

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO.: H405537

RACHEL HANELINE-TROEDEL,
EMPLOYEE

CLAIMANT

UAMS,
EMPLOYER

RESPONDENT

PUBLIC EMPLOYEE CLAIMS DIVISION,
CARRIER/TPA

RESPONDENT

OPINION FILED MARCH 31, 2026

Hearing held before Administrative Law Judge CHANDRA L. BLACK, in Little Rock, Pulaski County, Arkansas.

Claimant represented by the HONORABLE MARK ALAN PEOPLES, Attorney at Law, Little Rock, Arkansas.

Respondents represented by the HONORABLE CHARLES MCLEMORE, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On January 21, 2026, the above-captioned claim came on for a hearing in Little Rock, Arkansas. Previously, on December 10, 2025, I conducted a pre-hearing telephone conference with the parties and entered a Pre-hearing Order that same day following our telephone conference. Said order was admitted into evidence along with the parties' pre-hearing information filings without objection and marked as Commission's Exhibit 1.

Stipulations

During the pre-hearing telephone conference, and/or at the hearing, the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of the within claim.

2. The Claimant reported on January 5, 2024, that she had sustained work-related injuries to her right wrist and index finger on December 18, 2023.
3. The employee-employer-insurance carrier relationship existed among the parties at all relevant times, including on or about December 18, 2023. At that time, the Claimant sustained admittedly compensable injuries to her right wrist and index finger.¹
4. That the Claimant's average weekly wage on December 18, 2023, was \$1,224.96. This amount entitles her to weekly compensation rates of \$817.00 and \$613.00, respectively for temporary total disability/TTD and permanent partial disability/PPD benefits.
5. All issues not litigated herein are reserved under the Arkansas Workers' Compensation Commission Act.

Issues

By agreement of the parties, the issues to be litigated at the hearing were as follows:

1. Whether the Claimant is entitled to 18.3 weeks of permanent partial disability benefits which amounts to a 10% impairment rating to her right wrist.
2. Whether the Claimant's attorney is entitled to a controverted attorney's fee on any indemnity benefits awarded herein.

Contentions

The Claimant's and the Respondents' contentions are outlined below:

Claimant:

The Claimant contends that she is entitled to permanent partial disability benefits in the weekly amount of \$613.00 paid over a period of 18.3 weeks for a total of \$11,217.90.

The Respondents have refused to return Claimant to work in violation of Ark. Code Ann. Section 505 (a).² Claimant is thus entitled to 52 weeks paid at her AWW for a total of \$63,752.00.

That the Commission should award her no less than **\$74,969.90** in benefits.

¹Although the Claimant sustained an injury to her right index finger during the December 18, 2023, work-related incident, the main injury was to her right wrist. Therefore, the focal point injury of this claim relates to her right wrist injury.

² The Claimant withdrew her request for 505 (a) benefits.

That Respondents controverted the claim, and the undersigned (Claimant's attorney) is entitled to maximum statutory attorney fees of no less than **\$18,872.48**.

Respondents

The Respondents contend that the Claimant reported on January 5, 2024, having an injury on December 18, 2023, to her right wrist and index finger. The Respondents accepted as compensable the Claimant's reported claim for injury. The Claimant has been provided reasonable and necessary medical treatment for her injury, including treatment with Dr. Mark Tait and Dr. Jesse Abeler.

On April 3, 2024, Dr. Tait released the Claimant at MMI with 0% permanent impairment rating. The Claimant returned to Dr. Tait on June 12, 2024, for additional treatment. The Claimant was granted her one-time Change of Physician to Dr. Jesse Abeler on December 2, 2024. The Claimant was provided surgery on her right wrist April 9, 2025, performed by Dr. Jesse Abeler.

The Claimant was on paid leave, including maternity leave, from November 1, 2024, through January 23, 2025.

Dr. Abeler took the Claimant off work February 14, 2025. On March 10, 2025, Dr. Abeler assigned work restrictions of not using the right hand, which the employer accommodated. The employer accommodated the Claimant, an ultrasound technician, by arranging a room with equipment set up for her to use her left hand to run the equipment. However, Dr. Abeler then assigned restrictions the employer could not accommodate, including no use of ultrasound equipment with either hand, at which time the Claimant was paid TTD benefits.

