

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION  
CLAIM NO. H407145**

**ANEISHA PORCHIA,  
EMPLOYEE**

**CLAIMANT**

**SILVER OAKS HEALTH & REHAB,  
EMPLOYER**

**RESPONDENT**

**ARKANSAS NURSING HOME SELF-INSURED TRUST/  
ASIT-CCMSI,  
INSURANCE CARRIER/TPA**

**RESPONDENT**

**OPINION FILED MARCH 17, 2026**

Hearing conducted before the Arkansas Workers' Compensation Commission (the Commission), Administrative Law Judge (ALJ) Mike Pickens on December 19, 2025, in Camden, Ouachita County, Arkansas.

The claimant, Ms. Aneisha Porchia, of Magnolia, Columbia County, Arkansas, appeared *pro se*.

The respondents were represented by Ms. Melissa Wood, Worley, Wood & Parrish, Little Rock, Pulaski County, Arkansas.

**INTRODUCTION**

In the prehearing order filed November 7, 2025, the parties agreed to the following stipulations which they affirmed on the record at the hearing:

1. The Arkansas Workers' Compensation Commission (the Commission) has jurisdiction over this claim.
2. The employer/employee/carrier-TPA relationship existed at all relevant times including September 26, 2024, when the claimant sustained admittedly compensable injuries to her neck and lower back for which the respondents paid both medical and indemnity benefits.
3. The claimant's average weekly wage (AWW) is \$396.06 which corresponds to weekly indemnity rates of \$264.00 for temporary total disability (TTD), and \$198.00 for permanent partial disability (PPD) benefits.

4. The Commission granted the claimant her one (1)-time-only change of physician (COP) by Order dated February 4, 2025.
5. The respondents controvert this claim in its entirety.
6. The parties specifically reserve any and all other issues for future litigation and/or determination.

(Commission Exhibit 1 at 2; Reporter's Transcript at 5-6). Pursuant to the parties' mutual agreement the issues litigated at the hearing were:

1. Whether the claimant is entitled to additional medical treatment in the form of more physical therapy (PT) and/or other unspecified treatment.
2. If she retains an attorney, whether, and to what extent, if any, the claimant's attorney is entitled to a controverted fee based on these facts.

(Comms'n Ex. 1 at 2; T. 5-6).

The claimant contends she failed to receive the proper care and was rushed backed into work. She contends she still has trouble with pain, and that she is entitled to additional medical treatment in the form of PT and/or unspecified treatment. (Comms'n Ex. 1 at 3; T. 5-6).

The respondents contend the claimant's physician released her as having reached maximum medical improvement (MMI) as of December 11, 2024, and opined she had no/zero percent (0%) permanent anatomical impairment. The respondents further contend the Commission granted her COP evaluation and that it was the COP physician who released her and opined she had reached MMI and had 0% permanent anatomical impairment. The respondents contend that no physician has recommended any additional medical treatment for her compensable neck and lower back injuries. Therefore, the respondents contend that the claimant cannot meet her statutory

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her burden of proof in demonstrating she is entitled to any additional medical treatment is related to or reasonably necessary for treatment of her compensable injuries. (Comms'n Ex. 1 at 3; T. 5-6).

The record consists of the reporter's transcript and any and all exhibits contained therein or attached thereto.

### **STATEMENT OF THE CASE**

The claimant, Ms. Aneisha Porchia (the claimant), was 30 years old at the time of the stipulated work-related incident and was 31 years old as of the subject hearing date. On September 26, 2024, she was working at Silver Oaks Health & Rehab (Silver Oaks) in Camden, Arkansas. A male resident/patient used the "call light" to let the claimant know he wanted some ice water. She testified there already was some ice water by the patient's bed, but apparently he did not realize it so she went out to get him some water and ice. As she was returning into the patient's room she slipped by his wheelchair and bed and fell backwards, landing on the "right whole side of my shoulder and neck and lower hip area." (T. 10; 9-11). She testified her primary injuries were on the right side of her body, specifically her right shoulder, neck and lower back. (T. 11-12).

