BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. H505910

DAKOTA PAPA, Employee	CLAIMANT
CARROL COUNTY JUDGE, Employer	RESPONDENT
AAC RISK MANAGEMENT SERVICES, Carrier	RESPONDENT

OPINION FILED JULY 10, 2026

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

Claimant represented by JASON M. HATFIELD, Attorney at Law, Fayetteville, Arkansas.

Respondents represented by JARROD S. PARRISH, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On April 14, 2026, the above captioned claim came on for a hearing at Springdale, Arkansas. A pre-hearing conference was conducted on January 26, 2026, and a Pre-hearing Order was filed on February 10, 2026. A copy of the Pre-hearing Order has been marked Commission's Exhibit No. 1 and made a part of the record without objection.

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

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

2. The relationship of employee-employer-carrier existed between the parties on June 2, 2025.

3. The claimant sustained a compensable injury to his left knee and low back on or about June 2, 2025.

4. The claimant was earning sufficient wages to entitle him to compensation at the weekly rates of $547.00 for temporary total disability benefits and $410.00 for permanent partial disability benefits.

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

1. Whether Claimant sustained a compensable injury to his right knee on or about June 2, 2025.

2. Whether Claimant is entitled to medical treatment for his right knee injury.

3. Whether Claimant is entitled to temporary total disability benefits from September 19, 2025, to December 8, 2025.

4. Whether Claimant's attorney is entitled to an attorney fee.

The claimant's contentions are as follows:

> "Claimant began working for Respondents around 2020. He graduated from training academy in Class 22B in 2022. He passed all the physical tests and had no restrictions or disability. Claimant was promoted to Corporal in 2025.
>
> On Sunday, May 25, 2025, Grant Hardin escaped from Calico Rock. This made national news, and the entire State of Arkansas was on heightened alert. Citizens were encouraged to report all suspicious activity, and there were reports that Hardin had ties to Carroll County. (Grant Hardin was apprehended on June 6, 2025, and the Governor thanked all agencies and law enforcement for their efforts to apprehend Mr. Hardin.)
>
> On or about June 02, 2025, Claimant was dispatched by Missy Richardson with Deputy Michael Usery in regard to a suspicious person report at an abandoned house. The event is documented on body cam, and weapons are drawn. Deputy Usery identified an open door in an abandoned building, and Corporal Papa started up a set of rickety stairs to back up Usery. As Claimant ascended the stairwell, he fell through a rotten stair, injuring his right arm, back, tailbone, left leg, and right leg. He was rushing to back up Deputy Michael Usery when the stair collapsed on him. Claimant is heard stating expletives and grunting in pain.

> Claimant went to the emergency room and was placed on modified work duty. Claimant attempted this work modification along with icing his right knee. Claimant continued to have pain in his right knee and was referred to Dr. Justin Cutler at Arkansas Orthopedics and Sports Medicine. An MRI of the right knee, ordered by Dr. Cutler, revealed a large contusion in the trochlea with full-thickness cartilage damage and subchondral edema. Dr. Cutler wrote: "This can only come from a fall directly onto it (right knee) hitting into the knee itself." Of course, this is completely consistent with the body cam as the right knee forcefully impacted the stair that did not collapse. Claimant attempted an injection into his right knee and physical therapy without pain relief. The overwhelming evidence reveals the work-related to this frontline worker. Claimant continued to work through the pain until September of 2025 when he was taken off work. That's when Respondents denied this claim in its entirety.
>
> On October 16, 2205, Dr. Cutler recommended Claimant move forward with a right knee arthroscopy with cartiheal application into his trochlea. Claimant underwent this surgery on November 21, 2025, and required post-operative physical therapy and restrictions until December 8, 2025."

The respondents' contentions are as follows:

> "Respondents contend that all appropriate benefits have been paid with regard to this matter. The claimant has returned to work for Respondent-Employer and only missed one day of work. Thus, there is no TTD entitlement."

