BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
CLAIM NO. H504971

MICHAEL E. STROUD,
EMPLOYEE **CLAIMANT**

LITTLE ROCK WATER RECLAMATION,
EMPLOYER **RESPONDENT**

LITTLE ROCK WATER RECLAMATION/
CENTRAL ADJUSTMENT CO. INC.,
INSURANCE CARRIER/TPA **RESPONDENT**

OPINION FILED AUGUST 10, 2026

Hearing held on Tuesday, May 12, 2026, before the Arkansas Workers' Compensation Commission (the Commission), Administrative Law Judge (ALJ) Mike Pickens, in Little Rock, Pulaski County, Arkansas.

The claimant was represented by the Honorable Gregory R. Giles, Moore, Giles & Matteson, Texarkana, Miller County, Arkansas.

The respondents were represented by the Honorable Karen H. McKinney, Barber & Munson, Little Rock, Pulaski County, Arkansas.

INTRODUCTION

In the prehearing order filed March 5, 2026, the parties agreed to the following stipulations, which they modified and 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 May 14, 2024, when the claimant sustained a "medical only", no-lost-time compensable injury to his left knee for which the respondents paid only medical benefits; and the date the claimant alleges he sustained a head injury which the respondents controvert in its entirety.

3. The claimant's average weekly wage (AWW) was $1,701.89, which corresponds

to the maximum weekly indemnity rates for 2024 of $876.00 for temporary total disability (TTD) benefits and $657.00 for permanent partial disability (PPD) benefits.

4. The respondents controvert the payment of any and all additional medical and indemnity benefits for the left knee injury; and they controvert the alleged head injury in its entirety.

5. The parties specifically reserve any and all issues not litigated herein for future determination and/or litigation.

(Commission Exhibit 1 at 1; Reporter's Hearing Transcript at 4-8). At the hearing the parties agreed the claimant's superficial head laceration, which occurred as a result of the May 14, 2024, slip-and-fall at work, was "minor, minimal" and the claimant was not requesting any medical or indemnity benefits for this minor head laceration. (T. 6; 6-8; 49; Claimant's Exhibit 2 at 44).

After having had the benefit of complete discovery, at the hearing the claimant and respondents clarified the issues to be litigated at the hearing and modified those issues as originally set forth in the prehearing order of March 5, 2026, filed some two (2) months earlier. Consequently, pursuant to the parties' mutual agreement the issues actually litigated at the hearing were:

1. Whether the claimant's January 1, 2025, fall at his home constituted a compensable consequence within the meaning of the Arkansas Workers' Compensation Act (the Act) of his May 14, 2024, medical-only, no-lost-time-injury to his left knee.

2. Whether and to what extent, if any, the claimant is entitled to medical and indemnity benefits related to his left knee as a result of the January 1, 2025, fall at his home.

3. Whether the claimant's attorney is entitled to a controverted fee based on these facts.

4. The parties specifically reserved any and all other issues for future determination and/or litigation, including but not limited to the extent of any permanent anatomical impairment to the claimant's left knee.

(Comms'n Ex. 1 at 2; T. 4-8).

The claimant contends the additional medical treatment he received on his left knee beginning January 1, 2025, and thereafter was related to and reasonably necessary in light of his May 14, 2024, compensable left knee injury as he contends the January 1, 2025, slip-and-fall at his home constitutes a compensable consequence of his May 14, 2024, admittedly compensable left knee injury. Therefore, he contends he is entitled to payment of any and all medical bills and associated expenses he incurred as a result of the January 1, 2025, fall, including but not limited to his left knee surgery to repair a ruptured quadriceps tendon; to temporary total disability (TTD) benefits from January 1, 2025, to May 5, 2025, and from September 9, 2025, through April 2, 2026, the date the claimant last saw Dr. Greer and was determined to have reached maximum medical improvement (MMI) after the January 1, 2025, fall at his home; and that his attorney is entitled to the maximum statutory controverted attorney's fee. (Comms'n Ex. 1 at 3; T. 4-8).

The respondents contend the claimant sustained a very minor compensable injury to his left knee on May 14, 2024, with the only questionable objective medical finding being, "Likely trace effusion" as seen on an X-ray, and with the actual physical examination of the claimant revealing "no swelling, deformity or bony tenderness" and no objective medical findings. The respondents contend the claimant's treating physician opined he reached MMI on May 15, 2024, for this medical-only, no-lost-time left knee injury of May 14, 2024, and released him to full duty as of May 16, 2025. The respondents contend the claimant never reported any additional issues with his left knee from the minor fall of May 14, 2024, nor did he request any additional medical treatment. The respondents further contend that prior to his minor left knee injury of May 14, 2024, in the Fall of 2020, the claimant underwent a partial left knee replacement. Consequently, the

respondents contend the claimant's current need for additional medical treatment, if any, or any and all other problems related to his left knee are not and cannot be causally related to the very minor incident/injury of May 14, 2024, for which he missed no time from work and was released at MMI the day after the incident. (Comms'n Exhibit 1 at 3; T. 4-6).

