

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION**

**WCC NO. H406456**

REGINA SANTAMARIA PAREDES, Employee	CLAIMANT
WALMART ASSOCIATES, INC., Employer	RESPONDENT
WALMART CLAIMS SERVICES, Carrier	RESPONDENT

**OPINION FILED FEBRUARY 12, 2026**

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

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

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

**STATEMENT OF THE CASE**

On November 18, 2025, the above captioned claim came on for a hearing at Springdale, Arkansas. A pre-hearing conference was conducted on September 22, 2025, and a Pre-hearing Order was filed on September 23, 2025. 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 May 24, 2024.
3. The claimant sustained a compensable injury to her right wrist on or about May 24, 2024. The respondents have controverted all other alleged injuries.
4. The claimant's weekly compensation rates will be determined at a later date.

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

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 medical treatment for her left shoulder injury.

The claimant's contentions are as follows:

“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 respondents' contentions are as follows:

“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 claimant in this matter is a 54-year-old female who sustained a compensable injury to her right wrist on or about May 24, 2024. The claimant also alleges to have sustained an injury to her right hip in that same May 24, 2024, incident. The claimant further alleges that she sustained a compensable consequence of her right wrist injury in the form of a left shoulder injury. The claimant gave direct examination testimony about her May 24, 2024, incident as follows:

Q And what happened on May 24<sup>th</sup> of last year?

A So that 24<sup>th</sup>, I remember that there was a connection of the hose that the guys the night before, they had connected.

So that day we changed the oil and we needed to change the filter that goes inside of the oil. And since the hose that there is to wash the dishes, it didn't have enough power, so I used the hose that had more pressure to clean the filter.

And so the 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. It was a very hard fall. When I fell down, Reynalda, a co-worker –

Q Wait. I would like to ask you something different.

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.

THE COURT: I will note for the record the Claimant is indicating the right side of her body.

THE WITNESS: Yes, my right 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.

Q [BY MS. BROOKS]: Okay. So did someone see you fall?

A Yes. Reynalda.

Q And did you file a report about the injury?

A I let my boss J. know that I had fallen down. He told me to let Angelica know. And I told her when she came back to the deli, but I kept working because she told me to keep working.

And then at the end, so I worked through the pain, with the pain. I took Tylenol and when I finished my day, they told me to – they took me to see somebody.

The claimant is first seen by Nurse Practitioner Bobby Komers on May 24, 2024.

Following is a portion of that medical record:

**PATIENT DESCRIPTION OF ACCIDENT**

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.

**CHIEF COMPLAINT**

Fall injury.

**HISTORY OF PRESENT ILLNESS**

Regina's primary problem is pain located in the right hip. She describes it as aching. She considers it to be moderate. The problem began on 5/24/2024. Regina says that it seems to be variable – depending on the activity level. She feels it is stable. Regina's secondary problem is pain located in the right arm, wrist, shoulder. She describes it as aching. She considers it to be moderate. The problem began on 5/24/2024. Regina says that it seems to be variable – depending on the activity level. She feels it is stable.

Regina's tertiary problem is pain located in the neck. She describes it as aching. She considers it to be moderate. The problem began on 5/24/2024. Regina says that it seems to be intermittent. She feels it is stable.

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**DIAGNOSIS**

1. Right Hip Pain (M25.551).
2. Pain in right shoulder (M25.511).
3. Pain in right wrist (M25.531)
4. Cervicalgia (M54.2).

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**TREATMENT PLAN**

Heat/Ice. OTC Tylenol since patient reports she is unable to take Ibuprofen. Wear wrist splint as tolerated.

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**RECOMMENDED WORK STATUS**

Regina's recommended work status is Restricted Duty.

### RECOMMENDED ACTIVITY RESTRICTIONS

No overhead work right arm, No push/pull/lift more than 5 lbs. with the right arm.

On May 31, 2024, the claimant is seen by APRN Dominique Carver. Following is a portion of that medical record:

### PATIENT STATEMENT ON CURRENT VISIT

Recheck Statement: Patient states that her right hip, right wrist and neck have not improved.

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### HISTORY OF PRESENT ILLNESS

Regina's primary problem is pain located in the neck. She describes it as aching. She considers it to be moderate. The problem began on 5/24/2024. Regina says that it seems to be variable – depending on the activity level. She feels it is not improving. Regina's secondary problem is pain located in the right hip. She describes it as aching. She considers it to be moderate. The problem began on 5/24/2024. Regina says that it seems to be variable – depending on the activity level. She feels it is not improving. Regina's tertiary problem is pain located in the right wrist, right shoulder. She describes it as aching. She considers it to be moderate. The problem began on 5/24/2024. Regina says that it seems to be variable – depending on the activity level. She feels it is not improving.