The claimant in this matter is a 27-year-old male who sustained admittedly compensable injuries to his left knee and low back on June 2, 2025. The claimant has asked the Commission to determine if he sustained a compensable injury to his right knee in that same June 2, 2025, incident. The claimant in this matter is employed by the Carroll County Sheriff's Office as a corporal. The claimant described his job duties as follows on direct examination:

> Q Okay. What were your job duties?
>
> A Responding to calls for service, making traffic stops. Sometimes potentially dealing with an unruly subject having to

> handcuff them and, you know, detain them physically. That would be the majority.

On June 2, 2025, the claimant and Carroll County Deputy Michael Usery were called to investigate a report of an escaped convict. The claimant and Officer Usery arrived in separate vehicles but began the search of an unoccupied property together that was the subject of a report. It was reported that a person matching the description of the escaped convict was seen on or about the abandoned property the officers responded to. They approached a two-story building located on that property. Deputy Usery testified that both he and the claimant approached the building wearing 20 to 50 pounds of gear, which included bullet proof vests and weapons. The claimant and Deputy Usery had to move across a field to the building where they suspected the escaped fugitive might be held up. Deputy Usery was asked how they moved across the field as follows:

> Q And you are running across the field towards this house?
>
> A Well, it wasn't really running. It was more of a deliberate approach where we were, you know, kind of taking our time because there was no hostages. So not really taking our time, but we were moving with a purpose, so….
>
> Q Was there a suspicion that there was a dangerous man that could be point a gun at you?
>
> A Yes.

The claimant cleared the first level of the two-story building while Deputy Usery went to the second story and found an open door. It was at that time he asked the claimant to assist him on clearing the second building level. A video was introduced into evidence of the claimant's body camera surveillance perspective as Claimant's Exhibit 4. That video evidence is supportive

of both the claimant's testimony and Deputy Usery's testimony about how the claimant was injured. The claimant's direct examination testimony about his June 2, 2025, incident follows:

> Q Okay. And just kind of walk us through what you guys did.
>
> A Okay. We secured the majority of the property, all of the first level. Deputy Usery noticed there was another door on top of a set of stairs to a porch area. He, in order to secure the rest of the property, started up the stairs and he noticed that there was an open door. So I followed up after him and halfway up that set of stairs, approximately, I fell through.
>
> Q Describe what action there was to your right knee.
>
> A So when I approached, I stepped forward and when I took that next step, I fell through the stairs. I hit my knee on the step in front of me and my lower back, my tailbone, hit the step behind me.
>
> Q Describe the impact your right knee had on that step in front.
>
> A As I was going down, I had a direct impact on my kneecap to the stair in front of me.
>
> Q What other injuries did you sustain in that fall?
>
> A When I fell through, my tailbone hit the step behind me which led to a laceration on my lower back. My left leg also sustained a laceration from whether it be the step. I was bleeding on my left leg. I also had a piece of wood or nail lacerate my wrist, which did lead to a scar.
>
> Q Has the right wrist resolved?
>
> A Yes.
>
> Q Has the left shin resolved?
>
> A Yes.
>
> Q Okay. Did they treat those at the emergency room?
>
> A They field dressed them, yes.

The claimant was seen at the Mercy Hospital emergency department in Berryville, Arkansas, on June 2, 2025. Following is a portion of that medical record:

> HISTORY OF PRESENT ILLNESS
> Patient presents with complaints of low back pain and left lower leg pain. He was walking up a set of stairs when unfortunately one of them was rotten and he broke through with his left foot. He then fell backwards onto his low back. He is a sheriff's deputy. He was wearing heavy boots. He complains of pain in the anterior portion of the proximal lower leg as well as the mid low back and sacrum area. No loss of bowel or bladder function. No weakness or numbness. He has also been dealing with some upper back pain lately. He is on NSAIDs and muscle relaxers for that pain. He was able to ambulate after the injury. But the pain seems to progress. He was then requested to come to the ER for evaluation.
>
> ***
>
> Summary: Patient presents with injuries to the left lower leg and low back after he stepped through a rotten step. Imaging studies are reassuring. Plan on discharge home with follow-up with primary care physician.
>
> I considered admission vs discharge, and, through shared decision making with the patient and healthcare providers when appropriate, the decision was made to discharge.

