

ILLINOIS WORKERS' COMPENSATION COMMISSION

DECISION SIGNATURE PAGE

Case Number	21WC004254
Case Name	Irma Vera v. Paramount Staffing
Consolidated Cases	
Proceeding Type	Petition for Review
Decision Type	Commission Decision
Commission Decision Number	26IWCC0114
Number of Pages of Decision	14
Decision Issued By	Marc Parker, Commissioner

Petitioner Attorney	Jack R. Epstein
Respondent Attorney	Nicole Wiza

DATE FILED: 4/15/2026

/s/ Marc Parker, Commissioner
Signature

STATE OF ILLINOIS)
) SS.
COUNTY OF WILL)

<input type="checkbox"/> Affirm and adopt (no changes)	<input type="checkbox"/> Injured Workers' Benefit Fund (§4(d))
<input type="checkbox"/> Affirm with changes	<input type="checkbox"/> Rate Adjustment Fund (§8(g))
<input type="checkbox"/> Reverse	<input type="checkbox"/> Second Injury Fund (§8(e)18)
<input checked="" type="checkbox"/> Modify:	<input type="checkbox"/> PTD/Fatal denied
	<input checked="" type="checkbox"/> None of the above

BEFORE THE ILLINOIS WORKERS' COMPENSATION COMMISSION

IRMA VERA,
Petitioner,

vs.

NO: 21 WC 4254
26IWCC0112

PARAMOUNT STAFFING,
Respondent.

CORRECTED DECISION AND OPINION ON REVIEW

Timely Petition for Review having been filed by Respondent herein and notice given to all parties, the Commission, after considering the issues of causal connection, medical expenses, prospective medical care, and temporary total disability, and being advised of the facts of law, modifies the Decision of the Arbitrator as stated below and otherwise affirms and adopts the Decision of the Arbitrator, which is attached hereto and made a part thereof.

Findings of Fact

Petitioner injured her left knee and lumbar spine on February 1, 2021, when she slipped and fell on ice at work. Petitioner consistently described the fall as slipping, hyperflexing her leg, hitting her left knee on the ground, and falling backwards. Petitioner reported the incident and was sent by Respondent to Physician's Immediate Care, who noted bruising in the left anterior knee, edema, and an inability to bear weight. Petitioner was initially diagnosed with a left knee contusion; however, she continued to have pain, swelling, and gait difficulty so an MRI was ordered. The MRI showed a possible meniscal tear. Physician's Immediate Care also noted positive meniscal testing. Petitioner was referred to orthopedist, Dr. Giannoulis, for treatment of her left knee.

Simultaneously, Petitioner began treatment with pain management provider, Dr. Lipov, on February 19, 2021, with reported pain in her left knee and low back. Dr. Lipov noted low back pain rated a 9/10, described as achy and throbbing. Petitioner's left knee had severe tenderness with associated edema and decreased range of motion. Dr. Lipov diagnosed Petitioner with low back pain, bilateral facet pain, and right SI joint pain. Physical therapy was ordered for her low back only with a recommendation to follow up with an orthopedist for her left knee.

Petitioner presented to Dr. Giannoulis on March 2, 2021 with pain over the anterior aspect of her left knee and reduced range of motion. Physical therapy was recommended. Petitioner

returned to Dr. Giannoulis on March 30, 2021 with improved left knee pain. Physical therapy was ordered to continue.

Petitioner presented for a Section 12 exam with Dr. Patari on April 15, 2021. Dr. Patari reviewed the left knee MRI and noted a questionable meniscal tear which he did not believe was related to the work accident. Patari opined all findings on the MRI pre-existed the work accident.

Petitioner returned to Dr. Giannoulis on April 27, 2021 with continued left knee pain, tenderness to palpation over the anteromedial aspect of the joint, sensitivity to palpation, negative McMurray's test, significant weakness with extension, and quadricep atrophy. It was noted Petitioner had been attending physical therapy, but only for her low back. Dr. Giannoulis recommended physical therapy for her knee

Petitioner returned to Dr. Giannoulis on May 25, 2021 with continued pain in the left knee and reduced range of motion. An injection was administered to the left knee.

Petitioner returned to Dr. Giannoulis in early June 2021. At that time, he reviewed the previous left knee MRI and noted questionable lateral meniscal injury. He recommended an additional month of physical therapy and possible arthroscopy.

Petitioner returned to Dr. Giannoulis on September 7, 2021 with continued knee pain. On exam, Petitioner had left knee tenderness to palpation of the anterolateral joint, pain with circumduction, positive McMurray's test, and pain with hyperflexion. Petitioner was diagnosed with a left knee lateral meniscus tear. Dr. Giannoulis recommended an arthroscopy. He noted it had been eight months since the injury and Petitioner had not done well with injections and physical therapy. Petitioner continued to treat with Giannoulis through February 2023, with pain/symptoms in the left knee. Dr Giannoulis continued to recommend light duty restrictions and advised Petitioner to return to his office once surgery was authorized.

Dr. Giannoulis testified via evidence deposition on December 13, 2021. Dr. Giannoulis testified to Petitioner's reported mechanism of injury and her treatment to date. Based on her reported injury, ongoing symptoms, clinical examination, and objective MRI findings, he diagnosed Petitioner with a left knee contusion, lateral meniscus tear, and pes bursitis related to the work accident. Dr. Giannoulis also noted that she had no significant arthritis. Believing physical therapy did not help Petitioner, he recommended a left knee arthroscopy. Dr. Giannoulis disagreed with the causation opinions expressed by Dr. Patari in his independent medical examination. Dr. Giannoulis testified a meniscal tear and bursitis were typical injuries resulting from the injury described by Petitioner.

Dr. Patari testified via evidence deposition on March 10, 2022. At the time of Petitioners' independent medical examination, Dr. Patari was provided with up to date medical records and a copy of the MRI report. He was not provided with the MRI images. At that time, Dr. Patari diagnosed Petitioner with a questionable meniscal injury unrelated to the work accident. At the time of the deposition, Dr. Patari was provided a copy of the MRI images. Upon review of the images, Dr. Patari found no evidence of a lateral meniscus tear on MRI. Dr. Patari diagnosed Petitioner with a causally related left knee contusion and pre-existing pes bursitis unrelated to the work accident. He testified the mechanism of injury as described by Petitioner would not cause a

lateral meniscus tear, that effusion would be present on MRI if a lateral meniscus tear were present, and that Petitioner's findings on MRI pre-existed the work accident.

