she reported. Claimant basically denied being placed on light duty and stated she stayed on the gizzard line for a good long time. She switched to her new job two or three months before Respondent closed and worked the last three months handing out robes. The last time she saw Dr. Johnson was on August 14th, 2025, and there were three people in the exam room. The nurse spoke some Spanish but did not understand it very well. (Tr. 19 – 21)

The claimant admitted that she was aware that her attorney had filed a claim for her. She retained an attorney due to calling the number that had been provided by the Respondent, and no one answered, and that they did not call her back, nor did she receive any messages from them. She stated that she did not tell Dr. Johnson at any point she was contacting an attorney. (Tr. 22) In regard to Dr. Johnson, Claimant testified that she attempted to explain her problems, but he did not understand her and she did not understand him but she did show him that she was not able to fold her finger and needed treatment. She stated that she told the girl and the doctor that if they did not want to see her anymore, to switch her to a different doctor. (Tr. 23)

The claimant was also questioned about unemployment and admitted that she was instructed that she was required to look for a job and that she did go looking for a job. “The places that I was going to apply, I told them that I had restrictions and they would tell me, no, that I had to wait.” The following questioning then occurred:

> Q: And in fact, you didn’t have any restrictions at all at that point; did you?

> A: Yes, because Dr. Johnson gave me the letter saying that my hands are bad and that I do have the restrictions.
>
> Q: When did he give you the letter?
>
> A: The letter, the doctor gave it to me the appointment before the last appointment. It was when they switched me to the department with the robes, with the aprons.

The claimant was then questioned about her fingernails falling off. She responded that her nails fell off and that they had not grown back when the respondent sent her to Dr. Johnson, and they did the nerve test, and her fingers were swollen with no nails. (Tr. 24, 25)

On redirect, the claimant testified that she did not know why Dr. Johnson would be interested in her getting an attorney and there was hot and cold water in the gizzard department. There were thousands of turkeys and due to so many gizzards, the tubes would get clogged up. She would then have to unclog the gizzards with her hands in hot water. The gizzards would first be in hot water and then placed in cold water or on ice. She also admitted using a knife in the neck and chest department where she would open the chest cavity and cut it and push it in half and then would go and remove the poo-poo from the turkeys without any help. The claimant thought Dr. Johnson sent the restriction note to the Respondent.

On recross, the claimant stated that she never saw a doctor in California, due to always working and if she needed something in regard to a cold or something, she would just go to the pharmacy. (Tr. 26, 27)

Claimant submitted 28 pages of medical records admitted without objection. The claimant presented to Amanda Crowe, RN on December 12, 2024, for a health follow up.

The report provided that Laura Rodriguez translated with the employee's (Claimant) consent. The claimant reported continued pain, numbness, and tingling to the thumb, index, and middle finger of both hands which extended across the palms of both hands and up both forearms midway up the upper arm on the right arm only. She additionally reported that she had an area of increased pain on the lateral right arm and that using scissors to cut the heart and gizzards made here pain worse. She presented with discolored fingernails on the ring and little finger. The ring fingernail bed was pale with the fingernail loose on the distal end. The nail was noted to be longer than the fingertip on that finger. The fingernail on the little finger had a darkened nailbed and Claimant reported that it felt the same as the other fingers before the nail began to detach. Swelling was noted on the right lateral wrist approximately three inches long which was tender to palpatation. Claimant reported that ice helped with the pain and swelling. (Cl. Ex. 1, P. 1 – 7) Claimant then returned to Amanda Crowe, RN on December 16, 2024, with continued pain, numbness, and tingling to the thumb, index, and middle finger of both hands which extended across her palms. There was continued pain on the lateral right wrist and the area was very tender to the touch. (Cl. Ex. 1, P. 8, 9)

Claimant's first visit to Dr. Miles Johnson of the Northwest Arkansas EMG Clinic occurred on December 20, 2024. The report provided claimant presented with a three-week history of pain in the right hand that radiated into her shoulder. It was deemed necessary to perform electrodiagnostic testing to evaluate her peripheral nerve involvement. She was assessed with moderate bilateral carpal tunnel syndrome with no electrodiagnostic evidence of radiculopathy, plexopathy, generalized peripheral neuropathy or other peripheral nerve entrapment syndromes. It was noted that the report

provided Dr. Miles Johnson was a Diplomate of the American Board of Electrodiagnostic Medicine. (Cl. Ex. 1, P. 10, 11)