I do note that at the June 2, 2025, emergency department visit by the claimant, the medical record is silent regarding his right knee. The claimant's position is that he sought additional medical treatment after that initial June 2, 2025, emergency department visit but was denied by the respondent. The respondent's position is that the claimant never asked for more medical treatment until after a primary care physician visit on July 8, 2025. That visit was with Dr. Geoffrey Dunaway at Willow Street Family Clinic. Following is a portion of that medical record in which the claimant complains of right knee pain:

> History of Present Illness
> Provider Note:

> 26 yr old male presents today c/o right knee pain. Sx have been present for the last couple of weeks. He was walking up some steps and broke through a rotten step landing on his back. He is a sheriff's deputy and was out on a call. He was seen in the ER in Berryville. The left knee was more painful at the time and it was x-ray. X-rays did not reveal any fractures. Pain is worse with hearing his heavy boots for work and doing squats. He does not have any pain when wearing lighter weight shoes. He does not have any pain with walking or going up and down stairs. The left knee feels "tight" when he bends his leg.
>
> Nursing Initial Assessment:
> Patient has c/o right knee pain that has been going on for a week and a half ago. Patient is able to bend knee but for short periods of time and has pain when he has his boots on or any weight on his right knee patient. Patient is unable to do squats or anything with adding weight to his right knee.

The claimant in this matter called Pam Webb as a witness; Ms. Webb has worked for the respondent/employer for 27 years. Currently Ms. Webb is the Carroll County Sheriff's administrative assistant. Ms. Webb became familiar with the claimant's allegations of injury through paperwork that was filed in the Arkansas Workers' Compensation process. The AR-C in this matter was admitted into evidence at the request of the claimant. Additional Commission forms were excluded but proffered by the claimant. It is through those forms and a conversation or conversations with the claimant that Ms. Webb learned of the matter currently before the Commission.

On direct examination testimony Ms. Webb, a representative of the respondent/employer who is charged with dealing in workers' compensation issues, was asked about her interaction with the claimant as follows:

> Q [BY MR. HATFIELD]: So as of June 2, 2025, were you aware at the Sherrif's Office that Mr. Papa had injured his arm, back and legs?
>
> A Yes, sir.

Q Was that what he reported to you?

A Yes, sir.

Q And then who is Kim Nash?

A She works with AAC in Little Rock.

Q Did you provide this information to AAC?

A Yes, sir. One of my secretaries sent it to them I think is what happened.

Q And would that have been on June 2nd of 2025?

A I don't know how quickly it was. I can't say for sure it was the 2nd or the 3rd or the 4th. I am not sure. I can't say that.

Q Within a few days?

A Yes, sir.

Ms. Webb's testimony is in contrast to the testimony of Jennifer Shook, who is employed by the respondent/insurer as a workers' compensation adjuster. Ms. Shook was called on direct examination by the respondent. She was the adjuster handling the claimant's claim regarding his alleged June 2, 2025, injuries. Following is a portion of Ms. Shook's testimony:

Q Okay. And were you a workers' comp adjuster back on June 2, 2025?

A Yes.

Q And did you deal with Mr. Dakota Papa's workers' compensation claim?

A Yes.

Q Okay. Did you talk with him at the beginning of the claim about what he was claiming and what his injuries were?

A Yes.

Q And in your initial conversation, which I assume was in early June 2025?

A June 5th.

Q June 5th, did Mr. Papa bring up anything about a right knee injury to you?

A No.

Q In the initial conversations?

A No.

Q Okay. In your contact with Mr. Papa, did you explain to him who he needed to contact if he needed to go to a follow-up visit or needed more treatment?

A Yes.

Q And what was that instruction? What did you tell him to do?

A To contact me.

Q Contact you directly?

A Uh-huh.

Q And you provided your phone number to him?

A Yes, I did.

Q Okay. When did you first hear that he was asserting that he had a right knee injury associated with this June 2nd incident that we are talking about?

A Several weeks later.

Q Okay.

A I am not sure exactly of the date.

