

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
WCC NO. H106627**

EDUVIJES JUARDO SANCHEZ, EMPLOYEE	CLAIMANT
SC REALTY SVCS., INC., EMPLOYER	RESPONDENT
TRAVELERS CASUALTY & SURETY CO., CARRIER	RESPONDENT

OPINION FILED APRIL 22, 2026

Hearing before Chief Administrative Law Judge O. Milton Fine II on March 20, 2026, in Jonesboro, Craighead County, Arkansas.

Claimant¹ represented by Mr. Scott Hunter, Jr., Attorney at Law, Jonesboro, Arkansas.

Respondents represented by Mr. Guy Alton Wade, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On March 20, 2026, the above-captioned claim was heard in Jonesboro, Arkansas. A prehearing conference took place on November 10, 2025. The Prehearing Order entered on that date pursuant to the conference was admitted without objection as Commission Exhibit 1. At the hearing, the parties confirmed that the stipulations, issue, and respective contentions were properly set forth in the order.

Stipulations

At the hearing, the parties discussed the stipulations set forth in Commission Exhibit 1. They are the following, which I accept:

¹Claimant is a Spanish-speaking individual. The proceedings were interpreted to her by Ms. Juanita Acosta. Prior to the commencement of the hearing, the interpreter's oath contained in Ark. Code Ann. § 25-15-101(e) was administered to Ms. Acosta.

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1. The Arkansas Workers' Compensation Commission (the "Commission") has jurisdiction over this claim.
2. The employee/employer/carrier relationship existed among the parties on August 3, 2021, when Claimant sustained a compensable injury to her right knee.
3. Respondents have accepted the above injury as compensable and paid medical and indemnity benefits pursuant thereto, including permanent partial disability benefits in accordance with a rating of seventy-five percent (75%) to the lower extremity that was assigned to Claimant by Dr. Barry Baskin.

Issue

At the hearing, the parties discussed the issue set forth in Commission Exhibit 1.

The following was litigated:

1. Whether Claimant is entitled to additional medical treatment.

All other issues have been reserved.

Contentions

The respective contentions of the parties read as follows:

Claimant:

1. Claimant contends that she has received some medical treatment, most recently being seen by Dr. Barry Baskin pursuant to her one-time change of physician. He gave her an impairment rating of seventy-five percent (75%) to the lower extremity and recommended a functional capacity

evaluation. No continued medical treatment, nor payment of benefits, has been done since that time.

Respondents:

1. Respondents contend that they accepted the claim as compensable and are paying the applicable medical and indemnity benefits. This claim has not been controverted.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record as a whole, including medical reports, documents, and other matters properly before the Commission, and having had an opportunity to hear the testimony of Claimant and to observe her demeanor, I hereby make the following findings of fact and conclusions of law in accordance with Ark. Code Ann. § 11-9-704 (Repl. 2012):

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. The stipulations set forth above are reasonable and are hereby accepted.
3. Claimant has proven by a preponderance of the evidence that she is entitled to additional treatment of her stipulated compensable right knee injury by her authorized treating physician, Dr. Barry Baskin, as recommended and outlined in his November 29, 2023 report in evidence.

ADJUDICATION

Summary of Evidence

Claimant was the sole hearing witness.

In addition to the Prehearing Order discussed above, the exhibit admitted into evidence in this case was Joint Exhibit 1, a compilation of Claimant's medical records, consisting of two index pages and 127 numbered pages thereafter.

Adjudication

Introduction. As the parties have stipulated—and I have accepted—Claimant sustained a compensable injury to her right knee on August 3, 2021. Her treatment therefor has consisted of, inter alia, a total knee arthroplasty. In this proceeding, she is seeking additional treatment of her knee. Respondents, on the other hand, have denied that she is entitled to additional treatment of any sort.

Evidence. In her testimony, Claimant described how her compensable injury occurred. She performed janitorial services for Respondent employer at various schools. On August 2, 2021, she was cleaning at the school in Brookland, operating a floor buffer, when she became entangled in the cord and fell and hurt her right ankle² and knee.

