BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. G908000

NORRIS L. RUSSELL, EMPLOYEE	CLAIMANT
CARELINK, EMPLOYER	RESPONDENT
AGING SERVICES FUND/RISK MANAGEMENT RESOURES, INSURANCE CARRIER/TPA	RESPONDENT

OPINION FILED JANUARY 13, 2022

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

Claimant represented by the HONORABLE DANIEL A. WEBB, Attorney at Law, Little Rock, Arkansas.

Respondents represented by the HONORABLE MELISSA WOOD, Attorney at Law, Little Rock, Arkansas.

Decision of Administrative Law Judge: Affirmed in part, reversed in part.

OPINION AND ORDER

The respondents appeal and the claimant cross-appeals an administrative law judge's opinion filed May 14, 2021. The administrative law judge found that the claimant proved he sustained a compensable right shoulder injury, but that the claimant failed to prove he sustained a left shoulder injury. After reviewing the entire record *de novo*, the Full Commission finds that the claimant proved he sustained compensable injuries to his right and left shoulders.

I. HISTORY

Norris Russell, now age 60, testified that he initially injured his right shoulder in 2011 after falling from a ladder at his home. An MRI of the claimant's right shoulder was taken on July 26, 2011:

> CLINICAL INDICATION: Right shoulder pain after fall….
> IMPRESSION: 1. Full thickness supraspinatus rotator cuff tear minimally retracted.
> 2. Infraspinatus tendinopathy or partial thickness tear.
> 3. A 14 x 10 millimeter fluid signal lesion in the scapular spine, which is nonspecific by MR imaging. This does not have aggressive characteristics. This should be further characterized with plain film and/or CT imaging if clinically appropriate.

Dr. Larry L. Nguyen reported on August 10, 2011, "MRI scan from Arkansas Surgical Hospital show (sic) full-thickness rotator cuff tear with minimal retraction and partial infraspinatus tear, 14 x 10 mm fluid signal/cyst in the scapular spine….At this point, he has a rotator cuff tear….He wishes to proceed with an outpatient surgery … right rotator cuff repair acromioplasty[.]"

Dr. W. Scott Bowen corresponded with Dr. Michael Stout on May 3, 2012: "Mr. Russell comes in today for evaluation of his right shoulder. He was noted to have a full thickness rotator cuff tear." Dr. Bowen's impression was "1. Full thickness rotator cuff tear, right shoulder with impingement….He would like to get surgery set up."

Dr. Bowen informed Dr. Stout on July 19, 2012, "Mr. Russell is now six weeks out following a rotator cuff repair of a large, retracted tear. We

immobilized it aggressively and fixed with multiple single row suture fixation. He actually has good pain relief and is doing pretty well….He needs to be in more of a supervisory role where he is not at risk of having to struggle with a student that could damage his shoulder." Dr. Bowen's impression was "1. S/P right shoulder rotator cuff repair."

Dr. Bowen reported on May 19, 2014:

> Two years ago, he underwent a rotator cuff repair of a large, retracted two tendon tear. He did well for the first year but then started having more trouble. He is in security in the Little Rock School District and had some altercations with students and could have easily strained it during one of those altercations. In any event, he is having pain during the day and at night….
> X-rays of the right shoulder were ordered, performed, & interpreted by me in the office today as follows: These indicate superior humeral head migration of about 3 mms….

Dr. Bowen's impression was "1. Rotator cuff tear, right shoulder. 2. Synovitis, right shoulder." Dr. Bowen planned conservative treatment but noted, "I explained that if he has a large, retracted tear, it is doubtful that an additional arthroscopic surgery would give him long term benefit. Even though he is fairly young, I think he may be a candidate for a reverse total shoulder replacement, particularly if he is looking at retirement."

An MRI of the claimant's right shoulder was taken on June 16, 2014 with the following impression:

> 1. Prior rotator cuff repair. There is a full thickness tear of the posterior supraspinatus tendon.