> Q The indication I had was that you had a conversation with him on July 12th after he had been to the doctor on July 8th.
>
> A That sounds right, yes.

These two statements by the respondent/employer and respondent/insurer are in contrast. Ms. Shook goes on in direct examination testimony to address a conversation she alleges to have had with the claimant about his right knee as follows:

> Q Okay. In that conversation when he is discussing his right knee, did he represent to you that something had happened while getting up from the couch at home?
>
> A Yes.
>
> Q Can you explain to the Judge what was said?
>
> A He said that he stood up off the couch and his knee crunched.
>
> Q Okay. And is there any doubt in your mind that he made this statement to you?
>
> A No.
>
> Q You heard him deny that he said it today and he denied it in his deposition, but you are positive those words came out of his mouth?
>
> A Yes.
>
> Q Okay. Were you or he having any problems understanding each other or communicating in that phone conversation as far as shoddy reception?
>
> A No.
>
> Q Or anything like that? Loud noises in the background?
>
> A No.
>
> Q It was a clear back-and-forth conversation?

A Yes.

The claimant denies this conversation occurred with Ms. Shook and on cross examination she was asked about the claimant's denial as follows:

Q Okay. Did you bring your claims file with you?

A No.

Q You have got multiple emails from Corporal Papa; don't you?

A I am not sure.

Q Do you remember Corporal Papa emailing you?

A Yes.

Q Trying to get permission to go to the doctor; trying to get you to approve his claim?

A Yes.

Q Okay. And he emphatically emailed you and said, "I never said that I injured myself getting up from a sofa."?

A Okay

Q Did he email you that?

A If you said he did; yes.

Q Well it should be in your file; right?

A Yes.

Q If the Claimant emails you, are you supposed to keep that in your file?

A Yes.

Q And you understand that he emphatically stated to you, "That is not what I told you;" right?

A Yes.

Q And he told you, "My PCP says my knee injury is related to my fall," in this email to you.

A Okay.

Q Is that right?

A Yes.

Ms. Shook was also asked on cross examination about when she knew the claimant was claiming injury to both of his legs as follows:

Q Okay. You continued to deny the claim for the right knee?

A Yes.

Q You were provided with the First Report of Injury?

A Yes.

Q You were provided with the Form N?

A Yes.

Q You have all of the knowledge of the information in those?

A Yes.

Q Okay. You knew about the eyewitness, Mr. Usery?

A Yes.

Q And you knew all of these from at least the first week of June, 2025?

A Yes.

Q And you knew that at that moment Corporal Papa was claiming injury to both of his legs?

A Yes.

The respondent continued to deny the claimant's claim of injury to his right leg or more specifically, right knee. However, the claimant sought medical treatment on his own. As previously stated, the claimant saw Dr. Dunaway on July 8, 2025. Just over one month after his alleged June 2, 2025, injury. Ms. Webb, the respondent/employer's apparent contact for workers' compensation injuries, gives direct examination testimony that sheds light on the claimant's wait in seeking medical treatment as follows:

> Q Okay. Once they denied the case, did you give Corporal Papa any advice as to, "Well you are just going to have to go to the doctor," or what he needed to do from that point?
>
> A No, not really because I was shocked.
>
> Q Okay. Why were you shocked?
>
> A I thought it would be covered. And I had held him off a while for him getting help because I told him he needed to work with them. I didn't – until I called them, when he came and asked me, "Would you call them and ask them what is going on," and I said, "Yes," and that is when I talked to Jennifer and she said they weren't going to cover it.
>
> Q When you say you held him off, what do you mean?
>
> A He was hurting and wanting to go to the doctor and I told him he really needed to go through them, that they were the ones that were going to take care of him and that he didn't need to go outside until he got something organized.
>
> Q So if it was four or five weeks after the injury before he went to his primary care physician, was that partly because you were telling him to wait?
>
> A Yes, sir, it was.