Dr. Abeler saw the Claimant August 25, 2025, wrote that the Claimant appeared to be at MMI, but gave work restrictions until a Functional Capacity Evaluation and impairment rating, which the Claimant completed September 15, 2025. The Claimant reliably completed the FCE

examination in the Medium classification of work, with occasional bi-manual lift/carry of up to 50lbs, lifting/carrying of up to 20 lbs. on a Frequent basis, and an occasional RUE lift of 20 lbs. and LUE lift of 20 lbs. when lifting unilaterally from knuckle to shoulder level. The FCE examiner assigned a rating of 0% to the Claimant based on the objective results of measurements at the FCE, which Dr. Abeler signed on September 19, 2025, agreeing with the rating.

The Claimant was paid TTD benefits from February 14, 2025, through March 10, 2025, and again from March 19, 2025, through October 2, 2025. If the Claimant reached MMI before October 2, 2025, then the Respondents are entitled to a credit for overpayment of TTD benefits to the Claimant. Respondents are entitled to an offset for any TTD benefits the Claimant received while collecting unemployment benefits during the same period of time.

The Claimant returned to Dr. Abeler on October 2, 2025, and in the report of that visit, Dr. Abeler reiterated that the Claimant was at MMI. However, Dr. Abeler then assigned a 10% impairment rating to the Claimant's wrist due to her unique job requirements, loss of grip strength, and due to her pain with forceful gripping and circumduction or persistent wrist flexion creating a functional impairment, in spite of the objective results of the FCE. In the same report of this visit, Dr. Abeler also released the Claimant to return to work to ultrasound with no formal restrictions per the FCE. Respondents contend that this impairment rating is not supported by objective and measurable physical findings. Furthermore, the *Guides* adopted by the Commission shall not include pain as a basis for impairment, and when determining physical and anatomical impairment, neither a physician, any other medical provider, an Administrative Law Judge, the Workers' Compensation Commission, nor the Courts may consider complaints of pain.

The Claimant's employment ended and she apparently sought employment elsewhere as an ultrasound technician. Respondent employer asked the Claimant for a meeting to return the

Claimant to suitable employment within her physical and mental limitations, but the Claimant had not responded and evidently does not wish to work for Respondent employer.

Discovery is ongoing in this matter, and the Respondents reserve the right to raise additional contentions, or to modify those stated herein, pending the completion of discovery.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record as a whole, including the medical reports, the documentary evidence, and other matters properly before the Commission, and after having had an opportunity to listen to the Claimant’s testimony and 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 proposed stipulations set forth above are reasonable and hereby accepted.
3. The Claimant did not prove by a preponderance of the evidence that she sustained a permanent anatomical impairment due to her December 18, 2023 compensable right wrist injury.

Summary of Evidence

The only witness to testify during the hearing was the Claimant, Ms. Racheal Haneline-Troedel.

The record consists of the January 21, 2026, hearing transcript and the exhibits held therein. In addition to the Pre-hearing Order discussed above, the other exhibits admitted into evidence in this case are: Claimant’s Exhibit 1 consisting of 18 numbered pages of the Claimant’s Medical Records and a one-page Abstract; Respondents’ Exhibit 1 is designated Respondents’

Medical Exhibit encompassing 47 numbered pages; and Respondents' Exhibit 2 entails nine totaled pages of the Respondents' Documentary Exhibit.

Testimony

On the date of the hearing, the Claimant confirmed her age as 41. She testified that she had worked at UAMS as an ultrasound technologist, performing ultrasounds on pregnant women. According to the Claimant, the clinic specializes in very high-risk pregnant patients. The Claimant provided an extensive overview of her employment duties, which involved intensive use of her right hand, to operate the ultrasound transducer, and ultrasound machine. (Tr. p. 11-13)

The Claimant agreed that she injured herself in December 2023. According to the Claimant she was ultra-sounding a pregnant patient carrying triplets when her injury occurred. The Claimant testified that the patient was extremely obese, and to get a particular image she had to press extremely hard and that resulted in her hurting her wrist. The Claimant did not report her injury that day, but she eventually did and it was accepted by the Respondents.

She confirmed that they had sent her to Dr. Tait. He did a steroid shot and ordered an MRI. However, Dr. Tait did not take her off work at that time. After going through a course of treatment with Dr. Tait, the Claimant got a change of physician in October 2024 to treat with Dr. Abeler. She confirmed that Dr. Abeler performed surgery on her wrist in February 2025. At that point, Dr. Abeler took her off work. The Claimant confirmed that the Respondents paid her temporary total disability compensation while she was off work for a period of time. She testified that she was offered modified duty, and she accepted it. The Claimant worked at a desk checking in patients. Per the Claimant, she used her left hand to work the mouse while performing tasks on the computer. The Claimant confirmed that she was off work for three weeks, and then she decided to undergo the surgery. Since her surgery, the Claimant denied that she has worked for UAMS.