Regarding the lumbar spine, after Petitioner's initial presentation to pain management on February 19, 2021, Petitioner began treating with Dr. Mark Cohen on March 1, 2021 for low back pain after lifting pallets at work. On March 10, 2021, Petitioner presented to the emergency room with low back pain and radiation into the left leg. Petitioner was diagnosed with lumbar pain and instructed to follow up with her primary care provider. Petitioner followed up with Dr. Sharma on March 18, 2021 for low back and radiating leg pain. Petitioner began pain management with Dr. Chunduri on April 14, 2021. Dr. Chunduri recommended continued physical therapy and related Petitioner's symptoms to the work accident. On June 3, 2021, Dr. Chunduri administered medial branch blocks at L4/5 and L5/S1, with no improvement. Dr. Chunduri subsequently administered lumbar trigger point injections, without sustained relief. Petitioner continued therapy with Dr. Mark Cohen through August 2, 2021. By August 11, 2021, Dr. Chunduri had no additional treatment recommendations and referred Petitioner for an FCE. Petitioner underwent an FCE on September 29, 2021 and was placed in the light duty range. On October 20, 2021, Petitioner was given permanent 15-pound lifting restrictions by Dr. Chunduri and released at MMI.

Petitioner attended a Section 12 examination for her lumbar spine on March 2, 2023 with Dr. Stanley. Dr. Stanley did not believe Petitioner suffered a low back injury or an aggravation of a pre-existing lumbar condition as a result of the work injury.

Prior to the work accident, Petitioner testified she underwent left knee surgery in 2005. There was no evidence of additional medical treatment to her knee until the work accident.

Separately, Petitioner filed a workers compensation claim on February 15, 2021 for a lumbar injury sustained on December 10, 2019. Petitioner reported injuring her back while lifting pallets at work. Petitioner treated for this injury from December 11, 2019 through May 4, 2020. Respondent introduced those medical records at trial. Petitioner was released from care for that injury on May 4, 2020, and settled that claim for 5% body as a whole.

At trial, Respondent disputed causation for Petitioner's left knee and lumbar spine, along with unpaid medical expenses, TTD, and prospective medical treatment.

The Arbitrator found Petitioner's left knee and lumbar conditions were causally related to the work accident and awarded unpaid medical expenses, temporary total disability benefits, and prospective medical treatment to the left knee as recommended by Dr. Giannoulis. Respondent appealed the findings of the Arbitrator.

Conclusions of Law

1. Causation

Regarding the left knee, Petitioner clearly suffered a left knee injury after her fall at work. She consistently reported slipping on ice, hyperflexing her leg and directly hitting her left knee on the ground. She immediately reported the incident and was sent to Physician's Immediate Care by Respondent. Physicians Immediate Care noted bruising in the left anterior knee, effusion, and inability to bear weight. Petitioner continued to complain of pain with gait disturbance and

swelling in her left knee. On exam, Physician's Immediate Care noted positive meniscal testing and ordered an MRI, which showed a possible meniscal tear. Physician's Immediate Care subsequently referred Petitioner to orthopedist, Dr. Giannoulis. Dr. Giannoulis noted tenderness on the anteromedial or inner portion of the kneecap, quadricep atrophy, and weakness in the left knee. Dr. Giannoulis testified the mechanism of injury was a common cause of lateral meniscal tears. He noted positive meniscal testing on exam and a signal on Petitioner's MRI indicative of a meniscal tear. He testified Petitioner did not have significant arthritis in her knee and her symptoms over the anterior meniscus correlated with the MRI findings. We find Dr. Giannoulis causation opinion more persuasive and consistent with the evidence as a whole.

Regarding the lumbar spine, we agree with the Arbitrator's reasoning but find Petitioner reached maximum medical improvement for her lumbar condition on October 20, 2021, per the FCE and Dr Chunduri's opinion.

2. Temporary Total Disability

Regarding temporary total disability benefits, the Commission modifies the start date of TTD from February 1, 2021 to February 2, 2021 to comply with Section 8(b) of the Act, which states, in part, "where the temporary total incapacity for work continues for a period of 14 days or more from the day of the accident compensation shall commence on the day after the accident." 820 ILCS 305/8(b). The Commission affirms TTD through December 9, 2021, and again from February 12, 2025, through July 10, 2025, as ordered by the Arbitrator. Finally, the Commission modifies the TTD weeks from 21 2/7 to 65 5/7 weeks, to accurately reflect the correct TTD date range.

3. Prospective Medical Treatment

Regarding prospective medical treatment, the Commission vacates the Arbitrator's award of prospective surgery and attendant care with Dr. Giannoulis and orders physical therapy for Petitioner's left knee. Section 8(a) of the Act requires an employer to pay for medical and surgical services and expenses which are "reasonably required to cure or relieve from the effects of the accidental injury." 820 ILCS 305/8(a). Dr. Giannoulis prescribed physical therapy for Petitioner's left knee on March 2, March 30, April 27, and June 8, 2021. Subsequently, and partly because Petitioner had not shown improvement in physical therapy, Dr. Giannoulis recommended an arthroscopic procedure. For unknown reasons, Petitioner never underwent the recommended physical therapy. Given these facts, the Commission finds the prospective surgical award premature and an award for physical therapy, as prescribed by Dr. Giannoulis, more appropriate.

All else is affirmed and adopted.

IT IS THEREFORE ORDERED BY THE COMMISSION that the Decision of the Arbitrator dated August 6, 2025, is modified as stated herein. The Commission otherwise affirms and adopts the Decision of the Arbitrator.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall pay Petitioner temporary total disability benefits of \$416.97/week for 65 5/7 weeks, commencing February 2, 2021 through December 9, 2021 and from February 12, 2025 through July 10, 2025, as provided in Section 8(b) of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall pay Petitioner directly through her counsel for the following outstanding medical expenses: G & T Orthopedics \$3,400.00; Illinois Orthopedic Network \$10,455.73; Midwest Specialty Pharmacy \$1,375.24; Illinois Injury & Center Rehab \$4,377.00; Total Rehab \$1,920.00; Equian for Meridian \$2,281.21; and Future Diagnostic Group \$1,326.0, as provided in Section 8(a) and 8.2 of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that the Arbitrator's award for prospective surgery and all attendant care as prescribed by Dr. Giannoulis is vacated. Respondent shall approve and pay for physical therapy as prescribed by Dr. Giannoulis and provided in Section 8(a) of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall receive credit for \$4,396.76 in temporary total disability benefits paid and \$398.96 in other benefits paid, as provided in Section 8(j) of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that this case be remanded to the Arbitrator for further proceedings consistent with this Decision, but only after the latter of expiration of the time for filing a written request for Summons to the Circuit Court has expired without the filing of such a written request, or after the time of completion of any judicial proceedings, if such a written request has been filed.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent pay Petitioner interest under §19(n) of the Act, if any.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall have credit for all amounts paid, if any, to or on behalf of Petitioner on account of said accidental injury.

Bond for removal of this cause to the Circuit Court by Respondent is hereby fixed at the sum of \$87,900. The party commencing the proceedings for review in the Circuit Court shall file with the Commission a Notice of Intent to File for Review in Circuit Court.

