BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. H406456

REGINA S. PAREDES, EMPLOYEE	CLAIMANT
WAL MART ASSOCIATES, INC., EMPLOYER	RESPONDENT
WAL MART CLAIMS SERVICES, INSURANCE CARRIER/TPA	RESPONDENT

OPINION FILED SEPTEMBER 23, 2026

Upon review before the FULL COMMISSION in Little Rock, Pulaski County, Arkansas.

Claimant represented by the HONORABLE EVELYN E. BROOKS, Attorney at Law, Fayetteville, Arkansas.

Respondents represented by the HONORABLE JAMES A. ARNOLD, Attorney at Law, Fort Smith, Arkansas.

Decision of Administrative Law Judge: Reversed.

OPINION AND ORDER

The claimant appeals an administrative law judge's opinion filed February 12, 2026. The administrative law judge found, among other things, that the claimant failed to prove she sustained a compensable injury to her right hip. After reviewing the entire record *de novo*, the Full Commission finds that the claimant proved she sustained a compensable injury to her right hip. We find that the claimant's left shoulder condition was a natural consequence of the stipulated compensable injury to the claimant's right wrist. The claimant proved that the current medical

treatment of record was reasonably necessary in accordance with Ark. Code Ann. §11-9-508(a)(Repl. 2012).

I. HISTORY

Regina Santamaria Paredes, now age 54, testified that she became employed with the respondents, Walmart, in March 2014. Ms. Paredes testified that she worked in the respondent-employer's delicatessen. The parties stipulated that the employment relationship existed on May 24, 2024. The claimant testified on direct examination:

> Q. And what happened on May 24th of last year?
> A. So that 24th, I remember that there was a connection of the hose that the guys the night before, they had connected….And so that water with the soak started coming out and in just a few seconds everything was full of water. And so that is when I shut it off and I slid on the right side and after that, since then, my life has changed.
> Q. So when you slid on the right side, did you fall to the ground?
> A. Exactly. I fell to the ground….
> Q. So when you fell down, how did you land?
> A. On this side (indicating). It was like this. It was on this side. It was something so strong on my hip on this side….It was on the right side where I hit. It was my arm. It was the three things. It was my arm and right here (indicating), but it was very hard. It was my right hand, my right shoulder, and my right hip is where the blow happened.

The parties stipulated that the claimant "sustained a compensable injury to her right wrist" on or about May 24, 2024. According to the record, the claimant treated at Conservative Care Occupational Health on May 24, 2024:

> Patient states that she was moving the hose to clean a filter and water leaked out at the connection. She states she slipped and fell onto her right hip and put her right arm to catch herself. She states she is having right hip, right wrist, right shoulder and neck pain….
> Regina's primary problem is pain located in the right hip. She describes it as aching….The problem began on 5/24/2024. Regina says that it seems to be variable – depending on the activity level….
> Regina's secondary problem is pain located in the right arm, wrist, shoulder. She describes it as aching….The problem began on 5/24/2024….
> Regina's tertiary problem is pain located in the neck….The problem began on 5/24/2024. Regina says that it seems to be intermittent. She feels it is stable….
> Right Hip: Pain to palpation is present over the gluteus maximus. The joint appears stable. The hip examination is normal. An abrasion is not present. Pain on motion is present over the gluteus maximus. Range of motion is normal. Strength is normal. Swelling is not present.
> IMAGING STUDIES
> XRAY – Right hip: Normal. Acute Findings – Absent. No Fracture Seen.
> Number of views: 3 views were taken of the right hip.
> XRAY – Right shoulder: No Fracture Seen. Normal. Acute Findings – Absent.
> XRAY – Right wrist: Normal. Acute findings – Absent. No Fracture Seen.
> Number of views: 3 views were taken of the right wrist.
> Number of views: 3 views were taken of the right shoulder.

A Nurse Practitioner diagnosed "1. Right Hip Pain," "2. Pain in right shoulder," "3. Pain in right wrist," and "4. Cervicalgia." The Nurse Practitioner treated the claimant conservatively and noted, "The cause of this problem appears to be work activities." The recommended work status was "Restricted Duty."