Claimant was originally taken to NEA Baptist Hospital in Jonesboro. There, she was given pain medication and an injection. Eventually, in January of the following year, Claimant underwent surgery. This was a total knee replacement by Dr. Ron Schechter. Thereafter, she had physical therapy. Asked to describe what she was

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feeling, Claimant responded: “Daily pain. Constant pain.” Schechter sent her for pain management. Dr. Ma, who is with the NEA Pain Management Clinic, addressed this by giving her three injections into the right knee. Claimant took issue with Schechter’s treatment of her, stating that he acted like she was malingering when she was unable to lift her leg. The pain management clinic gave her a full-duty release on April 11, 2023.

She next went to Dr. Adam Smith. He saw her on one occasion—July 27, 2023—and released her to return to work with no restrictions.

Claimant obtained a change of physician to Dr. Barry Baskin. Their sole appointment took place on November 29, 2023. He assigned her an impairment rating of seventy-five percent (75%) to the lower extremity. The following exchange took place:

Q. With regard to your right knee, how are you doing?

A. It still hurts and it hurts. I can’t work. At home, I just spend my time on the bed. Or I’ll stand up a little, but then rest again.

She walks with a cane, and uses a walker at home. She added: “I can’t move it [the right knee] very well. [My] foot just kind of slips away. There has been two times where I have almost fallen, which is why I use the cane and the roller [walker] at home.” Claimant experiences weakness and numbness in her knee. She is unable to afford any medical treatment out of her own pocket; and she does not have any health insurance. The only medication that she takes for her pain is over-the-counter.

²As discussed above, only the right knee injury is before me.

Despite the difficulties with her leg, Claimant acknowledged that she still drives, and that she still does the home exercises that she learned while in physical therapy.

Under questioning from the Commission, the following exchange took place:

- Q. Is there some kind of treatment that you want me to award you?
- A. I would like to get a treatment so that I can see if I can walk well again. Because I want to return to work. I want to keep working, but it seems—feels impossible now.
- Q. Who are you wanting to have give you this treatment? What doctor?
- A. Well, a good one.
- Q. Well, is that any of the doctors that you have seen so far?
- A. Well, I really like the attention I received from the last—from Dr. Baskin, the last doctor I saw.
- Q. Okay. Well, let's swing back to him, then. Are you asking me to order that you be allowed to go back and see Dr. Baskin again at the expense of Mr. Wade's clients?
- A. Yes.

The medical records in evidence reflect that on August 2, 2021,³ Claimant presented to the emergency department of NEA Baptist with right knee pain after she tripped over a cord and fell in a gymnasium. X-rays and a CT scan of that knee showed her to have an acute depressed fracture of the lateral tibial plateau, along with a moderate to large effusion in the joint. When she went to NEA Baptist Clinic on August 12, 2021, Claimant presented in a wheelchair and wearing a knee immobilizer. Dr.

³As noted above, the parties have stipulated that the date of injury was August 3, 2021.

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Schechter explained to her “that she has a serious injury [that] is going to be a very long recovery.” The doctor described the fracture as being comminuted. Because of the high risk of having post-traumatic arthritis and valgus instability, due to the nature of her injury, along with her age and osteoporosis, Schechter stated that he “would like to treat her nonoperatively for now with the idea that [they] might consider a primary total knee replacement once the bone heals in some, if she’s not doing well.” He ordered her to be non-weightbearing for eight weeks, with reassessment in three months.

When Claimant returned to the clinic on September 9, 2021, she reported that she was feeling better, with not much pain. Schechter stated that she was doing well, and continued with the plan outlined earlier. X-rays showed some consolidation and healing of the fracture. On September 28, 2021, Claimant came to the clinic in her brace and walking with aid of a cane. She related that she was “doing well with very little pain . . . [and was] anxious to go back to work and was hoping that [he] would release her to work today.” Dr. Schechter wrote:

All things considered, the patient is doing very well. Her fracture seems to be stable and healing. Despite the significant defect in her lateral tibial plateau she seems to be tolerating things well with minimal pain and no gross stability right nail [sic]. I warned her that if she gets more active she may become more symptomatic with pain or instability and if she does we may have to consider total knee replacement. We are going to discontinue the knee immobilizer and let her use a neoprene knee sleeve for comfort as needed. She can wean out of the sling as tolerated. She was very anxious to go back to work and felt like she could do so. I explained to her that I just do not want her to fall but otherwise she can progress without restrictions. She like she could do and wanted to go back to work so I have her a note to be released back to work.