> 2. Abnormal signal within the posterior labrum is suggestive of a tear with an associated paralabral cyst.
> 3. Os acromiale.
> 4. Bone lesion within the scapular spine is nonspecific but most likely represents an enchondroma. This lesion is T2 hyperintense with scattered hypointensity likely representing calcification.

Dr. Bowen reported on July 10, 2014, "MRI scan indicates some disruption of the posterior aspect of the previous supraspinatus repair….I explained that the posterior half of the previous supraspinatus repair is disrupted. It would be worthwhile to try to repair this again. He will think about this."

The claimant testified that he became employed as a driver for the respondent-employer, CareLink, in July 2016. The claimant testified that he again fell at home in approximately 2017. An MRI of the claimant's right shoulder was taken on April 18, 2017 with the following impression:

> Large full-thickness tears of the supraspinatus and infraspinatus tendons with atrophy of these muscles as described above.
> Surgical changes as described above.
> Diminished size of the superior labrum consistent with remote tear.
> Osteoarthritis of AC joint and glenohumeral joint.
> Indeterminate 12 mm lesion in the spinous scapula; please see above discussion.

Dr. Ethan Schock performed surgery on July 18, 2017: "Right shoulder arthroscopy with: 1. Glenohumeral joint debridement. 2. Arthroscopic subacromial decompression. 3. Revision repair of very large

and difficult right rotator cuff tear." The post-operative diagnosis was "Recurrent, large, retracted, right rotator cuff tear."

Dr. Schock reported on November 9, 2017:

> Mr. Russell is now four months out from his July 8 revision rotator cuff repair. This was a large tear. He is making good progress on his rehabilitation and demonstrates full active motion and appropriate strength for this stage of his recovery. I think his cuff is healed. I think we can release him. I do think that with his history of recurrent rotator cuff tear he is best suited to a position that avoids awkward or heavy lifting and any overhead work with his right upper extremity. We will see him back in the clinic if he has any further problems or questions. I recommended continued home strengthening program.

The parties stipulated, "An employer-employee relationship existed on June 13, 2019, the date of the claimed injuries, when the claimant sustained injuries to both shoulders, neck, and back." The claimant testified on direct examination:

> Q. Now as I understand it, your claim is largely – is related basically to an incident that occurred June 13th of 2019, is that correct?
> A. Yes, sir.
> Q. And you were injured that day while working for CareLink?
> A. Yes, sir….I injured my shoulders, left and right, and my neck and my lower back.
> Q. Tell us what you were doing when the injury occurred.
> A. Okay. I had a – I had a passenger on the bus and I was taking her home, and once I got to her house, I parked the bus and put it in emergency lock with my brakes on, and then I extended the ramp. I was picking up on the wheelchair and pushing it onto the ramp. At this time I locked her wheels on the ramp, and when I was getting ready to move back, the locks came unlocked. And at that time I reached out and

> grabbed her wheels to keep her from tipping over onto the ground.
> Q. So did you feel like a force from the wheelchair pulling against your body?
> A. Yes.
> Q. Did you feel pain anywhere in your body immediately?
> A. Yes, in my neck and back and both of my shoulders.
> Q. All right. Did your report this to your employer immediately?
> A. Yes, I did, soon as I returned back to work I wrote up a incident report.

According to the record, the claimant completed a CareLink "Incident Reporting Form" on June 13, 2019. The claimant wrote, "On this date at approximately 2:17 p.m., an incident occurred as I was unloading Ms. Flossie Dumas at her residence of 2223 S. Harrison St. As I was placing Ms. Dumas on the wheelchair ramp to unload, the wheelchair lock fell in which caused me to grab the wheelchair trying to prevent injuries to the patient, I pulled and strained both of my shoulders and neck in the process of physically holding the wheelchair."

The claimant treated at Concentra on June 14, 2019. Miriam Lawrence, NP reported at that time:

> The patient presents today with back and shoulder injury….
> **Acute Musculoskeletal Injury History:** injured on 6/13/19. This is the result of lifting and Trying to prevent a patient from falling. One of the wheelchair locks failed and patient started to roll while on a ramp.
> Occurred while at work.
> Complaint of shoulder pain….Pain is located in the anterior shoulders bilaterally….
> **Radiology Results**

> Mild degenerative changes noted to bilat shoulders. No obvious fxs nor dislocations noted. Disc spacing preserved….