Eventually, Dr. Abeler found the Claimant to be at maximum medical improvement, and she has now gone to work somewhere else. Currently, the Claimant works at the Baptist Women's Clinic in North Little Rock. She confirmed that she is performing similar kind of work, except they do not see morbidly obese patients. The Claimant testified that she does suffer wrist pain while at work, but she is able to do her job. She also testified that it hurts to drive once she gets off work, and when she gets home, she experiences pain trying to do normal type things. The Claimant explained that something as simple as writing with a pen, steering her car wheel, picking up her one-year-old- son, or cleaning her countertops is difficult due to pain in her wrist. She confirmed that she is right-handed. The Claimant testified that after writing with a pen, her wrist feels very weak and it starts to hurt.

On cross-examination, the Claimant confirmed that the Respondents' attorney took her deposition on December 30, 2025. She stated that she has worked in the line of work as an ultrasound technologist since 2009. According to the Claimant, she worked at UAMS for eight years doing the same job during the entire time that she was there. She confirmed that she saw Dr. Tait and Dr. Abeler for her wrist injury, and no other doctors. According to the Claimant, Dr. Abeler prescribed medications after her surgery in the form of Gabapentin, then a steroid, and Meloxicam. She confirmed that Dr. Abeler was her treating physician, and he has not prescribed anything else for her wrist.

The Claimant essentially testified that currently, she takes Propranolol, Amitriptyline, and Tramadol for another condition unrelated to her wrist injury. She confirmed that she takes these medications for her fibromyalgia pain. The Claimant testified that she had a baby during the time she was being treated for her right wrist. Therefore, there is a gap in her medical records between the last time she saw Dr. Tait and until she saw Dr. Abeler. During this time, in November 2024,

the Claimant had her baby. That was before her first visit with Dr. Abeler. After her surgery, the Claimant underwent physical therapy sessions for twelve weeks, two times a week. She admitted that the physical therapy treatment improved her range of motion. According to the Claimant, it was just very slow.

The Claimant confirmed that she underwent a functional capacity evaluation on September 14, 2025. She confirmed that it was very thorough test. She admitted that she understood everything that she was being asked to do. The Claimant agreed that she believes that she put forth her best effort on the test. She admitted that she was asked to perform a number of tasks involving her hands, such as picking up objects and things of that nature. The Claimant confirmed that she performed these tasks pretty well. The Claimant further confirmed that the examiner did some measurements of her arm, hand, and wrist. She agreed that the examiner used a tool called a goniometer, to measure the angles. It also has the degrees of movement. The examiner found that the Claimant had full range of motion in both wrists. She confirmed that she did some gripping of the machine more than once using both her left and right hand. Per this report, the Claimant gave a completely reliable effort in each of these examinations. The Claimant denied that she had any reason to doubt the findings of this report.

She confirmed that after undergoing the functional capacity evaluation, she saw Dr. Abeler. At that point, he was no longer recommending any kind of treatment and assessed the Claimant with a 0% permanent impairment rating. The Claimant essentially admitted that she asked for another doctor's appointment and the Respondents allowed her to have an additional office visit. This was her last medical visit for her wrist. At that point, the Claimant expressed that she had some issues with pain in her wrist. The Claimant stated that she also wanted to talk to Dr. Abeler about the functional capacity test.

Under further questioning, the Claimant admitted that when she reported the injury and filled out some forms. The Claimant admitted that she signed a Form N. She further admitted that when her employment with UAMS ended, she received a letter from the human resource office inviting her to come back to work there. They asked to meet with the Claimant to discuss the position. However, by that time, the Claimant had already started to work at Baptist. The Claimant confirmed that the patients at Baptist are not high-risk, and they are not morbidly obese. As a result, now it is easier for her to perform the ultrasounds. She confirmed that the pressing with more force is what caused her wrist injury. The Claimant agreed that it was her testimony earlier that she had to operate the device on the ultrasound machine with her right hand, and she had to press harder with larger patients. She also had to maneuver her hand back and forth to get certain angles and images while performing the ultrasounds. The Claimant agreed that the pressing with more force in combination with having to twist and turn her wrist caused her injury.