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### DIAGNOSIS

1. Right Hip Pain (M25.551).
2. Pain in right shoulder (M25.211).
3. Pain in right wrist (M25.531).
4. Cervicalgia (M54.2).

### ASSESSMENT

Number and Complexity of Problems Addressed: 2 or more self-limited or minor problems.

### TREATMENT PLAN

Recommend OTC pain relievers, heat, ice and topical muscle ointment. She was given an opportunity to ask questions about her care. She verbalized understanding. She was given a steroid injection today. She will start physical therapy for this problem.

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**RECOMMENDED WORK RESTRICTIONS**

No push/pull/lift more than 5 lbs. with the right arm. No overhead work right arm. Avoid hanging chicken or slicing deli meats.

On October 3, 2024, the claimant was seen by Nurse Practitioner M. Daniel at Mercy Clinic Primary Care in Centerton, Arkansas. Following is a portion of that medical record:

**Chief Complaint**

Patient presents with

\* Shoulder pain

Left shoulder x 1 month

**History of Present Illness**

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. The pain is so intense that it disrupts her sleep. She describes the pain as a sharp, pulling sensation. She has been applying Voltaren gel for some relief.

She was prescribed exercises by a doctor at Walmart, but they have not alleviated her pain. 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.

The claimant underwent an x-ray of the left shoulder at that time which gave an impression of “no acute osseous abnormalities of the left shoulder.”

On November 6, 2024, the claimant was seen by Dr. J. Hall at Mercy Clinic Primary Care, Centerton. Following is a portion of that medical record:

#### History of Present Illness

The patient is a 53-year-old female here for evaluation of left shoulder pain.

She experienced an accident at Walmart on 05/24/2024, where she slipped on a wet floor and injured her right shoulder. Despite the initial injury being to her right shoulder, she is currently experiencing pain in her left shoulder. She has been undergoing physical therapy for her left shoulder, but reports minimal improvement. She has expressed interest in receiving an injection for her shoulder pain.

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#### Assessment & Plan

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. See procedure notes for more details. She is advised to continue with her physical therapy regimen. If there is no improvement in her condition, an MRI of the shoulder will be considered.

At that time the claimant underwent ultrasound guided corticosteroid injection of the left subacromial bursa.

On February 25, 2025, the claimant is again seen at Mercy Clinic Primary Care.

Following is a portion of that medical record:

#### History of Present Illness

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. She was prescribed diclofenac by Dr. Hall but discontinued it due to adverse effects. She has found some relief with a topical cream but has run out of it.

She also reports a sensation of a knot in her right hip when she moves her leg in a certain way. She has not received any treatment for this symptom.

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#### Assessment & Plan

##### 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.

##### 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. A prescription for Voltaren gel will be provided to manage the pain.

The claimant underwent an MRI of the left shoulder at Mercy Clinic Bentonville on March 21, 2025. Following are Dr. Dominic Jacobelli's impressions from that diagnostic testing:

#### IMPRESSION

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

On June 24, 2025, the claimant is seen via a video visit with Mercy Clinic Primary Care, Centerton. The claimant's medical record from that video visit, in part, states:

#### History of Present Illness

The patient presents for evaluation of right shoulder pain and right hip pain.

She is currently undergoing physical therapy for her right shoulder, which she reports as being painful. She is seeking a return-to-work note from her primary care physician, with the understanding that her employer will assess her capabilities and limitations. Her job involves lifting, bending, and standing, including handling 45-pound boxes of chicken. She was initially scheduled to return to work on 07/07/2025, but due to persistent pain, she is requesting an extension of her leave. She is unable to lift 20 pounds during her therapy sessions. She is attending physical therapy twice a week and has been advised by her therapist to allow more time for recovery. She first consulted Dr. Elliott for this issue in 02/2025.

Additionally, she experiences pain in her right hip when performing certain movements. She is considering an MRI scan to further investigate the cause of her hip pain. She has previously undergone physical therapy for this issue and recalls having an x-ray of her hip, which did not reveal any fractures.

On July 23, 2025, the claimant underwent an MRI of the right hip. Following are DO Tanner Nichols' impressions of that diagnostic testing:

**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.

It is the claimant's burden to prove by a preponderance of the evidence that she sustained a compensable right hip injury in the same incident on May 24, 2024, in which she sustained a compensable right wrist 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.

I acknowledge that the claimant did report pain in her right hip immediately after the incident while at Conservative Care Occupational Health. At that same time the claimant also reported pain to her right wrist, right shoulder, and neck pain. The claimant does report right hip problems for a period of time after her initial injury, but significant stretches of the claimant's medical records do not reflect right hip pain or difficulties.