A physical therapist noted on June 24, 2024, “Regina states that she has been having difficulty at work as she is still being advised to perform activities that are against her restrictions. Denotes that she is sore on both sides as a result.”

The claimant was advised at Conservative Care on July 19, 2024, “No push/pull/lift more than 10 lbs with the right arm. No overhead work right arm. Avoid hanging chicken or slicing deli meats.”

Dr. Christopher Henley assessed “1. Right wrist pain” on August 6, 2024. Dr. Henley performed an injection and noted, “No pushing or pulling with R hand, no loading or unloading chicken, no slicing meats, no lifting > 10 lbs.”

Dr. Henley advised the claimant on August 27, 2024, “No use of the right hand.”

The claimant testified on direct examination:

> Q. Now, at some point after your fall in May of 2024, did your left shoulder begin to bother you?
> A. Yes, because I was not able to use my right wrist. Yes, and I had to be using my left hand.
> Q. Okay. When is the first time you remember noticing pain in your left shoulder?
> A. I will never forget that. It was in September. It was at the beginning of September.
> Q. And what happened?
> A. My boss, Angelica, knew that I had restrictions, so they put me washing the floor in front of the deli. Then I think that they had never been cleaned before because I used a spatula to take the black stuff from each brick. That black thing, the greasy thing. And, yes, that was very painful….

> Q. And before those two days cleaning, had you ever had any problems with your left shoulder?
> A. No.
> Q. Did you report the problems with your left shoulder to Walmart?
> A. Yes, but they told me the accident had happened only on the right side, not on the left side….
> Q. Did you continue after those two days to use your left arm for work?
> A. Yes,
> Q. And if this happened in September, do you remember how long you were on restrictions for your right wrist?
> A. So since May. May, June, July, August, September, five months.

The claimant signed a Form AR-C, "CLAIM FOR COMPENSATION" on October 3, 2024. The ACCIDENT INFORMATION section of the Form AR-C indicated that the Date of Accident was May 24, 2024: "I fell at work landing on my right arm and right hip. The floor was concrete. I injured my neck, right shoulder, right hip and right wrist. My low back and upper back hurt. My left shoulder hurts from trying to do most of my work using my left arm since the accident."

The claimant treated at Mercy Clinic Primary Care Centerton on October 3, 2024:

> The patient presents for evaluation of left shoulder pain. She experienced a fall on a concrete floor at her workplace, Walmart, on 05/24/2024, which resulted in an injury to her right shoulder. Following the incident, she was placed on work restrictions, limiting her from pushing, pulling, lifting over her head, or lifting more than 10 pounds. She has been using her left side more due to discomfort on her right side.

> After two days of performing tasks such as sweeping the floor, she began to experience severe pain in her left shoulder, which has now spread to her entire back….
> Despite being told that her left shoulder issue is unrelated to her accident, she believes otherwise. She is currently undergoing physical therapy at Bentonville, but it has not been effective. She was given muscle relaxants after the accident, which provided some relief. She is seeking further treatment as she is unable to bear the pain any longer.

Dr. Joshua Hall's assessment on November 6, 2024 was "1. Left rotator cuff tendinopathy. The left shoulder pain is likely due to rotator cuff tendinopathy, possibly exacerbated by increased use of the left shoulder following an injury to the right shoulder. An ultrasound guided subacromial steroid injection will be administered today to alleviate the pain."

The claimant participated in a Functional Capacity Evaluation on December 17, 2024. Dr. Joel Sebag reported in part: "Overall test findings, in combination with clinical observations, suggest the presence of near full levels of physical effort on Ms. Paredes's behalf….It is anticipated that Ms. Paredes' mobility, strength and functional tolerances will improve as she will return to her job with limitation of her functional lifting and use of her right UE for at least 2-3 months."