Miriam Lawrence assessed "1. Acute bilateral low back pain. 2. Left shoulder pain. 3. Right shoulder pain."

The claimant followed up with Miriam Lawrence at Concentra on June 17, 2019:

> The patient presents today with recheck on bilateral shoulder injury….Today, patient states that his low back and bilat shoulder pain is a lot better has no pain today. He states that he painted cabinets this weekend and felt fine while performing the task, but had pain in his shoulders by the end of the day. Ibuprofen helped. Feels that he can perform his regular job duties and tolerated them this morning. Feels ready to be released.
> **Acute Musculoskeletal Injury History:** injured on 6/13/19. This is the result of lifting and Trying to prevent a patient from falling. One of the wheelchair locks failed and patient started to roll while on a ramp.
> Occurred while at work. Complaint of shoulder pain….Pain is located in the anterior shoulders bilaterally. The symptoms occur intermittently….

Miriam Lawrence assessed "1. Right shoulder pain. 2. Left shoulder pain. 3. Acute bilateral low back pain….The patient was released from care as maximum medical improvement was reached for the patient's injury(ies)….The claimant can return to work with no restrictions on: 6/17/19."

The claimant reported an "Injury Shoulders" on a CareLink "Incident Reporting Form" dated July 18, 2019. The claimant wrote, "On this date at

[approximately] 2:33 p.m., I [aggravated] my shoulders pushing Ms. Flossie Dumas up the ramp at her residence."

Miriam Lawrence reported on July 23, 2019, "Today, patient states that his left shoulder pain has resolved, but the right shoulder is worse 7/10 (constant, achy) with radiation to right side of neck….He states that his shoulder started getting worse after pushing a client up a ramp." Miriam Lawrence assessed "1. Right shoulder strain," and she assigned work restrictions.

The claimant treated at UAMS on August 19, 2019. Dr. Lawrence O'Malley reported at that time:

> Norris Lynn Russell is a 57 y.o. RHD male who presents for a new patient evaluation with 2 months of right shoulder pain after an injury at work. Patient was moving a patient down a ramp with a wheelchair when the wheelchair locks became undone and the wheelchair almost tipped over. The patient caught the wheelchair, but experienced immediate right shoulder pain as a result. He has done 2 weeks of PT and has tried muscle relaxants with minimal relief of symptoms. Endorses night pain. Of note, he has had 2 prior rotator cuff tears, repaired arthroscopically in 2012 by Dr. Bowen and again in 2017 by Dr. Schock of OrthoArkansas. Patient was referred here for further management after a recent MRI done revealed a right shoulder re-tear of the rotator cuff…. Radiographs and MRI imaging of the right shoulder were reviewed. Notable for AC joint arthritis, supraspinatus and infraspinatus rotator cuff tear with retraction to the glenoid, suture anchors from previous repair noted.

Dr. O'Malley's impression was "57 year old male with R shoulder AC joint arthritis, full thickness supraspinatus-infraspinatus tear with moderate

retraction." Dr. O'Malley stated, "I feel his best option is shoulder arthroscopy with subacromial decompression, distal clavicle excision, possible biceps tenodesis along with rotator cuff repair with probable patch augmentation versus superior capsular reconstruction. He understands that he will probably need a shoulder replacement at some point but at this point the 57 and his activity level he is not a great candidate for a shoulder arthroplasty."