The record consists of the hearing transcript as well as any and all exhibits attached thereto or contained therein.

STATEMENT OF THE CASE

The claimant, Michael E. Stroud, was 65 years old at the time of the hearing. On May 14, 2024, the date of his medical-only, no-lost-time left knee injury, he was working the night shift from 6 P.M. to 6 A.M. He worked this 12-hour shift for seven (7) days in a row, then was off for seven (7) days. He worked this shift alone as a senior wastewater operator with the Little Rock Reclamation Authority (LRRA) at the Fourche Creek Wastewater Plant in Little Rock where he oversaw and managed this plant at night. The LRRA treats wastewater (sewage water) that filters through the plant from the City of Little Rock and private industry and then releases it into the Arkansas River. His job duties included using the SCATUS computer system; walking around the plant monitoring oil levels in the pumps and sludge levels in the clarifiers; and taking water samples and running required tests on the samples. The claimant worked with the LRRA from May 2014 through September 24, 2025, when he was terminated for excessive absences. (T. 11-15; Claimant's Exhibit 2 at 204-205; 213). The claimant testified he had a prior lower back injury while working with LRRA for which he filed a workers' compensation claim. Through the years

thereafter he was treated with muscle relaxants and pain medication from time to time as needed but he never required any lumbar spine surgery. (T. 15-19; 58-60).

In 2020 the claimant underwent a partial replacement of his left knee due to generalized knee pain and apparently not the result of any injury. (T. 17; 43-45; Respondents' Exhibit 1 at 1-10). Medical records reveal the claimant's treating orthopedic surgeon at that time, Dr. Carpenter, ordered an MRI of the claimant's left knee which he underwent on June 9, 2020. The "IMPRESSION" section of this MRI states as follows:

> 1. Partial tear of the distal quadriceps…along the central deep aspect but no high-grade retracted tear is seen. Prepatellar soft tissue swelling and minimal fluid is seen and may be related to bursitis.
>
> 2. Tear of the posterior body of the medial meniscus communicates with the inferior articular surface and there is also a free edge tear of the posterior horn of the medial meniscus. Slight medial extrusion of the meniscus is noted.

(RX1 at 1; 1-2).

The claimant testified his left knee was "doing good" until May 14, 2024, when he slipped "and fell backwards and my leg bent backwards, and all I know is I remember hearing a popping noise…and it hurt something fierce." (T. 19; 18-19). He reported this fall and then after he completed his shift went to the Baptist Hospital Emergency Room (ER) in North Little Rock where he underwent evaluation and extensive imaging tests to rule-out any serious injury(ies). An MRI of the claimant's left knee dated May 15, 2024, revealed: "No visible fracture" and noted the claimant's "LEFT knee arthroplasty changes…No unexpected complication" and "Mild lateral and patellofemoral osteoarthritis and trace knee effusion." (CX2 at 17; 13-43) (Emphasis in original). The claimant was deemed to be at MMI as of May 15, 2024, and was released to return to full duty

work effective May 16, 2024, and he returned to work at that time. (CX2 45-60).

On August 13, 2024, the claimant presented himself to his family physician, Dr. Julia Allen, at Batesville Family Care/White River Medical System, for a check-up, at which time he did not mention the May 14, 2024, fall but instead was reporting generalized "joint pain" and "stiffness and difficulty bending his knees and hips...The joints in his hands are very stiff. He reports the stiffness and pain are not any worse at any time of the day." (CX2 at 61). He told his doctor, "the Celebrex has not really helped his joint pain and was wondering if there was another med he could try besides the Celebrex or Motrin." (CX2 at 61). The list of the claimant's medications contained in this report reveal he was taking, among a total of some 19 other medications: diclofenac sodium, a nonsteroidal anti-inflammatory/NSAID; furosemide, commonly known as Lasix, a strong loop diuretic; Tizanidine, a muscle relaxer; and Symbicort, used to treat severe asthma. (CX2 at 62). Between this visit of August 13, 2024, and November 19, 2024, the claimant continued to see his family physician for his generalized muscle aches, arthralgias/joint pain and stiffness, psoriasis, lower back pain, and asthma as well as a "chest wall pain/strain", but he never reported any specific problems with his left knee related to the May 14, 2024, work incident or otherwise. (CX2 at 71; 61-71).