April 15, 2026

o: 2/26/26
MP/ns
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/s/ Marc Parker
Marc Parker

/s/ Maria E. Portela
Maria E. Portela

/s/ Christopher A. Harris
Christopher A. Harris

ILLINOIS WORKERS' COMPENSATION COMMISSION
DECISION SIGNATURE PAGE

Case Number	21WC004254
Case Name	Irma Vera v. Paramount Staffing
Consolidated Cases	
Proceeding Type	19(b) Petition
Decision Type	Arbitration Decision
Commission Decision Number	
Number of Pages of Decision	8
Decision Issued By	Gerald Granada, Arbitrator

Petitioner Attorney	Jack Epstein
Respondent Attorney	Nicole Wiza

DATE FILED: 8/6/2025

/s/ Gerald Granada, Arbitrator

Signature

INTEREST RATE WEEK OF AUGUST 5, 2025 3.98%

STATE OF ILLINOIS)
)SS.
COUNTY OF WILL)

<input type="checkbox"/>	Injured Workers' Benefit Fund (§4(d))
<input type="checkbox"/>	Rate Adjustment Fund (§8(g))
<input type="checkbox"/>	Second Injury Fund (§8(e)18)
<input checked="" type="checkbox"/>	None of the above

ILLINOIS WORKERS' COMPENSATION COMMISSION
ARBITRATION DECISION
19(b)

Irma Vera
Employee/Petitioner

Case # 21 WC 004254

v.

Consolidated cases: _____

Paramount Staffing
Employer/Respondent

An *Application for Adjustment of Claim* was filed in this matter, and a *Notice of Hearing* was mailed to each party. The matter was heard by the Honorable **Gerald Granada**, Arbitrator of the Commission, in the city of **Joliet**, on **July 10, 2025**. After reviewing all of the evidence presented, the Arbitrator hereby makes findings on the disputed issues checked below, and attaches those findings to this document.

DISPUTED ISSUES

- A. Was Respondent operating under and subject to the Illinois Workers' Compensation or Occupational Diseases Act?
- B. Was there an employee-employer relationship?
- C. Did an accident occur that arose out of and in the course of Petitioner's employment by Respondent?
- D. What was the date of the accident?
- E. Was timely notice of the accident given to Respondent?
- F. Is Petitioner's current condition of ill-being causally related to the injury?
- G. What were Petitioner's earnings?
- H. What was Petitioner's age at the time of the accident?
- I. What was Petitioner's marital status at the time of the accident?
- J. Were the medical services that were provided to Petitioner reasonable and necessary? Has Respondent paid all appropriate charges for all reasonable and necessary medical services?
- K. Is Petitioner entitled to any prospective medical care?
- L. What temporary benefits are in dispute?
 TPD Maintenance TTD
- M. Should penalties or fees be imposed upon Respondent?
- N. Is Respondent due any credit?
- O. Other _____

FINDINGS

On the date of accident, **2/1/2021**, Respondent *was* operating under and subject to the provisions of the Act.

On this date, an employee-employer relationship *did* exist between Petitioner and Respondent.

On this date, Petitioner *did* sustain an accident that arose out of and in the course of employment.

Timely notice of this accident *was* given to Respondent.

Petitioner's current condition of ill-being *is* causally related to the accident.

In the year preceding the injury, Petitioner earned **\$22,393.13**; the average weekly wage was **\$625.43**.

On the date of accident, Petitioner was **49** years of age, *single* with **0** dependent children.

Respondent *has not* paid all reasonable and necessary charges for all reasonable and necessary medical services.

Respondent shall be given a credit of **\$4,396.76** for TTD, **\$0** for TPD, **\$0** for maintenance, and **\$0** for other benefits, for a total credit of **\$0**.

Respondent is entitled to a credit of **\$398.96** under Section 8(j) of the Act.

ORDER

Respondent shall pay Petitioner temporary total disability benefits of \$416.97/week for 21 2/7ths weeks, commencing 2/1/2021 through 12/9/2021 and 2/12/2025 through 7/10/2025, as provided in Section 8(b) of the Act.

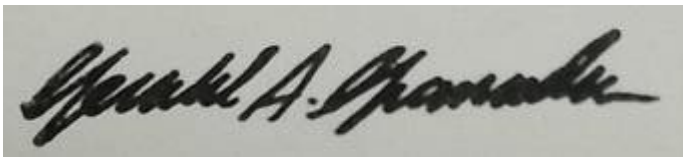
Respondent shall pay Petitioner directly through her counsel for the following outstanding medical services, pursuant to the medical fee schedule and Sections 8(a) and 8.2 of the Act: G & T Orthopedics \$3,400.00; Illinois Orthopedic Network \$10,455.73; Midwest Specialty Pharmacy \$1,375.24; Illinois Injury & Center Rehab \$4,377.00; Total Rehab \$1,920.00; Equian for Meridian \$2,281.21; Future Diagnostic Group \$1,326.00.

Respondent shall approve and pay for the medical treatment prescribed by Dr. Giannoulis, including the surgical procedure and all resulting treatment, physical therapy, and follow-up care.

In no instance shall this award be a bar to subsequent hearing and determination of an additional amount of medical benefits or compensation for a temporary or permanent disability, if any.

RULES REGARDING APPEALS Unless a party files a *Petition for Review* within 30 days after receipt of this decision, and perfects a review in accordance with the Act and Rules, then this decision shall be entered as the decision of the Commission.

STATEMENT OF INTEREST RATE If the Commission reviews this award, interest at the rate set forth on the *Notice of Decision of Arbitrator* shall accrue from the date listed below to the day before the date of payment; however, if an employee's appeal results in either no change or a decrease in this award, interest shall not accrue.



Signature of Arbitrator Gerald Granada

AUGUST 6. 2025

FINDINGS OF FACT

This case involves Petitioner Irma Vera, who alleges to have sustained injuries while working for Respondent Paramount Staffing on February 1, 2021. Respondent disputes Petitioner's claim, with the issues being: 1) causation; 2) medical expenses; 3) prospective medical care; and 4) TTD. Petitioner testified via a Spanish translator.

Petitioner's Testimony

The Petitioner testified that she had worked for the Respondent for one year before her accident. Petitioner testified that she packed candy. Her job duties included packaging the candy quickly, taping and sealing the box, and putting it on the pallet. She would fill 30 to 40 pallets daily, and that each pallet would contain approximately 1,000 units. The pallet contained 75 to 200 boxes and each box weighed from less than one pound up to 50 pounds.

The Petitioner testified that, before her accident, she never had any problems with her left knee, back, or shoulders. The Petitioner also testified that she was able to perform her job perfectly well without complaint.

On February 1, 2021, Petitioner was walking to be tested for COVID outside the Respondent's facilities when she slipped and fell on snow. Her right leg slipped and she tried to balance by bracing herself with her hands, but fell onto her knees and then onto her back. Her left knee struck the ground. The Petitioner testified that she reported what happened to her supervisor, and they sent her to Physician's Immediate Care.