Dr. Schechter wrote on October 28, 2021:

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The patient is here for follow-up today about 3 months status post her right tibial plateau fracture. She reports she is doing much better. She has transition[ed] to a hinged neoprene knee sleeve. She is walking much more comfortably. She just has very mild pain per her report. She is doing good enough she wants to go back to work.

Overall, she is doing well. Her fracture [is] stable and healing in good position and she is not showing any signs of valgus collapse at this time. We are going to continue conservative treatment for now and do so as long as she is comfortable and not unstable. She wants to [try] to go back to work full duty. She is a little bit worried about being up on her feet a full 8 hours a day but wants to try. We are going to release her to full duty with no restrictions and plan on seeing her back in 3 months and whe[n] she calls with problems. She understands that if she is struggling with a full work day, she can call and we may change her to something such [a]s only 4 hours a day on her feet.

In a note accompanying this record, Dr. Schechter stated:

To Whom it May Concern:

It is my medical opinion that Eduviges Jurado Sanchez may return to full duty immediately with no restrictions.

If you have any questions or concerns, please do not hesitate to call.

Sincerely,

Ron Dean Schechter

The doctor's September 28, 2021, warning to Claimant proved to be prescient. When she went back to him on November 8, 2021, she told him that she had not done well since going back to work at full duty. She reported experiencing "sharp, pulsating pains in her lateral knee." After examining her, Schechter opined that she needed more time to recover. He took her back off work for two more weeks, and released her thereafter to return to work for four hours a day for the next two weeks.

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During her December 7, 2021, appointment with Dr. Schechter, Claimant presented with constant severe pain, using a cane, and walking with an antalgic gait. Schechter stated that Claimant “does not seem to be recovering appropriately and continues to have severe pain which is limiting her work and ADLs [activities of daily living].” After discussion, it was decided that she should undergo a total knee replacement. This was the same recommendation reached after her January 13, 2022, appointment with him.

The knee replacement operation took place on January 19, 2022. Her pre and post-operative diagnoses were “[r]ight knee posttraumatic arthritis with prior tibial plateau fracture.” Claimant went back to Schechter on February 15, 2022, and informed him that she was “feeling much better than before surgery and really not having much pain.” He wrote that “[o]verall, she seems to be doing okay.” Claimant was sent for physical therapy. Her therapy evaluation showed that she had “excellent” tolerance and was “motivated though having pain with movement in her knee and struggling to weight bear through the leg.”

On March 16, 2022, Claimant returned to Dr. Schechter. She reported that her knee is 80 percent better. However, this went down to 70 percent when she saw him again on April 28, 2022. She related to the doctor during this visit that she was having numbness and tingling around her anterolateral knee extending down her anterolateral leg/foot. The doctor wrote that “[a]ll things considered, I think she is doing fine.” He explained that she would need a minimum of six months to recover from the surgery, but added that it could “realistically . . . take 2-3 years to really reach maximal

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improvement.” Schechter felt that her neuropraxia would improve over time. Claimant thereafter returned to physical therapy.

During her June 23, 2022, visit with Dr. Schechter, Claimant informed him that her pain was not getting any better, and that she is not doing well and is not ready to go back to work. She presented with “a noticeably antalgic gait,” and lacking approximately five percent of full 120-degree flexion. Because of Claimant’s symptoms, the decision was made to request an ultrasound to rule out deep vein thrombosis, and to refer her to pain management to address the possibility of complex regional pain syndrome. The July 8, 2022, ultrasound of Claimant’s right lower extremity was negative for deep vein thrombosis.

On December 6, 2022, Claimant saw Dr. Zhangliang Ma with the NEA Baptist Pain Management Clinic. Dr. Ma scheduled Claimant for a genicular nerve block, and considered a radiofrequency ablation and a spinal cord stimulator. Tramadol and Lyrica were prescribed. Claimant was assigned the diagnosis of complex regional pain syndrome of the right lower extremity; but the medical records in evidence do not document how Ma arrived at this. During a February 15, 2023, follow-up visit to the pain management clinic, Claimant reported a 50 percent improvement in her pain for one week after the nerve block; and she rated her pain as 0/10 with Tramadol and 3/10 without it. She requested an outside referral for a second opinion, and this was granted. Her Tramadol was changed to Tylenol 3 due to drowsiness issues. In another follow-up appointment on April 11, 2023, she informed treating personnel at the clinic that the nerve block gave her 60 percent improvement over a two-month period; and she rated

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her pain as 7/10 without Tylenol 3 and 4/10 with it. Because she was never contacted regarding the second opinion referral, the request was repeated. Nurse Practitioner Nathan Perrin wrote that she could return to work with no restrictions. When Claimant went back to the clinic on June 7, 2023, she reported that her pain was “manageable” with the medication being prescribed.