The Claimant returned to Amanda Crowe, RN, of Occupational Health, for a follow up on January 2, 2025. Claimant reported continued pain, numbness, and tingling to the thumb, index, and middle finger of both hands. The report provided that hot and cold water had directly harmed claimant. (Cl. Ex. 1, P. 12, 13) Claimant then presented to Stehpanie Dishman, RN, of Occupational Health, for another follow up on February 26, 2025. The report provided claimant reported continued symptoms. She had been sleeping with bilateral wrist splints and denied any improvement or any worsening of symptoms. She stated that she still had not been observing a reduced piece count while working during her cutting rotation. The report also provided claimant's piece count should be reduced 50%. (Cl. Ex. 1, P. 14 – 17)

The claimant first presented to Dr. Jeffrey Johnson of Ozark Orthopedics on April 1, 2025, and he issued a patient care notification which provided for a finding of bilateral carpal tunnel syndrome with a work status of no repetitive grips for the bilateral hands. A Referral Order provided for an occupational therapist referral and stated Claimant suffered from bilateral hand joint stiffness and a history of mild bilateral carpal tunnel syndrome. The report referred to the nerve conduction study by Dr. Miles Johnson on December 20, 2024, which mentioned a left and a right median nerve sensory latency which was consistent with mild bilateral carpal tunnel. (Cl. Ex. 1, P. 19 -22) The Claimant returned to Dr. Jeffrey Johnson on June 10, 2025, and the report referred to bilateral joint stiffness and bilateral carpal tunnel syndrome. (Cl. Ex. 1, P. 23)

Approximately six months later, on December 3, 2025, Claimant presented to Dr. Christopher Dougherty, who reviewed the problems of carpal tunnel syndrome of the right wrist and a trigger thumb of the left hand. His report provided for bilateral carpal tunnel syndrome, trigger finger of the left thumb and left ring finger and arthritis of the interphalangeal joints of the bilateral hands. Surgical and non-surgical treatment options were discussed. A work limitation of not lifting more than five pounds was provided. (Cl. Ex. 1, P. 24 – 28)

Claimants' Exhibit 2 showed an AR-N Form dated December 10, 2024, which referred to the middle and index fingers, along with the thumb. (Cl. Ex. 2, P. 1)

The Respondents also submitted 33 pages of medical records without objection. The Respondents report of the first visit to Dr. Jeffrey Johnson on April 1, 2025, provided there was a significant bilateral shoulder to finger ROM deficit with significant bilateral numbness, exacerbated by chest out with a discrepancy between the Claimant's appearance which was "well groomed, versus her stated functional status which was for no use of her hands. Claimant additionally stated she had pain 6 - 8 out of 10. Additionally, the report provided translation services were provided by her adult son. (Resp. Ex. 1, P. 1 – 3)

A report from Trinity Rehabilitation dated April 11, 2025, and also April 17, 2025, provided that the Claimant continued to complain of immediate hand numbness but now had an increased elevation of her shoulders. The report additionally provided that performing therapy required maximum assistance and constant attention by the therapist, or the claimant would cease activity and become distracted throughout the course of therapy. Claimant's complaints of pain were inconsistent with her pain complaints in

multiple locations in her hands, forearms, and elsewhere. The report further provided claimant thinks she required surgery on her right wrist and doesn't understand why she is not being offered surgery instead of therapy. An appointment scheduled for April 22, 2025, was cancelled for some unknown reason. Claimant was confronted with the issue of her constant need for instruction and inattention and no answer was provided. A discrepancy was noted between her ADL/function status and her range of motion grip strength. The final entry in this report was signed off on May 9, 2025. (Resp. Ex. 1, P. 5 – 7)

An encounter notes from Dr. Jeffery Johnson dated June 10, 2025, provided that the claimant returned today for a recheck of her hands and provided she had been working with Trinity Therapy. The report referred to the nerve conduction study by Dr. Miles Johnson on December 20, 2024, and under assessment and plan, provided for bilateral carpal tunnel syndrome and bilateral hand joint stiffness. Dr. Jeffery Johnson recommended a functional capacity evaluation based upon claimant's "nonphysiologic" motion. Work restrictions consisted of no repetitive gripping by her bilateral hands. (Resp. Ex. 1, P. 8, 9)