During the Claimant's deposition, she testified that her hobbies include photography work. She admitted that her last paying job as a photographer was in October 2025. She was paid \$350.00. The Claimant confirmed that she operates the camera with her right hand. However, the Claimant claimed that the majority of the weight of the camera is supported by her left hand. She testified that she occasionally must turn the camera up and down or from different angles to take different photos. According to the Claimant, she does most of this activity with her left hand. She admitted that she has to turn the lens.

The Claimant confirmed that she has three horses on her property. She last rode her horse in October 2025. According to the Claimant, a friend saddled her horse, and she rode for 45 minutes. The Claimant denied that it hurt her wrist to ride the horse. She claimed that she used her left hand to control the horse with the reins. The Claimant agreed that she uses her right hand

when feeding the horses and brushing them. She admitted that she drove three-and-a-half hours to Monroe, Louisiana roundtrip, and spent Christmas there. She did not recall whether the trip hurt her wrist.

According to the Claimant, she is not being accommodated in any manner at Baptist Health. She confirmed that there is nothing limiting what she can do as an ultrasound technician.

Medical Records

On January 16, 2024, the Claimant had a telehealth appointment with Tracey M. England, APRN, CNP, due to pain in her right wrist and right index finger. However, the Claimant denied any numbness or loss of function. The Claimant was placed on activity restrictions of sedentary work only, which included no lifting, grasping, or carrying more than ten pounds. England suggested that the Claimant continue to rest, apply ice, and to take home medications as tolerated. She recommended that the Claimant follow up with an orthopedic specialist as needed.

The Claimant was seen at the UAMS Ortho Clinic, on Autumn Road on February 28, 2024, under the care of Dr. Mark Tait. Per these clinic notes, the Claimant was patient with the clinic who sustained an injury to her right wrist. She continued to work as an ultrasound technician. The Claimant reported that she did not have any improvement with *buddy taping* of the index finger or with the oral steroid Dosepak. She was also sent for an MRI evaluation. At that point, the Claimant complained of right finger pain as well as pain on the ulnar palmar surface. On physical examination, the Claimant showed tenderness over the pisiform with palpation. She had with resisted ring and small finger flexion. However, she had no pain with Watson maneuver or pain over the dorsal aspect of the wrist. Also, the Claimant had no pain over the PIP joint of the index finger and some mild pain over the DIP. There was no instability of the distal radial ulnar joint. However, there was some mild pain of the TFCC. Radiograph revealed degenerative TCF

fraying with some mild TFCC fluid and edema. Mild degeneration of the SL and small ganglion cyst. Impression was: “1. Persistent right index finger pain after collateral ligament sprain. 2. Right wrist pisotriquetral tenderness,” for which the Claimant was given a therapeutic injection of the pisotriquetral joint and topical anti-inflammatories for the index finger.

Dr. Tait saw the Claimant for a follow-up visit on April 3, 2024, for her wrist injury and continued pain and related symptoms. On physical examination, Dr. Tait found that the Claimant had continued tenderness over the pisiform. There was no tenderness over the ulnar fovea. There was stability of the distal radial ulnar joint. Dr. Tait noted the previous MRI showed some degenerative changes of the TFCC and a small ganglion cyst dorsally. The Claimant reported that she had 50% recovery and still had pain with lifting and gripping. His impression was “Improved right pain some persistent pain with heavy lifting over the pisotriquetral joint without advance osteoarthritis or pisiform fracture or edema on MRI.” At that time, Dr. Tait stated that the Claimant had reached MMI and he continued to put her on full duty without restrictions. In accordance with the American Medical Association guides to the evaluation of permanent impairment 4th ed., she has no permanent impairment.

On January 30, 2025, the Claimant was evaluated by Dr. Jesse Abeler for follow-up of the right wrist. She had been wearing her current active armor cast on a consistent basis over the last weeks after multiple adjustments of the cast. At that point, Dr. Abeler’s impression was: Right wrist FCU tendinitis, and Pisiform insertional tendinitis. Dr. Abeler recommended continued immobilization with the active armor case and decompression of the sensitive area along the Pisiform. He continued her current level of restrictions.

An Orthopedic Operative Note/Operative Report was authored by Dr. Abeler on April 9, 2025:

Pre-Op Diagnosis: Right Wrist Flexor carpi ulnaris tendinous, pisiform-triquetral joint arthrosis.