Lu Ann Innis, RN, a Case Manager, sent Dr. David Collins a "Major Contributing Cause Physician Letter" on September 3, 2019. The Case Manager queried Dr. Collins in part, "1. In your medical opinion, what is the MAJOR contributing cause of Norris Russell's 6/13/19 Right shoulder injury?" Dr. Collins answered on September 23, 2019, "Pain, not injury, related to chronic rotator cuff tear and secondary clinical changes." The Case Manager asked Dr. Collins, "2. Would further treatment of the Right shoulder injury be warranted under Workers' Compensation related to the 13-Jun-2019 injury?" Dr. Collins answered "No." Dr. Collins indicated that the "Major contributing cause necessitating further treatment was 80% "Arthritis/Degenerative Condition" and 20% "Workers' Compensation Injury Noted Above."

Dr. Collins examined the claimant on September 23, 2019:

> 57-year-old right-handed male employee of Care Link seen for a second opinion to treat his right shoulder at the request of

Lu Ann Innis, RN, CCM. On June 13, 2019 he was assisting a client's wheelchair descent on a ramp from the van. Apparently the "brakes failed" and to prevent the wheelchair and the patient from rolling down the ramp he bent forward to grab the wheels of the wheelchair in a manner to decelerate [the] chair and prevent injury to the patient. He alleges that in the process of doing so he had acute onset of neck and shoulder pain right greater than left. No ecchymosis or deformity was recognized acutely or subsequently….Past history is significant for rotator cuff surgery Dr. Boland (sic) 2012 and a secondary rotator cuff surgery 2017 by Dr. Schock. Review of operative note by Dr. Schock is indicative of multi-tendon tearing with retraction to the level of the glenoid rim with repair achieved with the arm in abduction with moderate tension. There were apparently no complications and he was discharged November 2017 in a condition that apparently allowed him to return to work with recommendations for no awkward or heavy lifting. No further treatment rendered….

Radiographs right shoulder reveal preservation of arch way, appropriate register, and significant diminution of acromiohumeral interval with remarkable changes of the acromion process resulting from congenital os acromiale, acromioplasty and secondary degenerative changes consistent with chronic rotator cuff tearing….Left shoulder radiographs show preservation of arch way, appropriate register with slight diminution of acromiohumeral interval. Changes of the acromion secondary to chronic rotator cuff disease and congenital disorder – os acromiale. Secondary changes of the greater tuberosity but not to the extent noted on the right side. No glenohumeral arthropathy. Recent MRI is reviewed revealing the secondary skeletal changes as well as retracted rotator cuff tearing multi-tendon and postsurgical changes.

In response to questions #1 in your medical opinion, what is the major contributing cause of Norris Russell's 6/13/19 right shoulder injury? Pain, not injury, related to chronic rotator cuff tear and secondary clinical changes – bone and soft tissue. #2 [Would] further treatment of the right shoulder injury be warranted under Workmen's Compensation related to 6/13/19 injury? No.

> #3 or other factors to major contributing cause necessitating further treatment: Arthritis /degenerative condition: 80%; Workmen's Compensation injury noted above: 20%.
> With regards to the left shoulder there is concern regarding the presence of full-thickness rotator cuff tear based upon chronic changes of the acromion process and the greater tuberosity. Further clarification with MRI is probably reasonable.

An MRI of the claimant's left shoulder was taken on October 2, 2019:

> HISTORY: Lifting injury. Posttraumatic left shoulder pain….
> IMPRESSION: Tendinopathy of the supraspinatus tendon with focal full-thickness tears of the supraspinatus discussed in detail above.
> Tiny insertional tear distal anterior aspect infraspinatus tendon with adjacent tendinopathy.
> Degenerative hypertrophic callus formation [involving] the acromioclavicular joint and lateral downsloping of the acromial process contributing to underlying encroachment.
> Tiny amount of fluid in the subacromial and subdeltoid bursa noted.

Dr. Collins reported on October 7, 2019, "He returns following MRI of the left shoulder. There is evidence for full-thickness rotator cuff tearing without much change in the muscle. There is some splitting and most of the tendon that is torn is supraspinatus. Impression: Occupation related full-thickness rotator cuff tear left with preservation of tendon position, quantity and muscular bulk. Recommendations: He is advised regarding the diagnosis, natural history and treatment options. Recommendations are for repair to give him the best outcome possible. We reviewed risks, benefits, prognosis, complications and rehabilitation. He could return to a desk job at 2-3 weeks but would be unable to drive without risk of the

surgical shoulder if he were to be involved in [an] MVA. Proceed accordingly."