Petitioner's prior injury

Petitioner testified that she previously had surgery on her left knee in 2005, but that her knee has been pain-free since the surgery. She had previously injured her back while lifting a pallet while working at the same factory under a different company and she had resolved the issue with the other company. After her back injury in December 2019, she was taken in an ambulance to the hospital, where she underwent a lumbar spine MRI and was treated. She was on work restrictions from December 2019 through March 2020. After her back injury, she returned to work in the same job at the same company, but this time working for a different temporary agency.

Medical care

Petitioner went to Physicians Immediate Care on the same day of her accident and described to the doctors how the accident occurred and detailed her symptoms, including the pain in her left knee. A week after she had her accident, Physicians Immediate Care sent her to have an MRI of her left knee. Shortly thereafter, Petitioner visited Dr. Giannoulis, who examined her left knee and right shoulder. Dr. Giannoulis gave her work restrictions of no heavy lifting and no standing for extended periods of time.

Petitioner underwent therapy for her shoulder, knee, and back. She testified that her shoulder improved and her back improved, while her knee did not. She told Dr. Giannoulis that her left knee was still hurting her, and Dr. Giannoulis said that she needed surgery to figure out what was going on. Dr. Giannoulis gave her some injections in her left knee, but it did not help. Petitioner was off work for

Irma Vera v. Paramount Staffing, 21WC004254**Attachment to Arbitration Decision 19(b)****Page 2 of 5**

some time after her accident and for some time was receiving weekly checks from the Respondent.

On April 15, 2021, Respondent sent her to see Dr. Patari for an IME. Petitioner testified that after the visit, the Respondent stopped sending her weekly checks. For a while, she was receiving light duty, alternative light duty, and off-work slips from her doctors at ION, Dr. Giannoulis, and other doctors and locations where she was being treated. After her visit with Dr. Patari, the Respondent refused to accommodate her restrictions. Petitioner testified that afterwards, she did not go back to work for the Respondent because they didn't want her.

Petitioner was eventually able to find a light-duty job at Walmart, where she was processing online purchases, beginning on December 10, 2021. Walmart complied with the restrictions she received from her doctors. She worked at Walmart until February 11, 2025.

The Petitioner testified that, at the time of giving her testimony, she had pain in her left knee, and that she always has pain in her left knee. She testified that Dr. Giannoulis told her that surgery is necessary and that she would like to proceed with the surgery. She last saw Dr. Giannoulis in February 2023, and he instructed her to return to him once her surgery was approved and to adhere to her work restrictions until then.

Dr. Tom Stanley IME

Respondent also had the Petitioner examined by Dr. Tom Stanley at Ortho Illinois on March 2, 2023 to address causation for the lumbar spine. At that time, Petitioner reported left-sided low back pain relative to a fall at work. RX 8, p.1. Dr. Stanley reviewed medical records and MRIs and CT of the spine. RX 8, p. 2-4. Dr. Stanley diagnosed left sided low back pain but did not causally relate this to a work injury. RX 8, p. 5. Rather, he noted that there was an almost three week gap before Petitioner reported any low back pain and she had a clear history of low back pain prior to the injury date. Id. Dr. Stanley noted nonspecific myofascial pain with no evidence of an aggravation or exacerbation of underlying arthritis in the spine. RX 8, p. 6. According to Dr. Stanley, none of the treatment sought by Petitioner or need for any physical restrictions was causally related to the work injury as no lumbar spine injury occurred as a result of the fall. Id.

Dr. Christos Giannoulis' Evidence Deposition

On December 13, 2021, Dr. Giannoulis testified via evidence deposition. (P. Ex. 9) Dr. Giannoulis first saw the Petitioner on March 2, 2021. The Petitioner presented with a chief complaint of left knee pain. (P. Ex. 10, p. 10). The Petitioner reported that she slipped and fell, landing on her left knee. His physical examination noted tenderness over the anterior aspect of the knee. She had range of motion deficit of about 20 degrees and had difficulty bending past 100 degrees, secondary to pain. Dr. Giannoulis initially diagnosed Petitioner with a left-knee contusion, and he recommended she continue with PT. (P. Ex. 10, p. 11-12, 28). Dr. Giannoulis reviewed Petitioner's actual MRI films from February 8, 2021, which revealed a vertical signal in the anterior horn of the lateral meniscus and mild soft tissue swelling. He acknowledged the presence of a metal artifact from prior hardware but stated that the meniscal signal was visible and indicative of a tear, albeit subtle. He observed evidence of a small vertical tear in the lateral meniscus (P. Ex. 10, pp. 13-15). Based on her clinical presentation, history of trauma, and MRI findings, Dr. Giannoulis diagnosed Petitioner with a left lateral meniscal tear, pes

Irma Vera v. Paramount Staffing, 21WC004254**Attachment to Arbitration Decision 19(b)****Page 3 of 5**

anserine bursitis, and contusion. He testified that all three conditions were causally related to the February 1, 2021, work incident (P. Ex. 10, P. 15–16). On follow-up examinations from March through September 2021, Petitioner continued to experience medial and anteromedial knee pain, as well as difficulty walking and standing. Her symptoms were aggravated by prolonged activity. On May 19, 2021, Dr. Giannoulis recommended an arthroscopic partial meniscectomy based on ongoing mechanical symptoms, exam findings, and MRI evidence of a tear (P. Ex. 10, P. 17–19).

Dr. Giannoulis testified that he disagrees with the opinion expressed by Dr. Patari in his independent medical examination. The Petitioner has an MRI that shows a possibility of a meniscus tear. She's not done well with conservative treatment, and she doesn't have any significant arthritis in her knee. As such, medically speaking, an arthroscopy is the next thing to do. (P. Ex. 10, p. 18). Dr. Giannoulis testified that Ms. Vera's reported symptoms and physical findings were consistent over time and that he found no evidence of symptom magnification or exaggeration. Her meniscal tear and bursitis were typical injuries resulting from blunt trauma and were temporally and causally connected to the February 1 fall (P. Ex. 10, P. 19–20).

He opined to a reasonable degree of medical and surgical certainty that the proposed arthroscopic surgery was reasonable, necessary, and directly related to the February 1, 2021, work injury. He testified that her condition had not yet reached maximum medical improvement and that surgical intervention remained appropriate given her failed conservative management (P. Ex. 10, P. 20–21).

Dr. Giannoulis testified that the Petitioner does have some preexisting chondromalacia in her kneecap, but that's not where her symptoms are coming from. Her symptoms are over the anterior meniscus. This correlates with the symptoms the Petitioner describes in her examinations, as well as the objective evidence from the MRI. (P. Ex. 10, p. 19).