The claimant immediately reported the incident and Silver Oaks first sent her to Dr. Crump, who she supposed was Silver Oaks's company doctor, in Camden. Although the claimant did not introduce any medical records into the hearing record and there are no records from Dr. Crump in the record, she testified Dr. Crump had X-rays performed, gave her a shot and put her on some prescription medications for pain and she was not sure what the other medicines were for. The medical records indicate she was prescribed Diclofenac (a nonsteroidal anti-inflammatory,

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NSAID), Prednisone, and Cyclobenzaprine (generic Flexiril). She later underwent an MRI at which time she was referred to Trent Tappan, a certified physician's assistant (PA) at OrthoArkansas in Little Rock. (T. 12-15; Respondents' Medical Exhibit 1 at 1; 1-5) (Bracketed material added).

The claimant first saw PA Tappan on December 11, 2024. From the time of her September 26, 2024, slip-and-fall at work until she saw PA Tappan on December 11, 2024, the claimant continued to treat conservatively with Dr. Crump, who she said allowed her to work light duty until he "kinda sorta" took her off work from sometime near the end of October until December 3, 2024. She then apparently resumed light duty work until she saw PA Tappan on December 11, 2024. The claimant testified Dr. Crump also prescribed her some PT for about a month, three (3) days per week. The claimant testified the prescription medications and PT Dr. Crump prescribed for her did "not really" help her pain at all. She said the medication "mostly made me just sleepy", and the PT "helped, like, for a moment...but then it didn't." (T. 18; 15-19). The claimant testified she was unaware of her MRI results, and that after Dr. Crump received them his office called her and asked if she "wanted to do any type of pain management", but it was her understanding "the Workers' Comp people" would not approve it. (T. 19-20).

When the claimant saw PA Tappan on December 11, 2024, he reviewed her cervical MRI results and examined her. In his report of the same date Dr. Tappan stated the cervical MRI results revealed only some mild degenerative disc disease and "no evidence of disc herniation, nerve root impingement, or acute injury." (RX1 at 4; 1-5). He stated he "was not entirely sure what is causing all of her pain" and that he thought "it is a bit more muscular in nature" and that he "reassured her

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that her images look stable of her spine.” (RX1 at 4). PA Tappan “did not recommend any surgery or aggressive treatment of her neck and back.” (RX1 at 4). In concluding his report, PA Tappan released the claimant at MMI and gave her a return to work slip that stated she could return to “full duty” work with “no restrictions”. (RX1 at 4; 5). In a separate report dated the very next day, December 12, 2024, PA Tappan opined the claimant did not have any – “0%” – permanent anatomical impairment “of the whole person” based on the applicable *AMA Guides*. (RX1 at 6).

At some point thereafter the claimant obtained legal representation from Texarkana, Arkansas workers’ compensation attorney Greg Giles and requested and the Commission granted her one (1)-time-only change of physician request to Dr. D’Orsay Bryant, an El Dorado, Arkansas orthopedic specialist who is well known to the Commission. Dr. Bryant examined the claimant on February 11, 2025, and could find no objective evidence of any injury that required additional medical treatment. Dr. Bryant agreed with PA Tappan that the claimant reached MMI as of 12/11/2024; had no permanent anatomical impairment; and was able to return to full duty work without restrictions. (Stipulation 4; RX1 at 10; 7-10; T. 20-37).

In response to a letter from Attorney Giles (who was later allowed to withdraw as the claimant’s attorney) dated April 4, 2025, in his own letter dated April 11, 2025, Dr. Bryant noted the claimant’s continued pain complaints were “subjective” in nature and he specifically stated:

Therefore, in my office note dictation of February 11, 2025, I do not believe that any further treatment (by me) or physical therapy would be beneficial. Certainly, the patient is not a candidate for any form of surgery.

(RX1 at 13; 12-13; T. 20-37) (Bracketed material added).