Dr. Collins was sent another "Major Contributing Cause Physician Letter" on October 11, 2019 and was queried in part, "2. In your medical opinion, what is the MAJOR contributing cause of Norris Russell's Left shoulder injury?" Dr. Collins answered on November 20, 2019, "degeneration." Dr. Collins answered "No" to the question, "3. Would further treatment of the be (sic) warranted under Workers' Compensation related to the 13-Jun-2019 injury?" Dr. Collins opined that the "Major contributing cause necessitating further treatment was 100% "Arthritis/Degenerative Condition."

Dr. Collins wrote on December 20, 2019:

> In response to queries regarding maximum medical improvement and impairment rating for his left shoulder which is now considered not compensable on the basis of Workmen's Compensation insurance carrier the following information is provided. He is at maximum medical improvement with regards to the left shoulder. There is no evidence of permanent partial impairment. This is as regards Workmen's Compensation liability. It does not mean that he does not have a left rotator cuff tear that might become sufficiently symptomatic and require treatment in the future.

The claimant followed up at UAMS on January 9, 2020 at which time it was reported, "X-rays and MRI reviewed [of] the left shoulder show a large supraspinatus infraspinatus tear. No significant bony abnormalities on x-ray." Dr. O'Malley's impression was "57 year old male with left shoulder

supraspinatus and infraspinatus tear." It was planned, "Had a long discussion with the patient today regarding treatment options he would like to proceed with surgical fixation of rotator cuff tear. We will schedule him for arthroscopic repair possible subacromial decompression and biceps tenotomy versus tenodesis." It was also noted on January 9, 2020, "Traumatic complete tear of left rotator cuff."

The claimant stated in an August 19, 2020 recorded interview that he sustained another accidental injury on August 11, 2020:

> Q. And where were you at the time?
> A. I was at an assisted living center on Stagecoach Road. I don't remember the name of it. I was picking up a client.
> Q. What happened?
> A. I had got there, I put down a step for the client to get in the rear of the van, and once he started stepping up, he wasn't able to you know, pull himself into the van. So at that time, I tried to start, you know, helping him, which I wasn't able to do by myself, so two other co-workers at the center, they helped me pull him on in, and so that's when I was trying to pull him you know, it was pulling on my shoulder, that's when I got hurt.
> Q. And that's your left shoulder?
> A. Yes.
> Q. Okay. Did you feel pain immediately?
> A. Yes.

Dr. Collins reported on September 28, 2020:

> 58-year-old right-handed gentleman previously seen by me for his left shoulder in the past continues in his present job as a van driver and client assisted. On August 11 he had picked up a client who is an amputee on the way to dialysis to keep him from falling. He sustained pain in the left shoulder. He reported the problem in 1 week later saw a physician. He is now working light duty….He has had problems that have

> lingered since last year. He was diagnosed to have rotator cuff tear but it was determined not to be occupation related…. Cervical spine shows physiologic motion without provocation of neck, shoulder or arm pain. Right shoulder motion, power, smoothness and stability consistent with previous rotator cuff repair 2012 and 2017. Left shoulder reveals slight atrophy supraspinatus to a lesser extent infraspinatus. Assisted motion better than active motion. Some crepitation with rotation overhead….Neurovascular is intact.
> Radiographs reveal appropriate archway and register. Minimal inferomedial humeral head spur. Some change at the greater tuberosity and to lesser extent inferior acromion. Acromioclavicular arthrosis. I have reviewed his MRI and report. It appears that he has the same tear that he had previously. There are no muscular changes. I do not see that there is a tear extension. Os acromiale is noted. Degenerative changes at the acromioclavicular joint.

Dr. Collins' impression was "Strain left shoulder without evidence of new tearing or extension of previous tear." Dr. Collins recommended "No change in his work status. Surgery only to be considered for refractory pain and dysfunction. Otherwise avoid at risk and provocative maneuvers. Follow as needed."