Dr. Henley reported following the Functional Capacity Evaluation:

> I had the opportunity to review the recent FCE performed on Regina Santamaria Paredes.
> I agree with the evaluation of her functional abilities. She showed reliable effort. The details of what she is able to do are listed in the report.

> I recommend that she receive permanent work restrictions consistent with the description of limitations as detailed in the report….

The claimant treated at Mercy Clinic Centerton on February 25, 2025:

> The patient is a 53-year-old female who presents today to discuss a potential MRI. She has low back pain, left-sided shoulder pain since September, and right-sided hip pain. She reports experiencing severe left-sided shoulder pain, which she attributes to overexertion during a two-day floor cleaning task at her workplace. Despite being advised by a physician at Walmart to avoid using her right hand due to a previous fall, she continues to perform her daily duties without any modifications. The pain has progressively worsened, even with physical therapy, and now disrupts her sleep. She has not consulted an orthopedic specialist for this issue. An x-ray of her shoulder was previously obtained and was normal. She has been diagnosed with a permanent restriction by the physician at Walmart, but her work assignments remain unchanged. A steroid injection administered by Dr. Hall in November provided temporary relief….
> X-ray of the shoulder was normal.

The assessment on February 25, 2025 was "1. Left-sided shoulder pain. The etiology of the pain is likely attributable to a rotator cuff issue. She reports that physical therapy has not been effective, and the pain persists despite a previous steroid injection. A referral to an orthopedic specialist will be initiated for further evaluation and potential imaging studies, such as an MRI. A prescription for Voltaren gel will be provided to manage the pain." The assessment also included "2. Right-sided hip pain.

The pain appears to be localized to the bursa, suggesting possible bursitis. Physical therapy will be recommended to address this issue."

An MRI of the claimant's left shoulder was taken on March 21, 2025 with the following impression:

> 1. Mild rotator cuff tendinosis. No full-thickness or high-grade partial-thickness tendon tear.
> 2. Mild subacromial subdeltoid bursitis.

Dr. Joshua Hall performed a left shoulder injection on May 2, 2025.

An MRI of the claimant's right hip was performed on July 23, 2025:

> History: Right hip pain.
> Comparison: No existing relevant imaging studies are available….
> IMPRESSION: 1. Complex labral tearing.
> 2. Joint effusion with abnormal internal signal intensity which may represent displaced labral fragments and/or synovial thickening.
> 3. Small anterior synovial cyst.
> 4. Mild diffuse degenerative change.

An APN noted on July 24, 2025, "FYI – she has complex labral tear right hip on MRI. This pain has been a year. Ortho referral placed. She is going back to work with restriction."

A Physician's Assistant examined the claimant at Mercy Clinic Orthopedics Rogers on August 4, 2025:

> Regina Santamaria Paredes is a 53 y.o. year old female who presents for right hip pain for the past year. She is accompanied by an interpreter. She describes the pain as worst on her lateral hip, although she does have some pain anteriorly into her groin and back along her SI joint….
> Of note, pt does have an MRI showing labral tearing….

A physician's assistant recommended conservative treatment.

An MRI of the claimant's right wrist was taken on August 13, 2025 with the impression, "No acute findings at the right wrist." Dr. Christopher P. Dougherty diagnosed "Right carpal tunnel syndrome" on August 18, 2025. The claimant underwent a "Right trochanteric bursa injection" on August 20, 2025. Dr. Dominic Jacobelli noted on August 20, 2025, "I personally reviewed the Right hip x-ray done 8/4/25 showing mild degenerative changes of the right hip."

A pre-hearing order was filed on September 23, 2025. The claimant contended, "Claimant contends she sustained a compensable consequence injury to her left shoulder and right hip and is entitled to medical treatment and to temporary total disability benefits from her date last worked to a date yet to be determined. Claimant reserves all other issues."

The parties stipulated that the respondents "have controverted all other alleged injuries" except the stipulated compensable injury to the claimant's right wrist. The respondents contended, "Respondents contend that they have paid appropriate compensation benefits and further controvert Claimant's alleged left shoulder injury and alleged right hip injury in their entirety."