## **DISCUSSION**

### **The Burden of Proof**

When deciding any issue, the ALJ and the Commission shall determine, on the basis of the record as a whole, whether the party having the burden of proof on the issue has established it by a preponderance of the evidence. *Ark. Code Ann.* § 11-9-704(c)(2) (2025 Lexis Replacement). There is no presumption that a claim is compensable, that an injury is job-related, or that a claimant is entitled to benefits. *Crouch Funeral Home v. Crouch*, 262, Ark. 417, 557 S.W.2d 392 (1977); *Okay Processing, Inc. v. Servold*, 265 Ark. 352, 578 S.W.2d 224 (1979). The claimant has the burden of proving by a preponderance of the evidence that she is entitled to benefits. *Stone v. Patel*, 26 Ark. App. 54, 759 S.W.2d 579 (Ark. App. 1998). In determining whether the claimant has met his burden of proof, the Commission is required to weigh the evidence impartially, without giving the benefit of the doubt to either party. *Ark. Code Ann.* § 11-9-704(c)(4); *Gencorp Polymer Products v. Landers*, 36 Ark. App. 190, 820 S.W.2d 475 (Ark. App. 1991); *Fowler v. McHenry*, 22 Ark. App. 196, 737 S.W.2d 633 (Ark. App. 1987). The ALJ, the Commission, and the courts shall strictly construe the Act, which also requires them to read and construe the Act in its entirety, and to harmonize its provisions when necessary. *Farmers' Coop. v. Biles*, 77 Ark. App. 1, 69 S.W.2d 899 (Ark. App. 2002).

All claims for workers' compensation benefits must be based on proof. Speculation and conjecture, even if plausible, cannot take the place of proof. *Ark. Dep't of Correc. v. Glover*, 35

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Ark. App. 32, 812 S.W.2d 692 (Ark. App. 1991); *Dena Constr. Co. v. Herndon*, 264 Ark. 791, 595 S.W.2d 155 (1979). It is the Commission's exclusive responsibility to determine the credibility of the witnesses and the weight to give their testimony. *Whaley v. Hardee's*, 51 Ark. App. 116, 912 S.W.2d 14 (Ark. App. 1995). The Commission is not required to believe either a claimant's or any other witness's testimony but may accept and translate into findings of fact those portions of the testimony it deems believable. *McClain v. Texaco, Inc.*, 29 Ark. App. 218, 780 S.W.2d 34 (Ark. App. 1989); and *Farmers' Coop., supra*. The Commission has the duty to weigh the medical evidence just as it does any other evidence, and to resolve conflicting medical opinions; and its resolution of the medical evidence has the force and effect of a jury verdict. *Williams v. Pro Staff Temps.*, 336 Ark. 510, 988 S.W.2d 1 (1999); *Hill v. Baptist Med. Ctr.*, 74 Ark. App. 250, 57 S.W.3d 735 (Ark. App. 2001). Although it is within the Commission's province to weigh conflicting evidence, it may not arbitrarily disregard medical evidence or the testimony of any witness. *Patchell v. Wal-Mart Stores, Inc.*, 86 Ark. App. 230, 184 S.W.3d 31 (Ark. App. 2004).

### **Reasonably Necessary Medical Care and Treatment**

*Ark. Code Ann.* § 11-9-508(a)(1) (2025 Lexis Replacement) requires an employer to promptly provide an injured worker with, among other modalities, such medical treatment "as may be reasonably necessary in connection with the injury received by the employee." The burden of proof is on the claimant to prove the medical treatment he requests is reasonable and necessary for treatment of her compensable injury. *Lankford v. Crossland Constr. Co.*, 2011 Ark. App. 416, 384 S.W.3d 561 (Ark. App. 2011). What constitutes reasonably necessary medical treatment is a

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question of fact for the Commission and turns on the sufficiency of the evidence. *Wright Contracting Co. v. Randall*, 12 Ark. App. 358, 676 S.W.2d 750 (Ark. App. 1984); *Gansky v. Hi-Tech Eng'g*, 325 Ark. 163, 924 S.W.2d 790 (1996).