Her right hip MRI, performed on July 23, 2025, reveals complex labral tearing, joint effusion with abnormal internal signal intensity which may represent displaced labral fragments and/or synovial thickening, a small anterior synovial cyst and mild effused degenerative changes. However, prior to her May 24, 2024, incident the claimant underwent a CT of the abdomen and pelvis without contrast on April 29, 2024. That diagnostic testing was done due to flank pain and suspected stone disease but also revealed an "asymmetric right hip joint effusion. Mild degenerative changes of the spine, hips and SI joints." The claimant had another CT of the abdomen and pelvis without contrast on July 2, 2024, again for urological problems. I note this CT scan was after the claimant's alleged right hip injury and the report, in part, states, "right hip joint effusion is present similar to the previous exam." I note that the record is referring to the claimant's April 29, 2024, CT scan.

I do believe the claimant had pain on the right side of her body after she fell on May 24, 2024. However, the derangement in her right hip MRI dated July 23, 2025, is already present before her fall in her April 29, 2024, CT scan and similar derangement is present in her July 2, 2024, CT scan after her fall. The claimant is unable to prove that she sustained a compensable injury to her right hip on or about May 24, 2024.

The claimant has asked the Commission to determine if she sustained a compensable left shoulder injury as a compensable consequence of her compensable right wrist injury.

If an injury is compensable, every natural consequence of that injury is likewise compensable. *Air Compressor Equipment Co. v Sword*, 69 Ark. App. 162, 11 S.W. 3d 1 (2000).

The test is whether a causal connection exists between the two episodes. *Sword, supra*.

When the primary injury is shown to have arisen out of and in the course of employment, every natural consequence that flows from the injury is compensable unless it is the result of an independent intervening cause. The basic test is whether there is a causal connection between the two conditions. *Jeter v. B.R. McGinty Mechanical*, 62 Ark. App. 53, 968 S.W.2d 645 (1998), *Bearden Lumber Company v. Bond*, 7 Ark. App. 65, 644 S.W.2d 321 (1983).

On direct examination the claimant testified about her left shoulder problems that she believes exists due to her continued work for the respondent under work restrictions which caused her an inability to use her right wrist due to her compensable right wrist injury as follows:

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 it. 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 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.

And then from there, the following day, Mr. J., that is –

THE INTERPRETER: May the interpreter clarify?

THE WITNESS: Mr. J., that is the coach that we have there at the store, Mr. J. told me that I had to continue doing that the following day because Mr. Brian, the store manager, had said it was not clean.

And I said, “But it is clean.”

And he told me, “No. He said that it was dirty.”

So I continued doing that the following day.

Q [BY MS. BROOKS]: So what kind of things did you use to clean the floor and the bricks, all of the utensils that you used?

A I used soap. I used that spatula. I used a lot of napkins to be drying up where I was cleaning up. And then at the end I used the big mop to finish cleaning it.

Q And were you doing this with both hands?

A With my left arm because on the right arm –

THE INTERPRETER: May the interpreter clarify?

THE WITNESS: -- I had a brace that the doctor had put on my right arm.

Q [BY MS. BROOKS]: So on Claimant’s Nonmedical Exhibit at Page 11, we have a picture. Is this a picture that you sent to me?

A Yes.

Q And is that you?

A Yes.

Q And is that part of the area that you were cleaning?

A Yes. And I have a brush there, too.

Q Okay. 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.

The claimant's MRI of her left shoulder on March 21, 2025, revealed "mild rotator cuff tendinosis. No full-thickness or high-grade partial-thickness tendon tear and mild subacromial subdeltoid bursitis."

The claimant's difficulties with her left shoulder are degenerative in nature and not the result of the incident in which she alleges in her direct testimony quoted above. It is far more reasonable that the claimant's degenerative difficulties of the left shoulder are a result of use over a long period of time and most reasonably longer than the two-day period in which she testified they began. It is the claimant's burden to prove that she sustained a compensable consequence left shoulder injury as a result of her compensable right wrist injury. Here she is unable to do so.

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 witness and to observe her 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 September 22, 2025, and contained in a Pre-hearing Order filed September 23, 2025, are hereby accepted as fact.

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.

3. The claimant has failed to prove by a preponderance of the evidence that she is entitled to medical treatment for her alleged right hip injury.

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.

5. The claimant has failed to prove by a preponderance of the evidence that she is entitled to medical treatment for her alleged left shoulder injury.

**ORDER**

Pursuant to the above findings and conclusions, I have no alternative but to deny this claim in its entirety.

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.**

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**HONORABLE ERIC PAUL WELLS  
ADMINISTRATIVE LAW JUDGE**