On January 1, 2025, the claimant presented himself to the White River Medical Center ER reporting a history of having had injured his left leg that very day when "he was at home and fell down approx. 3 stairs injuring his leg." (CX2 at 73; 74-79). The claimant explained at the hearing that during his week off he lived with his wife at their home between Cave City and Batesville, and during the week he worked at LRRA he stayed with his sister at her home in Cabot. He testified

that on January 1, 2025, he was leaving his home to travel to his sister's home in Cabot, was walking down his porch steps when he "had no control of my leg", his left knee buckled, he slipped and tried to grab the rail but fell and hit the ground. (T. 24-26). A medical report dated January 6, 2025, states the claimant gave a history of having "fell on New Years Day down his back steps after his knee gave way under him." (CX2 at 82).

On the day of his fall at home, January 1, 2025, the claimant underwent a CT scan without contrast of his left knee. The report of this CT scan noted a "similar appearance" as compared to his June 9, 2020, MRI, and the "IMPRESSION" section of the CT scan report states: "Postsurgical change with medial hemiarthroplasty components identified. Subcutaneous hematoma is noted anteriorly overlying the patella but also anteriorly at the distal aspect of the quadriceps muscles." (CX2 at 81). An MRI of January 20, 2024, revealed a "Near complete tear of the quadriceps tendon." (CX2 at 92; 91-92). The claimant eventually was diagnosed with a complete rupture of his left quadriceps tendon and he underwent surgery to repair this injury on January 22, 2025. (CX2 at 93-94). Thereafter, he underwent physical therapy (PT) and conservative treatment for a period of time. (CX2 at 95-301).

The claimant's employer-sponsored health insurance paid his medical bills, except for applicable deductibles and co-payments, and he drew short-term disability (STD) benefits for a period of time after his January 1, 2025, fall at home and subsequent surgery. (T. 29-31; CX2 at 105; CX2 at 302-17). Effective September 24, 2025, LRRA terminated the claimant, "due to the critical nature of your position and the department's immediate operational needs" and because LRRA was "unable to accommodate a continued absence through October 20 [2025]." (CX2 at

213; 204-205) (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) (2022 Lexis Replacement). The claimant has the burden of proving by a preponderance of the evidence he is entitled to benefits. *Stone v. Patel,* 26 Ark. App. 54, 759 S.W.2d 579 (Ark. App. 1998). ***Ark. Code Ann.*** Section 11-9-704(c)(3) (2022 Lexis Repl.) requires that 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). 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) (2022 Lexis Repl.); *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).

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 Corrections v. Glover,* 35 Ark. App. 32, 812 S.W.2d 692 (Ark. App. 1991); *Deana 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. Hardees***,** 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); *Farmers Coop. v. Biles, supra*.

The Commission has the duty to weigh the medical evidence just as it does any other evidence, 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). It is within the Commission's province to weigh the totality of the medical evidence and to determine what evidence is most credible given the totality of the credible evidence of record. *Minnesota Mining & Mfg'ing v. Baker*, 337 Ark. 94, 989 S.W.2d 151 (1999). Medical opinions must be stated within a reasonable degree of medical certainty. *Smith-Blair, Inc., v. Jones*, 77 Ark. App. 273, 72 S.W.3d 560 (Ark. App. 2002).

Compensability: Compensable Consequence/Independent Intervening Cause

For any specific-incident injury to be compensable, the claimant must prove by a preponderance of the evidence that his injury: (1) arose out of and in course of his employment; (2) caused internal or external harm to his body that required medical services; (3) is supported by objective findings, medical evidence, establishing the alleged injury; and (4) was caused by a specific incident identifiable by time and place of occurrence. ***Ark. Code Ann***. § 11-9-102(4); *Cossey v. Gary A. Thomas Racing Stable*, 2009 Ark. App. 666, at 5, 344 S.W.3d 684, 687 (Ark. App. 2009).