The parties agreed to litigate the following issues:

> 1. Whether Claimant sustained a compensable injury to her right hip on or about May 24, 2024.
> 2. Whether Claimant is entitled to medical treatment for her right hip injury.
> 3. Whether Claimant sustained a compensable consequence of her right wrist injury in the form of a left shoulder injury.
> 4. Whether Claimant is entitled to temporary total disability benefits from her date last worked to a date yet to be determined.
> 5. Whether Claimant's attorney is entitled to an attorney's fee.

Dr. Dougherty's assessment on October 2, 2025 was "1. Synovitis of right wrist. 2. Nontraumatic incomplete tear of left rotator cuff." Dr. Dougherty planned a "physical therapist referral." The claimant followed up with Dr. Dougherty on or about October 21, 2025:

> 1. Incomplete tear of left rotator cuff, unspecified whether traumatic[.]
> ● shoulder arthroscopy with subacromial decompression and acromioplasty (SURG)
> 2. Tear of right acetabular labrum, initial encounter[.]
> ● arthroscopy, hip, surgical; with labral repair (SURG)
> ● hip abduction brace

A hearing was held on November 18, 2025. At that time, the claimant reserved the issue of temporary total disability benefits. The claimant testified that she was still "on restrictions" for her right wrist.

An administrative law judge filed an opinion on February 12, 2026. The administrative law judge found, among other things, that the claimant did not prove she sustained a compensable injury to her right hip. The administrative law judge denied the claim "in its entirety." The claimant appeals to the Full Commission.

II. ADJUDICATION

A. Compensability

Ark. Code Ann. §11-9-102(4)(Repl. 2012) provides, in pertinent part:

> (A) "Compensable injury" means:
> (i) An accidental injury causing internal or external physical harm to the body … arising out of and in the course of employment and which requires medical services or results in disability or death. An injury is "accidental" only if it is caused by a specific incident and is identifiable by time and place of occurrence[.]

A compensable injury must be established by medical evidence supported by objective findings. Ark. Code Ann. §11-9-102(4)(D)(Repl. 2012). "Objective findings" are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. §11-9-102(16)(A)(i)(Repl. 2012).

The employee has the burden of proving by a preponderance of the evidence that she sustained a compensable injury. Ark. Code Ann. §11-9-102(4)(E)(i)(Repl. 2012). 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).

An administrative law judge found in the present matter, "2. The claimant has failed to prove by a preponderance of the evidence that she sustained a compensable injury to her right hip on or about May 24, 2024."

The Full Commission finds that the claimant proved by a preponderance of the evidence that she sustained a compensable injury to her right hip.

The claimant became employed with the respondents in 2014. The parties stipulated that the claimant "sustained a compensable injury to her right wrist" on or about May 24, 2024. The claimant testified that, while performing employment services for the respondents, she slipped in water and fell on her right side. The medical evidence corroborated the claimant's testimony that she immediately felt pain in her right hip following the accidental injury. It was noted at Conservative Care Occupational Health on May 24, 2024, the day of the specific incident, "Regina's primary problem is pain located in the right hip." A Nurse Practitioner's diagnosis included "1. Right Hip Pain." The evidence does not demonstrate that the claimant suffered from right hip pain before the May 24, 2024 compensable injury. The claimant continued to follow up at Conservative Care.

The claimant signed a Form AR-C, CLAIM FOR COMPENSATION, on October 3, 2024. The claimant wrote on the Form AR-C that she injured her right hip as a result of the work-related fall which occurred on May 24, 2024. An MRI of the claimant's right hip was performed on July 23, 2025. The impression from the MRI included "1. Complex labral tearing." The Full Commission finds that the claimant established a compensable injury by medical evidence supported by objective findings, namely, the "Complex

labral tearing" shown on the post-injury MRI. The evidence shows that this objective medical finding was causally related to the May 24, 2024 accidental injury and was not the result of a prior injury or pre-existing condition.