Claimant presented for the Functional Capacity Examination on June 25, 2025. The report provided for an inconsistent effort during the evaluation which indicated significant observational evidence-based inconsistencies, resulting in self-limiting behavior and sub-maximal effort. The results of this evaluation indicated that an unreliable effort was put forth, with 27 of 50 consistency measures within expected limits. Analysis of the data collected during this evaluation indicated that she did not put forth a consistent effort. Additional inconsistencies included very slow reaching movements and an

inconsistent lifting profile. Claimant stopped her bimanual floor to knuckle lifting at only 10 pounds and stated that she could not lift any additional weight but was later observed repeatedly lifting a 20-pound weight through the same range of motion and carrying the weight over a distance of 20 feet. (Resp. Ex. 1, P 10 – 29)

On August 14, 2025, a report from Dr. Jeffrey Johnson provided that claimant had returned for a recheck of her hands. The physical exam of the hands revealed "nonphysiologic" motion of both hands, specifically on the right side. Dr. Johnson noted that he thought that it was important both to take in the inconsistencies in her reports of her issues with the therapist and also the fact that she was insistent that she had told him at every visit that she has had triggering of her left ring finger, although that was not born out in his evaluation nor in that of the therapist who saw her on several occasions. The report provided by Dr. Johnson provided that the claimant's options were discussed, and she requested a second opinion. She was found to have a very subtle trigger noted on the ring finger with some tenderness at the A1 pulley of the left finger noted. Dr. Jeffrey Johson felt that he could recommended an injection, but after interacting with the claimant, felt that she would not have a good result. He found that she had mild bilateral carpal tunnel syndrome and released claimant to full duty with no restrictions based upon her functional capacity exam. He felt claimant could safely be treated with bracing, based upon the nerve conduction study. (Resp. Ex. 1, P. 30 – 33)

The respondents also submitted 34 pages of non-medical exhibits which were also admitted without objection. An AR -W Form provided a wage statement immediately preceding the injury. (Resp. Ex. 2, P. 1) Claimant's unemployment file provided claimant had applied for unemployment benefits with her last day of work being August 1, 2025,

and her rate of pay being $17.70 an hour. Claimant received a severance payment in the gross amount of $1416.00 which would be subject to withholding as required by law. (Resp. Ex. 2, P. 2 – 34)

Claimant's deposition on March 5th, 2026, was also introduced into the record without objection. Claimant stated that she was born on July 21, 1969. She testified that while in California, she worked on a line and her job consisted of sorting and removing the containers of improperly packaged chicken and she worked there three or four years. (Resp. Ex. 3, P. 12) She began working for Cargill on September 18, 2024, and that was her only job in Arkansas. Claimant claimed that she injured both hands in December of 2024, but that they started hurting in November. She testified that she told her bosses who saw that her fingers were swollen, her nails had fallen off, and she was then switched to a different department. (Resp. Ex. 3, P. 14, 15) Three fingernails on her left hand fell off on her ring finger, the pinky, and the middle finger. (Resp. Ex. 3, P. 16) Claimant testified that she would remove the poo-poo from the turkey using something like a sharp ice cream scoop to perform the action. She would also yank the gizzards and then rotate to a different position to remove livers. She would separate the good gizzards from the bad gizzards and these actions involved ice. She was also required to unclog the container which involved hot water. (Resp. Ex. 3, P. 17 -19) Claimant stated that she thought the last time she saw Dr. Johnson was on August 14, 2025, when there was no interpreter and denied that her son acted as her interpreter. She also denied seeing any doctor after she saw Dr. Dougherty on December 3rd. (Resp. Ex. 3, P. 27, 28)

DISCUSSION AND ADJUDICATION OF ISSUES

In the present matter, the parties stipulated Claimant sustained compensable injuries to her bilateral hands and wrists on or about December 5, 2025. The claimant is therefore not required to establish "objective medical findings" in order to prove that she is entitled to additional benefits. *Chamber Door Indus., Inc. v Graham*, 59 Ark. App. 224, 956 S.W.2d 196 (1997)

In determining whether the claimant has sustained her required burden of proof, the Commission shall weigh the evidence impartially, without giving the benefit of the doubt to either party. Ark. Code Ann §11-9-704. *Wade v. Mr. Cavananugh's*, 298 Ark. 364, 768 S.W. 2d 521 (1989). Further, the Commission has the duty to translate evidence on all issues before it into findings of fact. *Weldon v. Pierce Brothers Construction Co*., 54 Ark. App. 344, 925 S.W.2d 179 (1996).