If an injury is compensable, every natural consequence of that injury is likewise compensable. *Air Compressor Equip. Co. v. Sword*, 69 Ark. App. 162, 11 S.W.3d 1 (Ark. App. 2000); *Hubley v. Best Western Governor's Inn,* 52 Ark. App. 226, 916 S.W.2d 143 (Ark. App. 1996). The test is whether there exists a causal connection between the two (2) episodes in question. *Sword, supra*; *Jeter v. McGinty Mech.,* 62 Ark. App. 53, 968 S.W.2d 645 (Ark. App. 1998). In any litigated claim the existence of a causal connection is a question of fact for the Commission. *See, Koster v. Custom Pak & Trissel*, 2009 Ark. App. 780 (Ark. App. 2009). Whether a causal connection exists is generally a matter of inference, and possibilities may play a proper and important role in establishing that relationship. *Osmose Wood Preserving v. Jones,* 40 Ark. App. 190, 843 S.W.2d 875 (Ark. App. 1992). A finding of causation need not be expressed in terms of a reasonable medical certainty where supplemental evidence supports the causal connection. *Koster, supra*; *Heptinstall v. Asplundh Tree Expert Co.,* 84 Ark. App. 215, 137 S.W.3d 421 (Ark. App. 2003).

Consistent with ***Ark. Code Ann.*** § 11-9-705(a)(3) (2025 Lexis Replacement), a claimant has the burden of establishing the existence of a compensable consequence by a preponderance of the evidence. This standard means the evidence having greater weight or convincing force. *Barre v. Hoffman*, 2009 Ark. 373, 326 S.W.3d 415 (citing *Smith v. Magnet Cove Barium Corp.,* 212 Ark. 491, 206 S.W.2d 442 (1947)). A compensable consequence must be established utilizing all the statutory elements required for a finding of compensability, including the existence of objective medical findings to support the alleged compensable consequence injury. *See, Sword and Hubley, supra.*

Pursuant to ***Ark. Code Ann.*** Section 11-9-102(F)(iii) (2025 Lexis Repl.):

> Under this subdivision (4)(F), benefits shall not be payable for a condition which results from a nonwork-related independent intervening cause following a compensable injury which causes or prolongs disability or a need for treatment. A nonwork-related independent intervening cause does not require negligence recklessness on the part of the claimant.

Based on the applicable law as applied to the facts of this claim I am compelled to find the claimant has failed to meet his burden of proof in demonstrating his fall at home on January 1, 2025, and all the medical treatment including but not limited to the January 2025 surgery to repair his ruptured left quadriceps tendon, as well as the lost time from work thereafter constitutes a compensable consequence of his demonstrably minor, medical-only, no-lost-time compensable left knee injury of May 14, 2025. Indeed, the overwhelming preponderance of the medical evidence and the claimant's own forced admissions upon cross-examination conclusively demonstrate he already had a partially torn quadriceps tendon at least as of June 9, 2020, when the MRI Dr. Carpenter ordered revealed the partially torn – *i.e.*, "ruptured" – left knee quadriceps tendon at that time.

There exists grossly insufficient evidence to demonstrate the claimant's minor May 14, 2024, compensable medical-only, no-lost-time left knee injury was anything more than – at most – a temporary exacerbation of the symptoms resulting from his underlying, long-standing, well-documented partially ruptured left quadriceps tendon as revealed by the June 9, 2020, MRI, as well as his preexisting, symptomatic and ongoing joint and arthritic problems. The claimant quickly recovered from the obviously minor May 2024 incident; returned to work full duty just two (2) days after the incident; and never requested nor was he treated for any left knee problem(s) until after January 1, 2025, fall at his home.

It is abundantly clear from the totality of the evidence of record that the claimant's January 1, 2025, fall at home was in fact the event that necessitated the January 2025 surgery to repair his ruptured left quadriceps tendon, as well as all the associated treatment and disability he experienced thereafter. The medical records, as well as the claimant's own testimony upon cross-examination, prove by greater than a preponderance of the evidence the January 1, 2025, fall at home constitutes an independent intervening cause as compared to the minor, temporary exacerbation of his left knee symptoms associated with the May 14, 2024, medical-only, no-lost-time compensable injury.

The respondents' attorney's cross-examination of the claimant as well as a review of the totality of the medical evidence proved to be highly revealing and, simply put, damaging to the claimant's tenuous contentions and case-in-chief. (T. 42-60; RX1 at 1-42). Upon cross-examination, the claimant admitted he had undergone a left knee replacement surgery in the Fall of 2020. He admitted that before he underwent this surgery his treating orthopedic surgeon, Dr. Carpenter, had ordered an MRI which showed he had arthritis in his left knee as well as a tear of his left distal quadriceps tendon. (T. 44; RX1 at 1; 1-2). Upon cross-examination the claimant also was forced to recall and to admit that on April 27, 2021, he had seen Dr. Carpenter and reported that on February 25, 2021, he had fallen at home prompting Dr. Carpenter to order another MRI which did not include the left quadriceps musculature but after which he diagnosed the claimant with a strain of his left quadriceps tendon. (T. 45-48; RX1 at 7-10).