Post-Op Diagnosis: same.

Procedure(s):

- 1) Right Wrist flexor capri ulnaris repair with autograft palmaris longus (25265)
- 2) Right wrist excision of Pisiform (25210)

The Claimant returned to Dr. Abeler's office for follow-up of the right wrist, July 14, 2025.

She continued to have soreness along the ulnar border of the hand; some sensitivity localized to the incision area. However, Dr. Abeler stated that the Claimant did not show any evidence of infection. Dr. Abeler instructed the Claimant to continue occupational therapy to begin transition out of the brace more consistently. He did a repeat of the oral steroids and continued her on Gabapentin. The Claimant was scheduled for a six-week follow-up visit. At that time, Dr. Abeler stated that he would consider a referral for a functional capacity evaluation examination with MMI rating at the time of the Claimant's follow-up visit.

On August 25, 2025, the Claimant returned to Dr. Abeler for a follow-up visit for reevaluation of her compensable wrist injury. She continued to have soreness along the ulnar border of her hand some sensitivity localized to the surgical incision. However, the Claimant proved during this evaluation that she continued to with some progress of range of motion. At that point, Dr. Abeler opined that the Claimant appeared to be at maximum medical improvement. As a result, he recommended that the Claimant undergo a functional capacity evaluation for final work-related restrictions and final impairment rating.

The Claimant underwent a Functional Capacity Evaluation on September 15, 2025. Per this evaluation, the Claimant put forth a reliable effort, with 52 out of 52 consistency measures within expected limits. This evaluation showed that the Claimant demonstrated the ability to perform functional work tasks equivalent to the **MEDIUM** classification of work as defined by

the US Dept. of Labor's guidelines over the course of a normal 8-hour workday. The evaluator specifically stated that there was no noted atrophy of the Claimant's right forearm. There were no gross deformity or other abnormalities in the muscle bulk or any asymmetrical bony defects observed of her right arm or hand. Sensation was reported diminished the incision area. She had full motion of the upper right elbow, and wrist PROM was within the normal limits. The evaluator specifically stated that the Claimant's pain was not taken into account to figure out the impairment rating. No other ratable finding was found related to the right upper extremity. As such, the Claimant was assessed a 0% impairment to the upper extremity, centered to a 0 % whole person.

The Claimant presented to Dr. Abeler for follow-up for her right wrist on October 2, 2025. Dr. Abeler noted that he had an extensive discussion with the Claimant about her rating on the functional exam. She had well maintained range of motion, however the complexity of her available wrist range of motion and the motion specifically needed for using an ultrasound probe does create limitations in her complete recovery. At that time, the Claimant had shown excellent progress with occupational therapy, and regaining range of motion. However, she continued to have *pain* with forceful gripping and circumduction or persistent wrist flexion, creating a functional impairment. Dr. Abeler specifically opined:

According to the American Medical Association "guides to the evaluation of permanent impairment, fourth edition" page 3/83 under the heading "other musculoskeletal system defect additional impairment may be assigned when the severity of clinical findings may not correspond to the extent of a musculoskeletal defect. She demonstrates limitation of the wrist with functional use despite her excellent range of motion due to limited sustained grip strength and loss of endurance."

Based on her unique job requirements and the specified movements required precisely of ultrasonography I recommend a 10% impairment to the wrist/upper extremity, according to table 3 on page 3/20 this correlates to a 6% whole person impairment rating.

Adjudication

Permanent Partial Anatomical Impairment Rating

Permanent impairment has been defined as any functional or anatomical loss remaining after the healing period has been reached. *Johnson v. Gen. Dynamics*, 46 Ark. App. 188, 878 S.W.2d 411 (1994). The Commission has adopted the American Medical Association *Guides to the Evaluation of Permanent Impairment* (4th ed. 1993) to be used in assessing anatomical impairment. See *Commission Rule 099.34 (now codified at 11 C.A.R. § 25-129)*; Ark. Code Ann. §11-9-522(g) (Repl. 2012). It is the Commission’s duty, using the *Guides*, to determine whether the Claimant has proved she is entitled to a permanent anatomical impairment. *Polk County v. Jones*, 74 Ark. App. 159, 47 S.W.3d 904 (2001).

Any determination of the existence or extent of physical impairment shall be supported by objective and measurable physical findings. Ark. Code Ann. §11-9-704(c)(1) (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). All that is needed is that the medical evidence be supported by objective findings. *Singleton v. City of Pine Bluff*, 97 Ark. App. 59, 244 S.W.3d 709 (2006).