Dr. Giannoulis testified that the meniscus tear is something that could be acute, based on the Petitioner's complaints of anterior knee pain. And so that, more than likely, represents that meniscus tear. Dr. Giannoulis testified that most knee contusions typically resolve within two to three months, which did not occur in the case of the Petitioner. (P. Ex. 10, p. 43).

On cross-examination, Dr. Giannoulis acknowledged that the vertical signal in the meniscus seen on MRI was subtle and partially obscured by artifact, but testified that it remained visible and was consistent with a tear. He reaffirmed that his surgical recommendation was not based solely on imaging, but also on Petitioner's ongoing clinical symptoms and physical exam findings (P. Ex. 10, P. 22–24). He also acknowledged Petitioner's prior history of left knee surgery but testified that her symptoms had been stable before the fall and that there was no indication of active meniscal pathology or pes bursitis before February 1, 2021. He testified that the work injury either caused new injury or aggravated underlying asymptomatic conditions to a symptomatic state (P. Ex. 10, P. 25–26).

Dr. Giannoulis testified that he imposed work restrictions on the Petitioner, including no climbing, kneeling, crawling, and no standing or walking for more than one hour at a time. (P. Ex. 10, p. 47).

Dr. Sanjay Patari's Evidence Deposition

On March 10, 2022, Dr. Patari testified via evidence deposition. (RX 6) Dr. Patari testified that Gallagher Bassett retained him to perform an independent medical evaluation (IME) of Petitioner, which he conducted on April 15, 2021. Petitioner provided a history of slipping on ice at work on February 1, 2021 and injuring her left knee. At the time of the IME, Ms. Vera was not working (RX 6, P. 10–11). Dr. Patari testified that the February 8, 2018, MRI report revealed intact tendons, no joint effusion, and a vertically oriented signal in the anterior horn of the lateral meniscus, visible only on one coronal sequence. He explained that if trauma were significant, the MRI would likely have shown evidence of effusion or edema, yet none was present. Dr. Patari explained that the imaging results showing a possible tear was really more likely signal artifact present in the knee from retained hardware rather than a meniscal tear based on the color and shape of its presentation. (RX 6, p. 22-23) Based on his examination and review of the imaging and medical records, his diagnosis was left pes anserine bursitis, which he described as inflammation at the attachment of the hamstring tendons on the inner tibia below the knee joint. He opined that Petitioner also sustained a left anterior knee contusion. He testified that these two conditions—the bursitis and the contusion—were causally related to the reported February 1, 2021 work incident (RX 6, P. 27–29). Dr. Patari testified that at the time of his April 15, 2021, IME, Petitioner was capable of returning to full-duty work. He also opined that she could have returned to light-duty work, including sedentary duties, as early as the day after the injury. He did not provide an assessment of her ability to perform more physically demanding duties at that time. He recommended treatment with a corticosteroid injection to the pes bursa and expected maximum medical improvement within two weeks following that injection (RX 6, P. 30–31).

CONCLUSIONS OF LAW

1. Regarding the issue of causation, the Arbitrator finds that Petitioner met her burden of proof with respect to both her left knee condition and her back. This finding is based on the Petitioner's un rebutted testimony and the preponderance of the medical evidence which show that she sustained an injury to her left knee following her undisputed February 1, 2021 work accident, which resulted in a meniscal tear. On this issue, the Arbitrator finds persuasive the opinions of Petitioner's treating physician, Dr. Giannoulis. Although the Respondent relies on their IME opinion from Dr. Patari to dispute this issue, his opinions are outweighed by the preponderance of medical evidence. Regarding Petitioner's back, the Arbitrator acknowledges Respondent's IME opinion from Dr. Stanley, who does not believe Petitioner's back condition is related to her February 1, 2021 fall based on the 3 week gap between the alleged accident date and her first report of back complaints and also because of her prior back injury. However, Petitioner did testify that she experienced back pain on her fall and was subsequently prescribed therapy for her back. Given the severity of Petitioner's knee injury, it is reasonable that her initial complaints and treatment were focused on her knee. The record is devoid of any evidence that Petitioner's back pain and treatment are not causally related to her work accident. Therefore, the Arbitrator concludes that the Petitioner's left knee condition and her back condition are causally connected to her undisputed February 1, 2021 work accident.

2. Regarding the issue of medical expenses, and consistent with the Arbitrator's findings on the issue of causation, the Arbitrator further finds that the Petitioner's medical treatment following her undisputed February 1, 2021 work accident have been both reasonable and necessary to address her work-related conditions. As such, the Respondent shall pay any and all medical expenses related to Petitioner's work-

Irma Vera v. Paramount Staffing, 21WC004254**Attachment to Arbitration Decision 19(b)****Page 5 of 5**

related back condition as set forth in the Petitioner's exhibits subject to the Fee Schedule, including the following: G & T Orthopedics \$3,400.00; Illinois Orthopedic Network \$10,455.73; Midwest Specialty Pharmacy \$1,375.24; Illinois Injury & Center Rehab \$4,377.00; Total Rehab \$1,920.00; Equian for Meridian \$2,281.21; and Future Diagnostic Group \$1,326.00. Payment of these expenses shall be made to the Petitioner and her attorney. Respondent shall receive a credit for any medical expenses it has already paid.

3. Regarding the issue of prospective medical care and consistent with the findings above, the Arbitrator further finds that the Petitioner's request for prospective medical treatment is both reasonable and necessary in addressing her work-related leg condition stemming from her February 1, 2021 work accident. Accordingly, Respondent shall authorize and pay for the surgery, as recommended by Dr. Giannoulas, and the attendant care, subject to the fee schedule and in accordance with the provisions of §8 and §8.2 of the Act.

4. Consistent with the findings above, the Arbitrator further finds the Petitioner was temporarily totally disabled from February 1, 2021 through December 9, 2021, and from February 12, 2025 through July 10, 2025. This finding is supported by Petitioner's unrebutted testimony and the medical evidence that show Petitioner was either completely taken off work or was given work restrictions that Respondent did not accommodate during these time periods. Therefore, the Arbitrator awards Petitioner TTD benefits for these periods and Respondent shall be credited for any TTD it has paid.

ILLINOIS WORKERS' COMPENSATION COMMISSION

DECISION SIGNATURE PAGE

Case Number	21WC004254
Case Name	Irma Vera v. Paramount Staffing
Consolidated Cases	
Proceeding Type	Petition for Review
Decision Type	Second Corrected Commission Decision
Commission Decision Number	26IWCC0122
Number of Pages of Decision	14
Decision Issued By	Marc Parker, Commissioner

Petitioner Attorney	Jack R. Epstein
Respondent Attorney	Nicole Wiza

DATE FILED: 4/29/2026

/s/ Marc Parker, Commissioner

Signature

STATE OF ILLINOIS)
) SS.
 COUNTY OF WILL)

<input type="checkbox"/> Affirm and adopt (no changes)	<input type="checkbox"/> Injured Workers' Benefit Fund (§4(d))
<input type="checkbox"/> Affirm with changes	<input type="checkbox"/> Rate Adjustment Fund (§8(g))
<input type="checkbox"/> Reverse	<input type="checkbox"/> Second Injury Fund (§8(e)18)
<input checked="" type="checkbox"/> Modify:	<input type="checkbox"/> PTD/Fatal denied
	<input checked="" type="checkbox"/> None of the above

BEFORE THE ILLINOIS WORKERS' COMPENSATION COMMISSION

IRMA VERA,
 Petitioner,

vs.