On August 25, 2025, the claimant was seen at Arkansas Orthopedics and Sports Medicine by PA Joshua Trinkle. Following is a portion of that medical record:

> HPI: This is a 26 year old male who:

> Is being seen for a chief complaint of R knee. Patient is here for right knee pain. Patient reports falling through some stairs while at work. Patient is a police officer, DOI 6-2-25.
>
> Patient is a 26-year-old male who presents to the clinic secondary right knee pain. Onset was back on 6-25 after he was going up a set of stairs looking for a person of interest as he works as a police officer. He states that has he was going up the stirs which was an admission onto the house that they were in that he went to step up with his right leg and the stairs fell down beneath him. He landed on the stair right above him with the front part of his right knee. States that he was able to catch himself during the process and able to pull himself up. States that he tried to give it a little bit of time to see if it removed resolved but after 1 week he reported to his superiors that he was still having right knee pain and was referred over here for further evaluation and treatment options. Currently reports all the pain localized to the front part of the knee made worse with any type of kneeling squatting or rising from seated position. He states he feels a little pop to the back aspect of the knee as well. States he gets some tightness to the knee upon the end of each day. States that he had 1 episode where he fell like the knee was going to give out on him this week Otherwise he denies any locking or catching. As well as he has not tried any conservative options other than just activity modification where he is currently on desk duty at work as well as ice which he states really did not do much in the way of any therapeutic benefit.
>
> ***
>
> Assessment and plan
> Status injury to the right knee while serving as a police officer as he was going up stairs in one of the stairs caved in on landed with majority displacement onto the anterior aspect of his right knee. Based on objective findings overall concerning for proximal insertional patella tendon tear. Possible contusion to the patella. Recommended given the failure of the conservative options at this point this is not resolving proceeding on with an MRI of the right knee without contrast to discern the underlying elements. He was in agreement with this recommendation. We will see him back afterwards to discuss results as well as treatment options. Will keep the work restrictions the same for the time being.

On September 3, 2025, the claimant underwent an MRI of the right knee. Following are the Impressions from that diagnostic testing:

> IMPRESSION: Intact and normal appearance of the patellar and quadriceps tendons. Mild patella alta. Full-thickness cartilage loss at the central trochlea with subchondral edema.

On September 8, 2025, the claimant was seen by Dr. Justin Cutler at Arkansas Orthopedics and Sports Medicine in Harrison. Following is a portion of that medical record:

> Chief Complaints:
> 1. Right knee
> 2. R knee
>
> HPI: This is a 26 year old male who:
> 1. Is being seen for a chief complaint of right knee. Patient is here for right knee MRI results.
> 2. Is being seen for a chief complain of R nee. Patient is here post MRI of the right knee.
>
> 26-year-old please officer presents status post MRI to his right knee. Continues to have significant pain to the anterior medial portion of his right knee. Pain is all directly underneath the kneecap. Pain is better with rest. It is worse with activities especially going up or down stairs. Some difficulty sleeping at night because of achiness.
>
> On exam today skins intact without rash or lesion. Good knee range of motion. Good stability to anterior posterior drawer. No tenderness along the patellar tendon. Very tender with deep palpation through the patella into the trochlea. Especially with the knee flexed.
>
> MRI of the right knee taken at the hospital on September 3 shows a large contusion in the trochlea and some full-thickness cartilage loss with subchondral edema.
>
> Right knee pain with severe trochlear osteochondral defect secondary to a fall directly on it. The way of the MRI shows a direct impact with direct edema in the subchondral tissue in the trochlea. This can only come from a fall directly onto it hitting directly into the knee itself. This is not a twisting injury. This is consistent with the patient stating that he fell through stairs hitting directly into his knee. We discussed this diagnosis with the patient and recommended trying some conservative treatments back to medications and steroid injection and some therapy. Will see him back after therapy in a few weeks to see how his pain is doing. If it

> does not improve we will consider right knee arthroscopy with cartiheal application into his trochlea.
>
> His right anterolateral knee is prepped with alcohol. Injected with half cc of Kenalog half cc dexamethasone and 4 mL of lidocaine. He tolerated it well. Discussed postinjection protocol. Follow-up in 4 weeks.