Dr. Adam Smith saw Claimant on July 27, 2023. She presented with pain since her knee replacement surgery. His report reads in pertinent part:

I discussed [with] her that I am unsure exactly what is going on with her knee. She could have some instability versus aseptic loosening based off the x-ray. Her knee is not grossly loose to the point that I would be overly confident that that is what the problem is but she does experience pain with varus stress. I have certainly seen patients with significantly looser knees with no pain so I am not sure if this was the cause. **I am going to get inflammatory markers to rule out infection. If they are elevated we will need to see her back for an aspiration. If they are negative then I will likely need to see her back in about 2 to 3 months to get repeat x-rays to reassess these areas of osteolysis.**

(Emphasis added) He released her to return to work with no restrictions.

On November 29, 2023, Claimant went to Dr. Baskin. His evaluation report reads in pertinent part:

IMPRESSION:

Ms. Sanchez is a nice lady presenting with post-traumatic arthritis as a result of a work injury around 8/2/2021 or 8/3/2021. She worked as a custodian, had a fall, and sustained a severe tibial plateau fracture. This was evaluated by Orthopaedics and it was suggested she could have trouble down the road and in fact she did. She went on to have a total knee arthroplasty done by Dr. Schechter on 1/19/2022. She has continued to have pain in the knee. She does have, on my x-rays, a right total knee arthroplasty with no hardware complication or fracture seen. Small joint effusion was noted. Previous x-rays by Dr. Adam Smith suggested that she might have had some lucencies around her knee. We do not have those films for review. It is my impression that Dr. Schechter

has now released her. I do not have any follow-up notes addressing the lab that Dr. Adam Smith mentioned in his 7/27/2023 encounter note. **He said he would likely need to see her back in 2-3 months to reassess these areas of osteolysis. That has not been done that I can see.** Ms. Sanchez has continued to be off work. She has an antalgic gait. She has some decrease in her range of motion of the right knee. I would expect her to have probably 120° of flexion in her knee. She had 106° today actively and passively. She has -5° of full extension. She appeared to have a stable knee, but did have some pain with varus stress maneuvers and to a lesser extent valgus stress maneuvers. She complains of some numbness in her right foot of uncertain etiology.

PLAN:

I would suggest that we get [an] EMG and nerve conduction studies to assess the numbness in her right foot and leg which have been persistent dating back to her original fall and fracture of the right lateral tibial plateau. She does have a ratable condition based on her fracture and subsequent total knee arthroplasty, which was greater than 51% the result of her initial work injury. **She, I think, still would benefit from seeing another Orthopaedist. If Dr. Schechter has released her, she could go ahead and complete her follow-up with Dr. Adam Smith. I would be happy to work her up further with regards to seeing if she has evidence of a knee infection.** The knee x-rays that we did today are really unremarkable except for the small joint effusion. I would like to get the test results that Dr. Smith ordered. **A sed rate, C-reactive protein, CBC and white count would be useful. More detailed imaging of the knee would also be helpful,** but the plain films that I did did not reveal any evidence of osteolysis-like changes. Ms. Sanchez would normally be at MMI after a total knee replacement at this point, but she still is having a lot of pain and not able to go back to work it appears. **She has not had an FCE. That would be helpful as well.**

Using the AMA Guides to the Evaluation of Permanent Impairment 4th Edition and turning to page 85, table 64, a total knee replacement with poor result would provide an impairment rating of 30% to the whole person, 75% to the lower extremity. At this point it appears that Ms. Sanchez has not had anything better than a poor result. **The actual final diagnosis of her knee pain is still unclear at this point. I will be happy to see her back.** My opinions giv[en] in this evaluation are done so with reasonable medical certainty based upon my training and experience and based on the records that I have to help with performing this evaluation.