NO: 21 WC 4254
 26IWCC0114

PARAMOUNT STAFFING,
 Respondent.

SECOND CORRECTED DECISION AND OPINION ON REVIEW

Timely Petition for Review having been filed by Respondent herein and notice given to all parties, the Commission, after considering the issues of causal connection, medical expenses, prospective medical care, and temporary total disability, and being advised of the facts of law, modifies the Decision of the Arbitrator as stated below and otherwise affirms and adopts the Decision of the Arbitrator, which is attached hereto and made a part thereof.

Findings of Fact

Petitioner injured her left knee and lumbar spine on February 1, 2021, when she slipped and fell on ice at work. Petitioner consistently described the fall as slipping, hyperflexing her leg, hitting her left knee on the ground, and falling backwards. Petitioner reported the incident and was sent by Respondent to Physician's Immediate Care, who noted bruising in the left anterior knee, edema, and an inability to bear weight. Petitioner was initially diagnosed with a left knee contusion; however, she continued to have pain, swelling, and gait difficulty so an MRI was ordered. The MRI showed a possible meniscal tear. Physician's Immediate Care also noted positive meniscal testing. Petitioner was referred to orthopedist, Dr. Giannoulis, for treatment of her left knee.

Simultaneously, Petitioner began treatment with pain management provider, Dr. Lipov, on February 19, 2021, with reported pain in her left knee and low back. Dr. Lipov noted low back pain rated a 9/10, described as achy and throbbing. Petitioner's left knee had severe tenderness with associated edema and decreased range of motion. Dr. Lipov diagnosed Petitioner with low back pain, bilateral facet pain, and right SI joint pain. Physical therapy was ordered for her low back only with a recommendation to follow up with an orthopedist for her left knee.

Petitioner presented to Dr. Giannoulis on March 2, 2021 with pain over the anterior aspect of her left knee and reduced range of motion. Physical therapy was recommended. Petitioner

returned to Dr. Giannoulis on March 30, 2021 with improved left knee pain. Physical therapy was ordered to continue.

Petitioner presented for a Section 12 exam with Dr. Patari on April 15, 2021. Dr. Patari reviewed the left knee MRI and noted a questionable meniscal tear which he did not believe was related to the work accident. Patari opined all findings on the MRI pre-existed the work accident.

Petitioner returned to Dr. Giannoulis on April 27, 2021 with continued left knee pain, tenderness to palpation over the anteromedial aspect of the joint, sensitivity to palpation, negative McMurray's test, significant weakness with extension, and quadricep atrophy. It was noted Petitioner had been attending physical therapy, but only for her low back. Dr. Giannoulis recommended physical therapy for her knee

Petitioner returned to Dr. Giannoulis on May 25, 2021 with continued pain in the left knee and reduced range of motion. An injection was administered to the left knee.

Petitioner returned to Dr. Giannoulis in early June 2021. At that time, he reviewed the previous left knee MRI and noted questionable lateral meniscal injury. He recommended an additional month of physical therapy and possible arthroscopy.

Petitioner returned to Dr. Giannoulis on September 7, 2021 with continued knee pain. On exam, Petitioner had left knee tenderness to palpation of the anterolateral joint, pain with circumduction, positive McMurray's test, and pain with hyperflexion. Petitioner was diagnosed with a left knee lateral meniscus tear. Dr. Giannoulis recommended an arthroscopy. He noted it had been eight months since the injury and Petitioner had not done well with injections and physical therapy. Petitioner continued to treat with Giannoulis through February 2023, with pain/symptoms in the left knee. Dr. Giannoulis continued to recommend light duty restrictions and advised Petitioner to return to his office once surgery was authorized.

Dr. Giannoulis testified via evidence deposition on December 13, 2021. Dr. Giannoulis testified to Petitioner's reported mechanism of injury and her treatment to date. Based on her reported injury, ongoing symptoms, clinical examination, and objective MRI findings, he diagnosed Petitioner with a left knee contusion, lateral meniscus tear, and pes bursitis related to the work accident. Dr. Giannoulis also noted that she had no significant arthritis. Believing physical therapy did not help Petitioner, he recommended a left knee arthroscopy. Dr. Giannoulis disagreed with the causation opinions expressed by Dr. Patari in his independent medical examination. Dr. Giannoulis testified a meniscal tear and bursitis were typical injuries resulting from the injury described by Petitioner.

Dr. Patari testified via evidence deposition on March 10, 2022. At the time of Petitioner's independent medical examination, Dr. Patari was provided with up to date medical records and a copy of the MRI report. He was not provided with the MRI images. At that time, Dr. Patari diagnosed Petitioner with a questionable meniscal injury unrelated to the work accident. At the time of the deposition, Dr. Patari was provided a copy of the MRI images. Upon review of the images, Dr. Patari found no evidence of a lateral meniscus tear on MRI. Dr. Patari diagnosed Petitioner with a causally related left knee contusion and pre-existing pes bursitis unrelated to the work accident. He testified the mechanism of injury as described by Petitioner would not cause a

lateral meniscus tear, that effusion would be present on MRI if a lateral meniscus tear were present, and that Petitioner's findings on MRI pre-existed the work accident.

Regarding the lumbar spine, after Petitioner's initial presentation to pain management on February 19, 2021, Petitioner began treating with Dr. Mark Cohen on March 1, 2021 for low back pain after lifting pallets at work. On March 10, 2021, Petitioner presented to the emergency room with low back pain and radiation into the left leg. Petitioner was diagnosed with lumbar pain and instructed to follow up with her primary care provider. Petitioner followed up with Dr. Sharma on March 18, 2021 for low back and radiating leg pain. Petitioner began pain management with Dr. Chunduri on April 14, 2021. Dr. Chunduri recommended continued physical therapy and related Petitioner's symptoms to the work accident. On June 3, 2021, Dr. Chunduri administered medial branch blocks at L4/5 and L5/S1, with no improvement. Dr. Chunduri subsequently administered lumbar trigger point injections, without sustained relief. Petitioner continued therapy with Dr. Mark Cohen through August 2, 2021. By August 11, 2021, Dr. Chunduri had no additional treatment recommendations and referred Petitioner for an FCE. Petitioner underwent an FCE on September 29, 2021 and was placed in the light duty range. On October 20, 2021, Petitioner was given permanent 15-pound lifting restrictions by Dr. Chunduri and released at MMI.