The Full Commission finds that the claimant proved by a preponderance of the evidence that she sustained a compensable injury. The claimant proved that she sustained an accidental injury causing physical harm to her right hip. The claimant proved that the injury arose out of and in the course of employment and required medical services. The claimant proved that the compensable injury to her right hip was caused by a specific incident and was identifiable by time and place of occurrence on May 24, 2024. Additionally, the claimant established a compensable injury by objective findings not within her voluntary control, namely the complex labral tearing shown on the post-injury MRI. We reiterate that this objective medical finding was causally related to the May 24, 2024 accidental injury and was not the result of a prior injury or pre-existing condition.

B. Natural Consequence

If an injury is compensable, then every natural consequence of that injury is also compensable. *Hubley v. Best Western Governor's Inn*, 52 Ark. App. 226, 916 S.W.2d 143 (1996). The basic test is whether there is a causal connection between the two episodes. *Jeter v. B.R. McGinty*

Mechanical, 62 Ark. App. 53, 968 S.W.2d 645 (1998). The burden is on the claimant to establish the necessary causal connection. *Nichols v. Omaha Sch. Dist.*, 2010 Ark. App. 194, 374 S.W.3d 148. Whether there is a causal connection is a question of fact for the Commission. *Jeter, supra*. In workers' compensation cases, the Commission functions as the trier of fact. *Blevins v. Safeway Stores*, 25 Ark. App. 297, 757 S.W.2d 569 (1988). 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 it deems worthy of belief. *Farmers Co-op v. Biles*, 77 Ark. App. 1, 69 S.W.3d 899 (2002).

An administrative law judge found in the present matter, "4. The claimant has failed to prove by a preponderance of the evidence that she sustained an injury to her left shoulder as a compensable consequence of her *compensable right shoulder injury* [emphasis supplied]." The Full Commission first notes that the claimant did not sustain a compensable injury to her right shoulder. The parties stipulated that the claimant sustained a compensable injury to her right wrist on May 24, 2024. Nevertheless, it is the duty of the Full Commission to enter findings in accordance with the preponderance of the evidence and not on whether there is substantial evidence to support an administrative law judge's findings. *Roberts v. Leo Levi Hospital*, 8 Ark. App. 184, 649 S.W.2d 402

(1983). The Full Commission enters its own findings in accordance with the preponderance of the evidence. *Tyson Foods, Inc. v. Watkins*, 31 Ark. App. 230, 792 S.W.2d 348 (1990).

In the present matter, the Full Commission finds that the claimant proved her left shoulder condition was a natural consequence of the stipulated compensable injury to the claimant's right wrist. The parties stipulated that the claimant sustained a compensable injury to her right wrist on May 24, 2024. The Full Commission has found that the claimant also proved she sustained a compensable injury to her right hip on May 24, 2024. In any event, the claimant was assigned Restricted Duty following the compensable injury to her right wrist. A physical therapist noted beginning June 24, 2024 that the claimant was complaining of difficulties on her left side, because she was asked to perform work activities which exceeded her physical restrictions. The claimant was advised at Conservative Care on July 19, 2024, "No push/pull/lift more than 10 lbs. with the right arm. No overhead work right arm." Dr. Henley instructed the claimant on August 6, 2024, "No pushing or pulling with R hand, no loading or unloading chicken, no slicing meats, no lifting > 10 lbs." Dr. Henley further advised the claimant on August 27, 2024, "No use of the right hand."

The claimant testified that the respondent-employer assigned work duties which exceeded the claimant's physical restrictions. The claimant

testified that these duties included washing and sweeping a floor, and that she began noticing pain in her left shoulder in September 2024. The claimant reported on the Form AR-C dated October 3, 2024, "My left shoulder hurts from trying to do most of my work using my left arm since the accident." The medical evidence corroborated the claimant's testimony. It was reported at Mercy Clinic Primary Care on October 3, 2024, "After two days of performing tasks such as sweeping the floor, she began to experience severe pain in her left shoulder, which has now spread to her entire back." Dr. Hall performed a left shoulder injection on May 2, 2025. On October 2, 2025, Dr. Dougherty planned a referral to a physical therapist.