The claimant bears the burden of proof in establishing entitlement to benefits under the Arkansas Workers' Compensation Act and must sustain that burden by a preponderance of the evidence. *Dalton v. Allen Engineering Co.,* 66 Ark. App. 201, 635 S.W. 2d 823 (1982). 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. 263, 101 S.W.3d 252 (2003). Further, pursuant to Ark. Code Ann. §11-9-509 (a), medical benefits owed under the Workers' Compensation Act are only those that are reasonable and necessary. Employers must promptly provide medical services which are reasonably necessary for treatment of compensable injuries. A.C.A. §11-9-508 (a). However, injured employees have the burden of proving by a preponderance of the evidence that the medical treatment is reasonably necessary for the treatment of the compensable injury.

Owens Plating Co. v. Graham, 102 Ark. App. 299, 284 S.W. 3d 537 (2008). What constitutes reasonable and necessary treatment is a question for the Commission. *Anaya v. Newberry's 3N Mill*, 102 Ark. App. 119, 282 S.W. 3d 269 (2008). When assessing whether medical treatment is reasonably necessary for the treatment of a compensable injury, we must analyze both the proposed procedure and the condition it is sought to remedy. Also, the respondent is only responsible for medical services which are casually related to the compensable injury. Treatments to reduce or alleviate symptoms resulting from a compensable injury, to maintain the level of healing achieved, or to prevent further deterioration of the damage produced by the compensable injury are considered reasonable medical services. *Foster v. Kann Enterprises*, 2019 Ark. App. 746, 350 S.W.2d 796 (2009).

In the present matter, the parties, agreed that an employee-employer-carrier relationship existed on December 5, 2024, when the claimant sustained compensable injuries to her bilateral hands and wrists on or about December 5, 2024. The claimant was seen by Amanda Crowe, RN initially on December 12, 2024, and was sent to the Northwest Arkansas EMG Clinic and Dr. Miles Johnson, who assessed the Claimant with moderate bilateral carpal tunnel syndrome. After return visits to Amanda Crowe, RN, and Stephanie Dishman, RN, the claimant was seen by Dr. Jeffery Johnson on April 1, 2025. Dr. Jeffery Johnson opined that he was not sure what to make of her "nonphysiologic" digital motion and believed that her motor function was intact but when he asked her to close her hand, she had a volitional decrease in her motion, but when he watched her move her hands, she flexed her fingers to her palms. He assessed pain in the right and

left wrist with mild bilateral carpal tunnel syndrome and ordered hand therapy twice a week for a month.

Claimant received hand treatment therapy from Trinity Rehabilitation and the reports provided that performing the therapy required maximum assistance and the constant attention of the therapist and that her complaints of pain were inconsistent with the pain complaints in multiple locations in the hands, forearms and elsewhere. Dr. Jeffery Johnson of Ozark Orthopedics referred to the previous nerve conduction study and referred the Claimant for a Functional Capacity Evaluation. The results of the evaluation indicated that an unreliable effort was put forth with only 27 of 50 consistency measures within the expected limits. The report provided claimant demonstrated significantly higher and lower grip strengths with both hands which further validated that less than full effort was being set forth with standard grip testing. Additional inconsistencies included very slow reaching movements during the reaching trials and her stopping her bimanual floor to knuckle lifting test at only 10 pounds, stating she could not lift any additional weight, but then being observed lifting a 20-pound weight through the same range and carrying that weight over a distance of 20 feet. On August 14, 2025, Dr. Jeffrey Johnson again saw the Claimant and stated that the exam revealed a “Nonphysiologic” motion of both hands specifically on the right side and stated that the discrepancy between her initial active motions in her left hand and later attempts in which she had full composite flexions were not explained physiologically. Dr. Johnson noted that he thought it was important to take in both the inconsistencies in her reports of her issues with the therapist and also the fact that she is insistent that she has told me at every visit that she has triggering of her left ring finger although that is not born out in my evaluation nor in that of the therapist

who saw her on several occasions. He assessed bilateral joint stiffness and mild bilateral carpal tunnel syndrome and stated he offered to provide an injection but felt that it would not have a good outcome based upon his interaction with claimant. He returned claimant to work with no restrictions and the claimant asked for a second opinion.