Petitioner attended a Section 12 examination for her lumbar spine on March 2, 2023 with Dr. Stanley. Dr. Stanley did not believe Petitioner suffered a low back injury or an aggravation of a pre-existing lumbar condition as a result of the work injury.

Prior to the work accident, Petitioner testified she underwent left knee surgery in 2005. There was no evidence of additional medical treatment to her knee until the work accident.

Separately, Petitioner filed a workers compensation claim on February 15, 2021 for a lumbar injury sustained on December 10, 2019. Petitioner reported injuring her back while lifting pallets at work. Petitioner treated for this injury from December 11, 2019 through May 4, 2020. Respondent introduced those medical records at trial. Petitioner was released from care for that injury on May 4, 2020, and settled that claim for 5% body as a whole.

At trial, Respondent disputed causation for Petitioner's left knee and lumbar spine, along with unpaid medical expenses, TTD, and prospective medical treatment.

The Arbitrator found Petitioner's left knee and lumbar conditions were causally related to the work accident and awarded unpaid medical expenses, temporary total disability benefits, and prospective medical treatment to the left knee as recommended by Dr. Giannoulis. Respondent appealed the findings of the Arbitrator.

Conclusions of Law

1. Causation

Regarding the left knee, Petitioner clearly suffered a left knee injury after her fall at work. She consistently reported slipping on ice, hyperflexing her leg and directly hitting her left knee on the ground. She immediately reported the incident and was sent to Physician's Immediate Care by Respondent. Physicians Immediate Care noted bruising in the left anterior knee, effusion, and inability to bear weight. Petitioner continued to complain of pain with gait disturbance and

swelling in her left knee. On exam, Physician's Immediate Care noted positive meniscal testing and ordered an MRI, which showed a possible meniscal tear. Physician's Immediate Care subsequently referred Petitioner to orthopedist, Dr. Giannoulis. Dr. Giannoulis noted tenderness on the anteromedial or inner portion of the kneecap, quadriceps atrophy, and weakness in the left knee. Dr. Giannoulis testified the mechanism of injury was a common cause of lateral meniscal tears. He noted positive meniscal testing on exam and a signal on Petitioner's MRI indicative of a meniscal tear. He testified Petitioner did not have significant arthritis in her knee and her symptoms over the anterior meniscus correlated with the MRI findings. We find Dr. Giannoulis causation opinion more persuasive and consistent with the evidence as a whole.

Regarding the lumbar spine, we agree with the Arbitrator's reasoning but find Petitioner reached maximum medical improvement for her lumbar condition on October 20, 2021, per the FCE and Dr Chunduri's opinion.

2. Temporary Total Disability

Regarding temporary total disability benefits, the Commission modifies the start date of TTD from February 1, 2021 to February 2, 2021 to comply with Section 8(b) of the Act, which states, in part, "where the temporary total incapacity for work continues for a period of 14 days or more from the day of the accident compensation shall commence on the day after the accident." 820 ILCS 305/8(b). The Commission affirms TTD through December 9, 2021, and again from February 12, 2025, through July 10, 2025, as ordered by the Arbitrator. Finally, the Commission modifies the TTD weeks from 21 2/7 to 65 5/7 weeks, to accurately reflect the correct TTD date range.

3. Prospective Medical Treatment

Regarding prospective medical treatment, the Commission vacates the Arbitrator's award of prospective surgery and attendant care with Dr. Giannoulis and orders physical therapy for Petitioner's left knee. Section 8(a) of the Act requires an employer to pay for medical and surgical services and expenses which are "reasonably required to cure or relieve from the effects of the accidental injury." 820 ILCS 305/8(a). Dr. Giannoulis prescribed physical therapy for Petitioner's left knee on March 2, March 30, April 27, and June 8, 2021. Subsequently, and partly because Petitioner had not shown improvement in physical therapy, Dr. Giannoulis recommended an arthroscopic procedure. For unknown reasons, Petitioner never underwent the recommended physical therapy. Given these facts, the Commission finds the prospective surgical award premature and an award for physical therapy, as prescribed by Dr. Giannoulis, more appropriate.

All else is affirmed and adopted.

IT IS THEREFORE ORDERED BY THE COMMISSION that the Decision of the Arbitrator dated August 6, 2025, is modified as stated herein. The Commission otherwise affirms and adopts the Decision of the Arbitrator.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall pay Petitioner temporary total disability benefits of \$416.97/week for 65 5/7 weeks, commencing February 2, 2021 through December 9, 2021 and from February 12, 2025 through July 10, 2025, as provided in Section 8(b) of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall pay Petitioner directly through her counsel for the following outstanding medical expenses: G & T Orthopedics \$3,400.00; Illinois Orthopedic Network \$10,455.73; Midwest Specialty Pharmacy \$1,375.24; Illinois Injury & Center Rehab \$4,377.00; Total Rehab \$1,920.00; Equian for Meridian \$2,281.21; and Future Diagnostic Group \$1,326.00, as provided in Section 8(a) and 8.2 of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that the Arbitrator's award for prospective surgery and all attendant care as prescribed by Dr. Giannoulis is vacated. Respondent shall approve and pay for physical therapy as prescribed by Dr. Giannoulis and provided in Section 8(a) of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall receive credit for \$4,396.76 in temporary total disability benefits paid and \$398.96 in other benefits paid, as provided in Section 8(j) of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that this case be remanded to the Arbitrator for further proceedings consistent with this Decision, but only after the latter of expiration of the time for filing a written request for Summons to the Circuit Court has expired without the filing of such a written request, or after the time of completion of any judicial proceedings, if such a written request has been filed.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent pay Petitioner interest under §19(n) of the Act, if any.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall have credit for all amounts paid, if any, to or on behalf of Petitioner on account of said accidental injury.

Bond for removal of this cause to the Circuit Court by Respondent is hereby fixed at the sum of \$47,900.00. The party commencing the proceedings for review in the Circuit Court shall file with the Commission a Notice of Intent to File for Review in Circuit Court.

APRIL 29 2026

o: 2/26/26
MP/ns
068

/s/ Marc Parker
Marc Parker

/s/ Maria E. Portela
Maria E. Portela

/s/ Christopher A. Harris
Christopher A. Harris

ILLINOIS WORKERS' COMPENSATION COMMISSION
DECISION SIGNATURE PAGE

Case Number	21WC004254
Case Name	Irma Vera v. Paramount Staffing
Consolidated Cases	
Proceeding Type	19(b) Petition
Decision Type	Arbitration Decision
Commission Decision Number	
Number of Pages of Decision	8
Decision Issued By	Gerald Granada, Arbitrator

Petitioner Attorney	Jack Epstein
Respondent Attorney	Nicole Wiza

DATE FILED: 8/6/2025

/s/ Gerald Granada, Arbitrator

Signature

INTEREST RATE WEEK OF AUGUST 5, 2025 3.98%

STATE OF ILLINOIS)
)SS.
COUNTY OF WILL)

<input type="checkbox"/>	Injured Workers' Benefit Fund (§4(d))
<input type="checkbox"/>	Rate Adjustment Fund (§8(g))
<input type="checkbox"/>	Second Injury Fund (§8(e)18)
<input checked="" type="checkbox"/>	None of the above

ILLINOIS WORKERS' COMPENSATION COMMISSION
ARBITRATION DECISION
19(b)

Irma Vera
Employee/Petitioner

Case # 21 WC 004254

v.