The Full Commission finds that the left shoulder pain reported by the claimant beginning in approximately September 2024 was a natural consequence of the stipulated compensable injury to her claimant's right wrist. We find that the current treatment and recommendations of Dr. Hall and Dougherty were reasonably necessary in connection with the natural consequence injury to the claimant's left shoulder.

C. Medical Treatment

Finally, the employer shall promptly provide for an injured employee such medical treatment as may be reasonably necessary in connection with the injury received by the employee. Ark. Code Ann. §11-9-508(a)(Repl.

2012). The employee has the burden of proving by a preponderance of the evidence that medical treatment is reasonably necessary. *Stone v. Dollar General Stores*, 91 Ark. App. 260, 209 S.W.3d 445 (2005). What constitutes reasonably necessary medical treatment is a question of fact for the Commission. *Wright Contracting Co. v. Randall*, 12 Ark. App. 358, 676 S.W.2d 70 (1984).

In the present matter, the Full Commission has found that the claimant proved she sustained a compensable injury to her right hip. In addition, the claimant proved that the documented difficulties with her left shoulder were a natural consequence of the stipulated compensable injury to the claimant's right wrist. The Full Commission finds that the injection performed by Dr. Hall on May 2, 2025 was reasonably necessary in connection with the claimant's left shoulder pain. In addition, we find that the right trochanteric bursa injection performed by Dr. Jacobelli on August 20, 2025 was reasonably necessary. Finally, the Full Commission finds that Dr. Dougherty's referral to physical therapy on October 2, 2025 was reasonably necessary.

After reviewing the entire record *de novo*, therefore, the Full Commission finds that the claimant proved she sustained a compensable injury to her right hip on May 24, 2024, in addition to the stipulated compensable injury to the claimant's right wrist. We find that the claimant's

documented left shoulder problems were a natural consequence of the claimant's compensable right wrist injury. The Full Commission finds that the treatment recommendations and referrals of Dr. Hall, Dr. Dougherty, and Dr. Jacobelli were reasonably necessary in accordance with Ark. Code Ann. §11-9-508(a)(Repl. 2012). For prevailing on appeal to the Full Commission, the claimant's attorney is entitled to a fee of five hundred dollars ($500), pursuant to Ark. Code Ann. §11-9-715(b)(Repl. 2012).

IT IS SO ORDERED.

SCOTTY DALE DOUTHIT, Chairman

M. SCOTT WILLHITE, Commissioner

Commissioner Mayton dissents.

DISSENTING OPINION

I must respectfully dissent from the Majority's finding that the claimant has met her burden of proving by the preponderance of the evidence she suffered a compensable injury to her right hip, the claimant's shoulder condition was a natural consequence of her compensable injury to her right wrist, and the current medical treatment on record was reasonable and necessary.

Arkansas Code Annotated section 11-9-102 (4)(A)(i) provides that a compensable injury includes “[a]n accidental injury causing internal or external physical harm to the body. . . An injury is ‘accidental’ only if it is caused by a specific incident and is identifiable by time and place of occurrence.”

Generally, a specific incident injury is an accidental injury arising out of the course and scope of employment caused by a specific incident identifiable by time and place of an occurrence. Ark. Code Ann. § 11-9-102(4)(A)(i). This requires that a claimant establish by a preponderance of the evidence: (1) an injury arising out of and in the course of employment; (2) that the injury caused internal or external physical harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings establishing an injury as defined in Ark. Code Ann. §11-9-102(16) and; (4) that the injury was caused by a specific incident identifiable by time and place of occurrence. Ark. Code Ann. § 11-9-102(4)(A)(i).

A compensable injury must be established by medical evidence supported by "objective findings." Ark. Code Ann. § 11-9-102(4)(D). Objective findings cannot come under the voluntary control of the patient. Ark. Code Ann. § 11-9-102(16).