Upon further cross-examination the claimant was forced to admit that after the minor May 14, 2024, work incident, an X-ray of his left knee revealed evidence of the 2020 partial left knee

replacement surgery and osteoarthritis, and that the doctor(s)/healthcare professionals who examined and manipulated the claimant's left knee after the May 14, 2024, incident noted in their records the claimant did not appear to be in any apparent pain or distress during examination. Also, among other things the claimant admitted a treating physician for the May 14, 2024, work incident opined he was at MMI as of May 15, 2024; released him to full duty work effective May 15, 2024; that he was not prescribed any additional medication from those he had been taking since at least 2009; that he was not prescribed nor required to undergo any PT; that his left knee, "other than a little soreness" was "doing just fine"; that no doctor told him he needed to wear a knee brace after he was released to return to work effective May 16, 2024; and that he did not require any additional medical treatment on his left knee from May 14, 2024, until his fall at home on New Years Day, January 1, 2025, and the resulting disability and surgery that clearly were a direct result of this fall. (T. 50-60; RX2 at 11-29; 30-40).

Finally, in addition to all the aforementioned testimony and medical evidence demonstrating the claimant's nonwork-related January 1, 2025, fall at home necessitated his 2025 left knee surgery to repair the ruptured left quadriceps tendon as well as all the associated treatment thereafter, I find two (2) other medical records to be particularly revealing and informative. First, Dr. Greer's operative report dated January 25, 2025, notes the claimant had "a history of injury to his left knee resulting in a quadriceps tendon tear." There is no mention in this report that the tear was caused by or in any way related to the minor May 24, 2024, work incident, or that Dr. Carpenter was even aware that incident had occurred. (CX2 at 94; 93-94).

Second, and significantly in this case, no truly objective, fair, reasonable trier of fact can

ignore the relevancy, accuracy, and common-sense recitation of the medical facts and opinions clearly and objectively stated in Dr. Theodore Hronas's thorough independent medical review report dated March 8, 2026. In his well-reasoned and well-written report Dr. Hronas, a radiologist certified by the American Board of Radiology, sets forth the facts and relevant medical evidence which conclusively states:

> In summary, the initial MRI exam of the left knee, 06/09/2020, demonstrates findings of tricompartmental grade III chondromalacia, a remote non-displaced tear of the medial meniscus, and either chronic tendinosis or a remote partial tear of the distal quadriceps tendon at the patella exam… .

(RX1 at 42; 42-43). This summary read in context with the entirety of Dr. Hronas's excellent independent medical review of all the relevant medical records and the totality of the evidence of record provides a clear and concise summary of all the medical evidence which, again, conclusively reveals the only reasonable, fair conclusion an honest, objective trier of fact can make on these facts: The claimant had a partially torn/ruptured left quadriceps tendon at least as of June 9, 2020, which he completely ruptured in the nonwork-related independent intervening cause of January 1, 2025, when he fell coming down the steps at his home between Batesville and Cave City, far from his workplace in Little Rock.

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

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Commission has jurisdiction over this claim.

2. The stipulations contained in the prehearing order filed March 5, 2026, which the parties modified and affirmed on the record at the hearing, hereby are accepted as facts.

3. The claimant has failed to meet his burden of proof in demonstrating the

January 1, 2025, fall at his home located between Batesville and Cave City and the subsequent surgery and medical treatment he received on his left knee thereafter are causally related to, or constitute a compensable consequence of, his medical-only, no-lost-time minor compensable left knee injury of May 14, 2024.

4. The preponderance of the evidence reveals the claimant's fall at his home on January 1, 2025, constitutes an independent intervening cause and that the medical treatment and surgery he underwent on his left knee thereafter was causally related to this independent intervening cause and *not* the minor May 14, 2024, medical-only, no-lost-time compensable left knee injury for which he was deemed to be at MMI the day thereafter, May 15, 2024; was released to full duty as of May 16, 2024; and after which he continued to work continuously without incident, complaints or further treatment until the January 1, 2025, fall at his home located between Batesville and Cave City. Moreover, the June 9, 2020, MRI of the claimant's left knee revealed he had a partially torn – i.e., ruptured – left quadriceps tendon at that time.

5. The claimant's attorney is not entitled to a fee on these facts.

Wherefore, for all the aforementioned reasons this claim hereby is dismissed with prejudice subject to the parties' statutory appeal rights pursuant to the Act. If they have not already done so, the respondents shall pay the court reporter's invoice immediately upon their receipt thereof.

IT IS SO ORDERED.

Mike Pickens
Administrative Law Judge

MP/mp