A pre-hearing order was filed on February 25, 2021. The claimant contended, "Claimant contends he suffered compensable injuries to both his shoulders, his neck and his back. Claimant is entitled to additional treatment and any surgeries that may be necessary and related to his compensable injuries. Claimant reserves all additional benefits."

The parties stipulated that the respondents "initially accepted the injuries as compensable and have provided treatment and paid some

medical bills, but now contest the matter in its entirety." The respondents contended, "Respondents contend that Claimant's alleged neck and shoulder injuries were initially accepted as compensable. However, the claim was denied as of 12/20/19 because there was no injury in the course and scope of employment, and there are no objective findings of an acute injury. Claimant's need for treatment, if any, is due to a preexisting condition."

The parties agreed to litigate the following issues:

1. Compensability.
2. Reasonably necessary medical treatment.
3. Fees for legal services.

Dr. O'Malley examined the claimant on March 8, 2021:

> Norris L. Russell is a 58 y.o. RHD male who has been seen in the past for his right shoulder injury after an injury at work. Patient was moving a patient down a ramp with a wheelchair when the wheelchair locks became undone and the wheelchair almost tipped over. The patient caught the wheelchair, but experienced immediate right shoulder pain as a result. Of note, he has had 2 prior rotator cuff tears, repaired arthroscopically in 2012 by Dr. Bowen and again in 2017 by Dr. Schock of OrthoArkansas.
> Today he comes in with complaint of pain in the left shoulder. States this is from his prior injury last year involving wheelchair. He reports that the left shoulder pain is more intense than the right. We discussed surgical options with him last year. Since that time he has hired an attorney and is trying to get Worker's Comp to cover the cost of left shoulder treatment. He has not had any treatment since we saw him last. No new injury….

Dr. O'Malley's impression was "Left shoulder pain, suspect rotator cuff tear. PLAN: The last MRI of the left shoulder is over a year old. I recommend we order a new left shoulder MRI before considering surgical options to see what we are dealing with. We will see him back after testing for further treatment plan. We previously discussed arthroscopic repair and will consider this again pending the results."

A hearing was held on April 13, 2021. The claimant testified that he had not undergone surgery recommended by Dr. O'Malley, and that he wished to return to Dr. O'Malley for additional treatment.

An administrative law judge filed an opinion on May 14, 2021. The administrative law judge found that the claimant proved he sustained a compensable right shoulder injury on June 13, 2019. The respondents appeal that finding to the Full Commission. The administrative law judge found that the claimant failed to prove he sustained a compensable injury to his neck, back, and left shoulder. The claimant cross-appeals the administrative law judge's finding that the claimant did not prove he sustained a compensable left shoulder injury. The claimant does not contend on appeal that he sustained a compensable injury to his neck or back.

II. ADJUDICATION

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 he 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).

In the present matter, an administrative law judge found that the claimant proved he sustained a compensable right shoulder injury but that the claimant failed to prove he sustained a compensable left shoulder injury. The Full Commission finds that the claimant proved he sustained compensable injuries to his right and left shoulder. We recognize that the claimant's right shoulder has been occasionally symptomatic since a nonwork-related injury sustained in 2011. An MRI in 2011 showed a right

rotator cuff tear. Dr. Nguyen recommended a right rotator cuff repair acromioplasty in August 2011. Dr. Bowen diagnosed a full-thickness tear in 2012 and performed a rotator cuff repair. An MRI in 2014 showed another full-thickness tear on the right. Dr. Schock performed a right shoulder arthroscopy in July 2017. Dr. Schock reported on November 9, 2017, "I think his cuff is healed." Dr. Schock cautioned the claimant to avoid any awkward lifting which could re-injure the claimant's right shoulder.