It is within the Commission's province to weigh all the medical evidence, to determine what is most credible, and to determine its medical soundness and probative force. *Sheridan Sch*. *Dist*. *v*. *Wise*, 2021 Ark. App. 459, 637 S.W.3d 280 (2021). In weighing the evidence, the Commission may not arbitrarily disregard medical evidence or the testimony of any witness. *Id*. 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. *White v*. *Gregg Agricultural Ent*., 72 Ark. App. 309, 37 S.W.3d 649 (2001).

It is undisputed that the claimant reported right hip pain at her initial visit with Nurse Practitioner Bobbie Komers on May 24, 2024. However, by July 19, 2024, when the claimant was seen by Craig Murphy, the claimant reported that her hip had improved, her range of motion was normal, and the hip joint was stable. Her examination on that date was normal. The claimant did not complain of nor was treated for hip pain again until February 25, 2025, nearly a year after her fall.

The claimant underwent three radiological tests between 2024 and 2025 due to varying health concerns. On April 29, 2024, a CT of the abdomen, taken just prior to the claimant’s injury, revealed an “asymmetric right hip joint effusion. Mild degenerative changes of the spine, hips and SI

joints." The claimant had a second CT of the abdomen and pelvis just after her injury on July 2, 2024, to address urological concerns. The July 2024 scan showed "right hip joint effusion is present similar to the previous [April] exam."

Claimant's July 23, 2025 MRI revealed:

1. Complex labral tearing.
2. Joint effusion with abnormal internal signal intensity which may represent displaced labral fragments and/or synovial thickening.
3. Small anterior synovial cyst.
4. Mild effused degenerative changes.

The claimant's physicians attributed her 2025 reports of hip pain to trochanteric bursitis due to her reports of chronic bursitis. No doctor has associated the findings of claimant's right hip MRI to her on-the-job injury. The derangement noted in the claimant's right hip MRI was present before her fall in her April 29, 2024 CT scan, and similar derangement was present in her July 2, 2024 CT scan after her fall. For these reasons, the ALJ was correct in his reasoning that claimant is unable to prove that she sustained a compensable injury to her right hip on May 24, 2024.

While our Rules typically require that an injury arise out of the course and scope of employment, a compensable injury may also arise as a compensable, or natural, consequence of a prior specific incident injury. If

an injury is compensable, then every natural consequence of that injury is also compensable. *Martin Charcoal, Inc. v. Britt*, 102 Ark. App. 252, 284 S.W.3d 91 (2008). The basic test is whether there is a causal connection between the two episodes. *Walker v. Fresenius Med. Care Holding, Inc.,* 2014 Ark. App. 322, 436 S.W.3d 164 (2014).

The claimant in this matter underwent an MRI of her left shoulder on March 21, 2025, which revealed "mild rotator cuff tendinosis. No full-thickness or high-grade partial-thickness tendon tear" and mild subacromial subdeltoid bursitis. No other major abnormalities were noted.

The claimant's left shoulder abnormalities are chronic and degenerative in nature and cannot be reasonably attributed to a two-day period of using her left arm to clean floors. Although the claimant presents records from Dr. Joshua Hall opining that the claimant's tendinopathy could "possibly" be exacerbated by increased use of her left shoulder due to her injury, our Courts have expressly found that expert opinions based upon "could," "may," or "possibly" lack the definiteness required to meet the claimant's burden of proof. *Frances v*. *Gaylord Container Corp*., 341 Ark. 527, 20 S.W.3d 280 (2000).

The claimant first reported pain extending from her "neck on the left side starting where her shoulder and neck connect" in 2018 and later complained of pain extending from her neck through her upper back

towards her left shoulder in 2023. The medical evidence is clear that the claimant's left shoulder pain pre-existed her 2024 fall and is degenerative in nature. There is no evidence that the claimant has in any way exacerbated those issues through overuse and the claimant has thereby failed to meet her burden of proof. For these reasons the ALJ was correct in his determination that the claimant's left shoulder complaints are not a compensable consequence of her alleged right shoulder injury.

Accordingly, for the reasons stated above, I respectfully dissent.

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MICHAEL R. MAYTON, Commissioner