It must be noted that the Respondent employer closed its plant and claimant started drawing unemployment on August 1, 2025. The claimant testified that she was still suffering from pain in her wrists and hands and attempted to contact the number provided by her shutdown employer but was unsuccessful. She eventually was seen by Dr. Christopher Dougherty who examined the claimant and stated that his plan was for a surgical intervention and placed claimant on a work restriction of not lifting over five pounds.

Here, there are two opinions issued by medical doctors that provide different treatment modalities after physically examining the claimant. Dr. Johnson, who physically examined Claimant's wrists and hands, also spent time evaluating the reports from the therapists, the EMG report, and the functional capacity evaluation to reach his opinion. It is within the Commission's province to reconcile conflicting evidence, including the medical evidence. *Williams v. Ark. Dept. of Cmty. Corr.,* 2016 Ark. App. 427, 502 S.W.3d at 530 (2016). The Commission has the duty of weighing medical evidence, and the resolution of conflicting evidence is a question of fact for the Commission. It is well settled that the Commission has the authority to accept or reject medical opinion and the authority to determine its medical soundness and probative force. In sum, this is a classic "dueling-doctors" case and the thorough evaluation by Dr. Johnson and his review of the various diagnostic tools available are found to be controlling.

Questions concerning the credibility of witnesses and the weight to be given to their testimony are within the exclusive province of the Commission. *Powers v. City of Fayetteville*, 97 Ark. App. 251, 248 S.W.3d 516 (2007). Where there are contradictions in the evidence, it is within the Commissions' province to reconcile conflicting evidence and to determine the true facts. *Cedar Chem. Co. v. Knight,* 99 Ark. App. 162, 258 S.W.3d 394 (2007). However, the Commission may not arbitrarily disregard the testimony of any witness. *Patchell v. Wal-Mart Stores, Inc*., 86 Ark. App. 230, 184 S.W.3d 31 (2004).

In regard to the issue of temporary total disability, the claimant contends that she is entitled to TTD (Temporary Total Disability) from her last day worked until a date to be determined. The Respondent employer terminated claimants' employment effective the close of business on August 1, 2025, and closed the plant where claimant was employed. She received a severance package of $1416.00. Dr. Johnson opined that the claimant could return to work with no restrictions on August 14, 2025. Claimant had been working with restrictions, switching from the so-called gizzard line, to handing out robes or aprons, until her employment was terminated due to the plant closing. Claimant then applied for and received unemployment compensation and testified that she applied for other work. Temporary Total Disability is determined by the extent to which a compensable injury has affected the claimant's ability to earn a livelihood. Here the Claimant suffered from scheduled injuries that involved her wrists and hands. A.C.A. §11-9-521(a) which applies to scheduled injuries, provides that the claimant is entitled to TTD benefits during the healing period or until the employee returns to work, which ever comes first. If the claimant is either outside the healing period or has returned to work, he or she is not entitled to benefits. Based upon the available facts of the case, the claimant has failed to satisfy the

applicable burden of proof and there is no alternative but to find that the claimant is not entitled to TTD.

Based upon the above evidence and the applicable law, and after weighing the evidence impartially, without giving the benefit of the doubt to either party, there is no alternative but to find that the claimant has failed to satisfy the required burden of proof to prove by a preponderance of the evidence, that the medical treatment recommended by Dr. Christopher Dougherty, consisting of surgery, is reasonable and necessary. Additionally, the Claimant has failed to satisfy the required burden of proof that she is entitled to Temporary Total Disability. All other issues are moot. If not already paid, the respondents are ordered to pay the cost of the transcript forthwith.

IT IS SO ORDERED.

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JAMES D. KENNEDY
Administrative Law Judge