The claimant testified that he was employed as a driver for the respondents, CareLink. The parties stipulated that the employer-employee relationship existed on June 13, 2019. The claimant testified that he injured both of his shoulders on that date while preventing a patient from falling in a wheelchair. The respondents initially stipulated that the claimant "sustained injuries to both shoulders" on June 13, 2019. The record corroborated the claimant's testimony. The claimant submitted an "Incident Reporting Form" on June 13, 2019 which described the accidental injury involving the patient in the wheelchair. The medical evidence also corroborated the claimant's testimony. A Nurse Practitioner at Concentra reported on June 14, 2019, "This is the result of lifting and Trying (sic) to prevent a patient from falling. One of the wheelchair locks failed and patient started to roll while on a ramp. Occurred while at work." Subsequent reports from Concentra also corroborated the claimant's testimony.

The Full Commission finds that the claimant proved by a preponderance of the evidence that he sustained a compensable injury to his right shoulder. We find that the claimant proved he sustained an accidental injury causing physical harm to his right shoulder. The injury arose out of and in the course of employment and required medical services. The injury was caused by a specific incident which was identifiable by time and place of occurrence on June 13, 2019. The claimant also established a compensable injury by medical evidence supported by objective findings, namely, the "full thickness supraspinatus-infraspinatus tear" on the right diagnosed by Dr. O'Malley on August 19, 2019. *See Mooney v. AT&T*, 2010 Ark. App. 600, 378 S.W.3d 162. The Full Commission finds that this objective medical finding was causally related to the June 13, 2019 work-related accidental injury and was not the result of a prior injury, pre-existing condition., or surgery. We find that Dr. O'Malley's opinion with regard to causation and treatment is entitled to more evidentiary weight than Dr. Collins' opinion. *See Minnesota Mining & Mfg. v. Baker*, 337 Ark. 94, 989 S.W.2d 151 (1999).

The Full Commission finds that the claimant also proved by a preponderance of the evidence that he sustained a compensable injury to his left shoulder. We find that the claimant proved he sustained an accidental injury causing physical harm to his left shoulder. The injury to

the claimant's left shoulder arose out of and in the course of employment and required medical services. The injury was caused by a specific incident which was identifiable by time and place of occurrence on June 13, 2019. The claimant established a compensable injury by medical evidence supported by objective findings, namely, the "large supraspinatus infraspinatus tear" diagnosed at UAMS on January 9, 2020. The Full Commission finds that this objective medical finding was causally related to the June 13, 2019 accidental injury and was not the result of a prior injury or pre-existing condition. We find that the August 11, 2020 work-related accident was a recurrence of the June 13, 2019 compensable injury to the claimant's left shoulder. *See Bearden Lumber Co. v. Bond*, 7 Ark. App. 65, 644 S.W.2d 321 (1983). The Full Commission also finds that Dr. O'Malley's treatment recommendations with regard to the claimant's left shoulder are entitled to more evidentiary weight than Dr. Collins' conclusions. *See Minnesota Mining & Mfg., supra*.

After reviewing the entire record *de novo*, the Full Commission finds that the claimant proved he sustained compensable injuries to his right shoulder and left shoulder on June 13, 2019. The claimant proved that the medical treatment of record for both shoulders following the June 13, 2019 compensable injury was reasonably necessary in accordance with Ark. Code Ann. §11-9-508(a)(Repl. 2012). The Full Commission finds that

surgery recommended by Dr. O'Malley on January 9, 2020 was reasonably necessary in connection with the claimant's compensable left shoulder injury. The claimant at this time does not contend that he is entitled to right shoulder surgery. 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 Palmer concurs in part and dissents in part.

CONCURRING AND DISSENTING OPINION

I concur with the majority with respect to Claimant's right-shoulder injury; however, I respectfully dissent from the majority with respect to Claimant's left-shoulder injury. The only medical opinion on causation of Claimant's left-shoulder pain is Dr. Collins' opinion that the left-shoulder rotator cuff tear is 100% attributable to previous, unrelated injuries and degenerative changes and not a result of any workplace incident. I find Dr. Collins credible on this point. Accordingly, I respectfully dissent from the

majority with respect to Claimant's left-shoulder injury.

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CHRISTOPHER L. PALMER, Commissioner