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

Our court of appeals has noted that even if the healing period has ended, a claimant may be entitled to ongoing medical treatment if the treatment is geared toward management of problems emanating from his compensable injury. *Patchell v. Wal-Mart Stores, Inc.*, 86 Ark App. 230; 184 S.W. 3d 31, (Ark. App. 2004). The Commission has found that treatment intended to help a claimant cope with chronic pain attributable to a compensable injury may be reasonably necessary. *Maynard v. Belden Wire & Cable Co.*, Arkansas Workers' Compensation Commission (AWCC) Claim No. E502002 (Full Commission Opinion filed April 28, 1998); and *Billy Chronister v. Lavaca Vault*, AWCC Claim No. 704562 (Full Commission Opinion filed June 20, 1991). A claimant is not required to support the alleged need for continued medical treatment with objective findings. *Chamber Door Industries, Inc. v. Graham*, 59 Ark. App. 224, 956 S.W.2d 196 (Ark. App. 1997).

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Reasonably necessary medical services include those necessary to reduce or alleviate symptoms resulting from the compensable injury. *Ark. Code Ann.* § 11-9-705(a)(3); and *Jordan, supra*. Also, reasonably necessary medical services include those necessary to reduce or alleviate symptoms resulting from the compensable injury. *Ark. Code Ann.* § 11-9-705(a)(3); and *Jordan, supra*.

Based on the applicable law as applied to the facts of this case and as explained in more detail below, I find the claimant has failed to meet burden of proof in demonstrating she is entitled to additional medical treatment in the form of additional PT and/or any other unspecified medical treatment. *See, Goyne v. Crabtree Contr. Co., Inc.*, 2009 Ark. App. 200, 301 S.W.3d 16 (Ark. App. 2009), rehearing denied, \_ Ark. App. \_, \_ S.W.3d \_, 2009 Ark. App. LEXIS 874 (April 22, 2009).

The overwhelming preponderance of the medical evidence reveals the claimant's slip-and-fall at work on September 26, 2024, did *not* – thankfully and fortunately – result in any serious, permanent injury. In fact, in the case at bar there exists no medical evidence supporting the claimant's contention she is entitled to additional PT or any other medical treatment. Indeed, all of the medical evidence is to the contrary – as are the medical opinions of PA Tappan and Dr. Bryant.

The claimant's MRI revealed only mild degenerative changes, no evidence of disc herniation, nerve root impingement, or acute injury. Indeed, PA Tappan stated he believed her subjective complaints of pain were muscular in nature and required no additional medical treatment. Consequently, he released her at MMI to return to full duty work with no restrictions, and he further opined she had sustained no/0% permanent anatomical impairment. ((RX1 at 4, 4-5; 1-6).

Thereafter, Dr. Bryant made it abundantly clear in both of his reports he did not believe the claimant required any additional medical treatment or physical therapy. (RX1 at 7-10; 11-13). In his April 11, 2025, report, Dr. Bryant states rather bluntly and strongly that he does not believe the claimant would benefit from any additional medical treatment whatsoever, physical therapy otherwise. Having seen many medical reports from Dr. Bryant, this ALJ has not to date seen a medical report wherein Dr. Bryant states his opinion with more conviction.

Finally, it is significant to note the claimant herself admitted in her hearing testimony that neither the prescription pain and anti-inflammatory medication she took nor one (1) month of PT there (3) times per week improved her subjective complaints of pain. Again, the claimant's testimony in this regard is consistent with both Dr. Bryant's and PA Tappan's opinions, and specifically with her own COP's, Dr. Bryant's, opinion she requires no additional medical treatment – including the specific treatment the claimant is requesting herein – physical therapy.

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

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. The Commission has jurisdiction of this claim.
2. The stipulations contained in the prehearing order filed November 7, 2025, hereby are accepted as facts.
3. The claimant has failed to meet her burden of proof in demonstrating she is entitled to additional medical treatment – either physical therapy or any other treatment – on these facts.

Therefore, this claim is respectfully denied and dismissed with prejudice subject only to the parties' statutory appeal rights.

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**IT IS SO ORDERED.**

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Mike Pickens  
Administrative Law Judge

MP/mp