On October 9, 2025, the claimant was again seen by PA Trinkle. Following is a portion of that medical record:

> Assessment and plan
> Right knee pain with large osteochondral defect to the trochlear groove. He is lacking improvement with intra-articular steroid injection. He has some issues with relation to therapy getting started he has his first therapy session tomorrow. I advocated for him to continue with HEP. We will plan to have him follow-up in 1 month to reassess if he is not showing signs of improvement we will discuss once again right knee arthroscopy with cartiheal. Implant to the trochlear groove.

On November 4, 2025, Dr. Dunaway authors a letter to "To Whom It May Concern" regarding the claimant's work restrictions as follows:

> Andrea at Dr. Dunaway's office in Harrison, AR called and spoke with Josie at Arkansas Orthopedics and Sports Medicine on 11-4-25.
>
> Josie called back after speaking to Dr. Cutler and here are the restrictions that he stated:
>
> 1) Pt to be out of work for 2 weeks
> 2) Pt is to have a sit down job for 4 weeks
> 3) If no sit down job available for patient, he is to be out of work for 6 weeks
> 4) NO lifting

On November 17, 2025, the claimant is again seen by Dr. Cutler. Following is a portion of that medical record:

> HPI: This is a 26 year old male who:

> Is being seen for a chief complain of right knee. Telemed for right knee.
>
> 26-year-old male had a telephone visit with as he had several conversations trying to get him approved to help his knee pain. Patient states that he continues to struggle with pain underneath the kneecap very severely where he has a hard time doing simple activities of daily living. Getting up and down walking standing. We discussed proceeding with a knee arthroscopy with abrasion chondroplasty and a lateral release to see if that will get some pressures off the trochlear region. As he has failed all other conservation measures of activity modifications therapy and injections and his insurance will not approve Corda he will the organ to proceed with a knee arthroscopy with abrasion chondroplasty and lateral release.

On November 21, 2025, the claimant underwent surgical intervention for his right knee at the hands of Dr. Cutler at North Arkansas Regional Medical Center. Following is a portion of that operative report.

> PROCEDURES PERFORMED:
> 1. Right knee arthroscopy with arthroscopic lateral release
> 2. Right knee arthroscopy with arthroscopic chondroplasty of the patella and trochlea
>
> PREPROCEDURE DIAGNOSES:
> 1. Right knee pain
> 2. Right knee chondromalacia trochlea and patella
> 3. Right knee chronic patellofemoral syndrome
>
> POSTPROCEURE DIAGNOSES:
> 1. Right knee pain
> 2. Right knee chondromalacia trochlea and patella
> 3. Right knee chronic patellofemoral syndrome

On December 31, 2025, the claimant is again seen by Dr. Cutler and found to be at maximum medical improvement. Following is a portion of that medical records:

> HPI: This is a 26 year old male who:
> Is being seen for a chief complaint of right knee. Patient is 6 weeks status post right knee arthroscopy with patellofemoral abrasion chondroplasty with lateral release.

> 6-week status post right knee scope doing fantastic. States he has no pain. Pain is notices that going up and down stairs is still a little bit problematic but he is doing really well. He can tell that he is making a big difference and the stronger he gets the better he gets.
>
> On exam today scope portals well-approximated no erythema no drainage. Fantastic knee range of motion. Good strength building up. Ambulating really well.
>
> 6-week status post knee scope doing fantastic. Full range of motion full-strength. Has patient doing full activities with minimal pain he is at maximum medical improvement. Continue to strengthen to protect. Follow-up as needed.

The claimant has asked the Commission to determine whether or not he sustained a compensable injury to his right knee on June 2, 2025, in the same incident where he sustained an admittedly compensable injury to his left knee and low back.

In order to prove a compensable injury as the result of a specific incident that is identifiable by time and place of occurrence, a claimant must establish by a preponderance of the evidence (1) an injury arising out of and in the course of employment; (2) the injury caused internal or external harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings establishing an injury; and (4) the injury was caused by a specific incident identifiable by time and place of occurrence. *Odd Jobs and More v. Reid*, 2011 Ark. App. 450, 384 S.W. 3d 630.