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(Emphasis added)

Discussion. Arkansas Code Annotated Section 11-9-508(a) (Repl. 2012) states that an employer shall provide for an injured employee “such medical . . . services . . . as may be reasonably necessary in connection with the injury received by the employee.” See *Wal-Mart Stores, Inc. v. Brown*, 82 Ark. App. 600, 120 S.W.3d 153 (2003). The claimant must prove by a preponderance of the evidence that the subject medical treatment is reasonable and necessary. *Id.*; *Geo Specialty Chem. v. Clingan*, 69 Ark. App. 369, 13 S.W.3d 218 (2000). The standard “preponderance of the evidence” means the evidence having greater weight or convincing force. *Barre v. Hoffman*, 2009 Ark. 373, 326 S.W.3d 415; *Smith v. Magnet Cove Barium Corp.*, 212 Ark. 491, 206 S.W.2d 442 (1947). What constitutes reasonable and necessary medical treatment is a question of fact for the Commission. *White Consolidated Indus. v. Galloway*, 74 Ark. App. 13, 45 S.W.3d 396 (2001); *Wackenhut Corp. v. Jones*, 73 Ark. App. 158, 40 S.W.3d 333 (2001).

As the Arkansas Court of Appeals has held, a claimant may be entitled to additional treatment even after the healing period has ended, if said treatment is geared toward management of the injury. See *Patchell v. Wal-Mart Stores, Inc.*, 86 Ark. App. 230, 184 S.W.3d 31 (2004); *Artex Hydroponics, Inc. v. Pippin*, 8 Ark. App. 200, 649 S.W.2d 845 (1983). Such services can include those for the purpose of diagnosing the nature and extent of the compensable injury; reducing or alleviating symptoms resulting from the compensable injury; maintaining the level of healing achieved; or preventing

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further deterioration of the damage produced by the compensable injury. *Jordan v. Tyson Foods, Inc.*, 51 Ark. App. 100, 911 S.W.2d 593 (1995); *Artex, supra*.

Claimant testified that none of her treating physicians has recommended that she undergo any further treatment. I cannot credit this testimony. As outlined above, both Drs. Smith and Baskin have recommended additional treatment for her. Smith wanted to treat her for her knee pain—which she confirmed in her testimony that she has and which I credit—by first testing her for the presence of inflammatory markers to rule out infection. In the event that such markers were found, he then wanted to aspirate the knee. Dr. Smith added that if these tests were negative, he nonetheless desired to see her again in two to three months to get x-rays “to reassess [her] areas of osteolysis.”

The Commission is authorized to accept or reject a medical opinion and is authorized to determine its medical soundness and probative value. *Poulan Weed Eater v. Marshall*, 79 Ark. App. 129, 84 S.W.3d 878 (2002); *Green Bay Packing v. Bartlett*, 67 Ark. App. 332, 999 S.W.2d 692 (1999). Based on my review of the evidence, I credit Dr. Smith’s opinion that Claimant needs this treatment.

Dr. Baskin, in turn, opined not only that it would help Claimant to go to an orthopaedist, but that the person to see her should be Dr. Smith in the event that she has been released by Dr. Schechter. According to Baskin, Claimant should undergo an EMG and nerve conduction studies to determine the cause of the numbness in her right foot and leg. Moreover, he stated that more detailed imaging of the injured knee, plus a functional capacity evaluation, would be of use here. Finally, Baskin in his report stated:

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“The actual final diagnosis of her knee pain is still unclear at this point.” I credit these opinions.

More than once in his report, Dr. Baskin wrote that he would be glad to see Claimant again and treat her. I credit this, along with Claimant’s stated wish in her testimony that she would like to go back to him.

In order to prove her entitlement to this requested treatment, Claimant must prove that it is causally related to her stipulated compensable knee injury. *See Pulaski Cty. Spec. Sch. Dist. v. Tenner*, 2013 Ark. App. 569, 2013 Ark. App. LEXIS 601. I find that Claimant has met her burden of proof on this matter. She has established her entitlement to additional treatment by Dr. Baskin as outlined in his report.

CONCLUSION AND AWARD

Respondents are directed to pay/furnish benefits in accordance with the findings of fact and conclusions of law set forth above. All accrued sums shall be paid in a lump sum without discount, and this award shall earn interest at the legal rate until paid, pursuant to Ark. Code Ann. § 11-9-809 (Repl. 2002). *See Couch v. First State Bank of Newport*, 49 Ark. App. 102, 898 S.W.2d 57 (1995).

IT IS SO ORDERED.

Hon. O. Milton Fine II
Chief Administrative Law Judge