Permanent benefits shall be awarded only upon a determination that the compensable injury was the major cause of the disability or impairment. Ark. Code Ann. §11-9-102(F)(ii)(a) (Repl. 2012). “Major cause” means “more than fifty percent (50%) of the cause,” and a finding of major cause shall be established according to a preponderance of the evidence. Ark. Code Ann. §11-9-102(14) (Repl. 2012). Preponderance of the evidence means the evidence that has 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, I am unable to find that all the statutory requirements have been met to prove a permanent anatomical impairment to her right wrist.

The Claimant worked as an ultrasound technician for UAMS. In late December 2023, the Claimant sustained admittedly compensable injuries to her right wrist and index finger at work while performing an ultrasound on a patient.

The Claimant reported her injury, and the Respondents accepted this as a compensable claim and began paying reasonable and necessary medical benefits. The Claimant treated with Dr. Tait and Dr. Abeler.

In April 2024, Dr. Tait released the Claimant to be at maximum medical improvement for her compensable injury. At that time, Dr. Tait assessed the Claimant with a zero percent permanent anatomical impairment for her wrist injury. He also returned the Claimant to work full duty without any restrictions.

Ultimately, the Claimant obtained a change of physician to treat with Dr. Abeler. April 9, 2025, Dr. Abeler performed surgery on the Claimant's right wrist. Her diagnoses for both pre- and post-operative care were "Right Wrist Flexor carpi ulnaris tendinous, and pisiform-triquetral joint arthrosis." Following the Claimant's surgery, Dr. Abeler recommended that the Claimant undergo an FCE. The Claimant in fact underwent an FCE on September 15, 2025, with reliable results of 52 out of 52 consistency measures. She demonstrated the ability to perform work in the medium classification of work as defined by the US Department of Labor's guidelines over a normal workday. The examiner assessed the Claimant a 0% impairment rating based on objective measurements at the FCE. The Claimant was found to have full range of motion of her upper left upper extremity. She had no atrophy or any other muscle loss or objective medical findings or deficits. On that same day, Dr. Abeler agreed with the rating and findings of the Claimant's FCE.

However, the Claimant returned to Dr. Abeler on October 2, 2025. At that time, Dr. Abeler assessed the Claimant with a 10% impairment to her wrist due to her compensable injury. He based this increased rating on subjective deficits demonstrated by the Claimant such as loss of grip and strength. The Claimant also had complaints of pain. During the hearing, the Claimant testified that she has now returned to work at full duty at Baptist Health in the capacity as an ultrasound technician. She confirmed that she currently works more hours than she worked at UAMS, but she insisted that the work is less strenuous. I found the Claimant to be a credible witness. She credibly testified that she experiences some pain in her wrist, especially after work. However, the Claimant admitted that she has been able to engage in hobbies and activities such as a photography work and horseback riding. There is no medical evidence to support a finding that the Claimant has sustained any physical impairment to her wrist due to swelling, atrophy, or any measurable objective medical findings in her wrist resulting from her compensable injury so as to prove her entitlement to permanent anatomical impairment rating. Although Dr. Abler changed his impairment rating of the Claimant's right wrist, this rating is based on the Claimant's complaints of pain. There have been no measurable objective findings documented of record to support the finding of a permanent physical impairment to the Claimant's right wrist.

Under these circumstances, I have assigned inconsequential weight to Dr. Abeler's second finding of a 10% impairment to the Claimant's right wrist. I find that the FCE evaluator's finding of a 0% impairment is correct and well-reasoned. Most significantly, the examiner's measurements and physical examination of the Claimant's right wrist clearly demonstrated a lack of any measurable physical deficits to support a permanent partial anatomical impairment to her wrist. As a result, I am unable to find the existence of a remaining anatomical loss to the Claimant's wrist supported by objective and measurable physical findings.

It is widely recognized under workers' compensation law in Arkansas that pain is not recognized as an objective medical finding. For this reason, I am compelled to find that the Claimant failed to prove her entitlement a permanent impairment rating or functional anatomical loss remaining due to her compensable wrist injury of December 2023.

ORDER

This claim for a permanent anatomical impairment is hereby respectfully denied and dismissed in its entirety.

IT IS SO ORDERED.

CHANDRA L. BLACK
Administrative Law Judge