There is without doubt objective medical findings of injury from the claimant's right knee MRI of September 3, 2025, and his right knee operative note of November 21, 2025. As Dr. Cutler's September 8, 2025, report states, "MRI of the right knee taken at the hospital on September 3 shows a large contusion in the trochlea with some full-thickness cartilage loss with subchondral edema."

The claimant must also prove a causal connection between his objective medical findings of right knee derangement and the incident he alleges to have caused his right knee injury. It should be noted that the claimant denies any preexisting right knee injury and no medical evidence was submitted to controvert his assertion. Here, we have the direct testimony of the claimant stating he struck his right knee in that June 2, 2025, incident when he fell through an old wooden staircase and the testimony of Deputy Usery, who did not witness but saw the aftermath of the claimant's fall. Both of these witnesses' testimony are supported by the video evidence submitted into the record. While the video itself does not show the claimant's right knee being struck, when viewing the video, it is reasonable to conclude that it was so struck. The testimony of Pam Webb, the workers' compensation initial contact for the respondent/employer, also supports the claimant's case of compensable right knee injury, in that she testified that the claimant's complaints of pain were in his "legs" on June 2, 2025.

The claimant's medical records from his June 2, 2025, incident at the emergency department do not mention his right leg or right knee. Ms. Shook's testimony is that the claimant hurt his knee getting up from a sofa and that he did not mention right leg or right knee problems until after his July 8, 2025, visit with Dr. Dunaway. However, this testimony is lessened at best and somewhat self-refuted during her cross-examination testimony. Given both of those opposed perspectives on the claimant's compensability of a right knee injury on June 2, 2025, this administrative law judge believes that medical evidence is most revealing. Specifically, Dr. Cutler's September 8, 2025, record which states:

> Right knee pain with severe trochlear osteochondral defect secondary to a fall directly on it. The way the MRI shows a direct impact with direct edema in the subchondral tissue in the trochlea. This can only come from a direct fall onto it hitting directly into the knee itself. This is not a twisting injury. This is consistent with

> the patient's statement that he fell through stairs hitting directly into his knee. We discussed this diagnosis with the patient and recommended trying some conservative treatment back to medications a steroid injection and some therapy. We will see him back after therapy in a few weeks to see his pain is doing. If it is not improved we will consider right knee arthroscopy and cartiheal application to his trochlea.

The claimant has proven by a preponderance of the evidence that he sustained a compensable right knee injury during his June 2, 2025, fall through a wooden staircase.

The claimant has also asked the Commission to determine whether he is entitled to medical treatment for his compensable right knee injury.

In order to prove a compensable injury as the result of a specific incident that is identifiable by time and place of occurrence, a claimant must establish by a preponderance of the evidence (1) an injury arising out of and in the course of employment; (2) the injury caused internal or external harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings establishing an injury; and (4) the injury was caused by a specific incident identifiable by time and place of occurrence. *Odd Jobs and More v. Reid*, 2011 Ark. App. 450, 384 S.W. 3d 630.

After a review of the medical records submitted into evidence, I find the treatment provided to the claimant's right knee was and is reasonable, necessary and should be paid for by the respondent. This is to include reimbursement for any out-of-pocket expenses paid by the claimant.

The claimant has also asked the Commission to determine whether he is entitled to temporary total disability benefits from September 19, 2025, to December 8, 2025.

A claimant who suffers a scheduled injury is entitled to receive temporary total or temporary partial disability benefits during their healing period or until they return to work,

regardless of whether there is a total incapacity to earn wages. *Wheeler Construction Co. v. Armstrong*, 73 Ark. App. 146, 41 S.W. 3d 822 (2001).

The claimant was on work restrictions some time before August 25, 2025, when he visited with PA Trinkle. That medical record states, "We will keep the work restrictions the same for the time being."

The claimant testified that he was unable to work from September 19, 2025, to December 8, 2025, as follows:

> Q Okay. And what days did you miss from work as a result of this right knee injury?
>
> A From September 19th to December 8th.
>
> Q Okay. And what restrictions were you on throughout this period of time?
>
> A If I could look at the notes, but I believe it was no climbing ladders, no going up stairs, squatting, kneeling or lifting above 10 pounds.
>
> Q Were they restrictions that prevented you from doing your job as a corporal?
>
> A Yes.
>
> MR. HATFIELD: May I approach, Your Honor?
>
> THE COURT: You may.
>
> Q [BY MR. HATFIELD]: I am going to show you Claimant's Exhibit 1, page 28. Do those appear to be restrictions that you had from September all the way through the time you went back to work in December?
>
> A Yes.
>
> Q Okay. And again, do those restrictions prevent you from doing your job as a corporal?

A Yes.

Q And were you required to use all of your sick, personal and vacation time while you were off work under this right knee injury?

A Yes.

Q Okay. Are you asking this court to award TTD for that period of time?

A Yes.

The workers' compensation contact for the respondent/employer was Ms. Webb, who gave the following testimony that supports the claimant's temporary total disability claim as follows:

Q Okay. Are you aware that since they denied the claim and he wasn't able to work that he filed for family medical leave?

A No, I wasn't. I kind of assumed he had, but I didn't get into that part of it.

Q Okay. Were you aware that he had to use up all of his vacation and sick pay because he was on restricted duty and unable to work?

A Yes, sir. He used everything. I think his last check was $200. He just used everything he had.

Q Okay. And would that have been somewhere around September until he came back from the surgery?

A Yes, sir.

Q Is he a good employee?

A Yes, sir.

Q Is he honest?

A Yes.

Q And does the Carroll County Sheriff's Department want to keep him?

A Yes, sir, they do.

On direct examination the claimant was also asked about restrictions that he had from September until he was returned back to work in December of 2025, as follows:

> Q [BY MR. HATFIELD]: I am going to show you Claimant's Exhibit 1, Page 28. Do those appear to be restrictions that you had from September all the way through the time you went back to work in December?
>
> A Yes.

Claimant's Exhibit 1, page 28 indicates that the claimant's restrictions are as follows:

> Sit down job; may lift up to 10 (ten) pounds, walk to breaks and to obtain supplies as needed.
> No climbing ladders more than 0 hours a scheduled shift.
> No climbing stairs more than 0 hours a scheduled shift.
> No kneeling or squatting more than 0 hours a scheduled shift.

The claimant is able to prove by a preponderance of the evidence that he is entitled to temporary total disability benefits from September 19, 2025, to December 8, 2025.

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

FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The stipulations agreed to by the parties at the pre-hearing conference conducted on January 26, 2026, and contained in a Pre-hearing Order filed February 10, 2026, are hereby accepted as fact.

2. The claimant has proven by a preponderance of the evidence that he sustained a compensable injury to his right knee on or about June 2, 2025.

3. The claimant has proven by a preponderance of the evidence that he is entitled medical treatment for his compensable right knee injury, including repayment for any out-of-pocket expenses for treatment to his compensable right knee injury.

4. The claimant has proven by a preponderance of the evidence that he is entitled to temporary total disability benefits from September 19, 2025, to December 8, 2025.

5. The claimant has proven by a preponderance of the evidence that his attorney is entitled to an attorney's fee in this matter under the Arkansas Workers' Compensation Act.

ORDER

The respondents shall pay for the claimant's medical treatment regarding his compensable right knee injury, including reimbursement to the claimant for any out-of-pocket expenses associated with his right knee injury. This is to include mileage.

The respondents shall pay the claimant temporary total disability benefits from September 19, 2025, to December 8, 2025.

The respondent shall pay to the claimant's attorney the maximum statutory attorney's fee on the benefits awarded herein, with one-half of said attorney's fee to be paid by the respondent in addition to such benefits and one-half of said attorney's fee to be withheld by the respondent from such benefits pursuant to Ark. Code Ann. § 11-9-715.

All sums herein accrued are payable in a lump sum and without discount and shall earn interest at the legal rate until paid.

If they have not already done so, the respondents are directed to pay the court reporter, Veronica Lane, fees and expenses within thirty (30) days of receipt of the invoice.

IT IS SO ORDERED.

HONORABLE ERIC PAUL WELLS
ADMINISTRATIVE LAW JUDGE