Consolidated cases: _____

Paramount Staffing
Employer/Respondent

An *Application for Adjustment of Claim* was filed in this matter, and a *Notice of Hearing* was mailed to each party. The matter was heard by the Honorable **Gerald Granada**, Arbitrator of the Commission, in the city of **Joliet**, on **July 10, 2025**. After reviewing all of the evidence presented, the Arbitrator hereby makes findings on the disputed issues checked below, and attaches those findings to this document.

DISPUTED ISSUES

- A. Was Respondent operating under and subject to the Illinois Workers' Compensation or Occupational Diseases Act?
- B. Was there an employee-employer relationship?
- C. Did an accident occur that arose out of and in the course of Petitioner's employment by Respondent?
- D. What was the date of the accident?
- E. Was timely notice of the accident given to Respondent?
- F. Is Petitioner's current condition of ill-being causally related to the injury?
- G. What were Petitioner's earnings?
- H. What was Petitioner's age at the time of the accident?
- I. What was Petitioner's marital status at the time of the accident?
- J. Were the medical services that were provided to Petitioner reasonable and necessary? Has Respondent paid all appropriate charges for all reasonable and necessary medical services?
- K. Is Petitioner entitled to any prospective medical care?
- L. What temporary benefits are in dispute?
 TPD Maintenance TTD
- M. Should penalties or fees be imposed upon Respondent?
- N. Is Respondent due any credit?
- O. Other _____

FINDINGS

On the date of accident, **2/1/2021**, Respondent *was* operating under and subject to the provisions of the Act.

On this date, an employee-employer relationship *did* exist between Petitioner and Respondent.

On this date, Petitioner *did* sustain an accident that arose out of and in the course of employment.

Timely notice of this accident *was* given to Respondent.

Petitioner's current condition of ill-being *is* causally related to the accident.

In the year preceding the injury, Petitioner earned **\$22,393.13**; the average weekly wage was **\$625.43**.

On the date of accident, Petitioner was **49** years of age, *single* with **0** dependent children.

Respondent *has not* paid all reasonable and necessary charges for all reasonable and necessary medical services.

Respondent shall be given a credit of **\$4,396.76** for TTD, **\$0** for TPD, **\$0** for maintenance, and **\$0** for other benefits, for a total credit of **\$0**.

Respondent is entitled to a credit of **\$398.96** under Section 8(j) of the Act.

ORDER

Respondent shall pay Petitioner temporary total disability benefits of \$416.97/week for 21 2/7ths weeks, commencing 2/1/2021 through 12/9/2021 and 2/12/2025 through 7/10/2025, as provided in Section 8(b) of the Act.

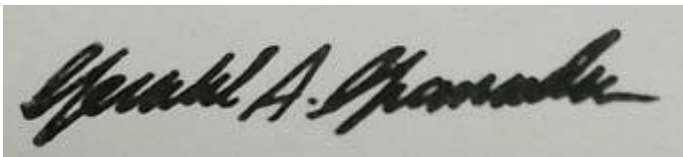
Respondent shall pay Petitioner directly through her counsel for the following outstanding medical services, pursuant to the medical fee schedule and Sections 8(a) and 8.2 of the Act: G & T Orthopedics \$3,400.00; Illinois Orthopedic Network \$10,455.73; Midwest Specialty Pharmacy \$1,375.24; Illinois Injury & Center Rehab \$4,377.00; Total Rehab \$1,920.00; Equian for Meridian \$2,281.21; Future Diagnostic Group \$1,326.00.

Respondent shall approve and pay for the medical treatment prescribed by Dr. Giannoulis, including the surgical procedure and all resulting treatment, physical therapy, and follow-up care.

In no instance shall this award be a bar to subsequent hearing and determination of an additional amount of medical benefits or compensation for a temporary or permanent disability, if any.

RULES REGARDING APPEALS Unless a party files a *Petition for Review* within 30 days after receipt of this decision, and perfects a review in accordance with the Act and Rules, then this decision shall be entered as the decision of the Commission.

STATEMENT OF INTEREST RATE If the Commission reviews this award, interest at the rate set forth on the *Notice of Decision of Arbitrator* shall accrue from the date listed below to the day before the date of payment; however, if an employee's appeal results in either no change or a decrease in this award, interest shall not accrue.



Signature of Arbitrator Gerald Granada

AUGUST 6. 2025

FINDINGS OF FACT

This case involves Petitioner Irma Vera, who alleges to have sustained injuries while working for Respondent Paramount Staffing on February 1, 2021. Respondent disputes Petitioner's claim, with the issues being: 1) causation; 2) medical expenses; 3) prospective medical care; and 4) TTD. Petitioner testified via a Spanish translator.

Petitioner's Testimony

The Petitioner testified that she had worked for the Respondent for one year before her accident. Petitioner testified that she packed candy. Her job duties included packaging the candy quickly, taping and sealing the box, and putting it on the pallet. She would fill 30 to 40 pallets daily, and that each pallet would contain approximately 1,000 units. The pallet contained 75 to 200 boxes and each box weighed from less than one pound up to 50 pounds.

The Petitioner testified that, before her accident, she never had any problems with her left knee, back, or shoulders. The Petitioner also testified that she was able to perform her job perfectly well without complaint.

On February 1, 2021, Petitioner was walking to be tested for COVID outside the Respondent's facilities when she slipped and fell on snow. Her right leg slipped and she tried to balance by bracing herself with her hands, but fell onto her knees and then onto her back. Her left knee struck the ground. The Petitioner testified that she reported what happened to her supervisor, and they sent her to Physician's Immediate Care.

Petitioner's prior injury

Petitioner testified that she previously had surgery on her left knee in 2005, but that her knee has been pain-free since the surgery. She had previously injured her back while lifting a pallet while working at the same factory under a different company and she had resolved the issue with the other company. After her back injury in December 2019, she was taken in an ambulance to the hospital, where she underwent a lumbar spine MRI and was treated. She was on work restrictions from December 2019 through March 2020. After her back injury, she returned to work in the same job at the same company, but this time working for a different temporary agency.

Medical care

Petitioner went to Physicians Immediate Care on the same day of her accident and described to the doctors how the accident occurred and detailed her symptoms, including the pain in her left knee. A week after she had her accident, Physicians Immediate Care sent her to have an MRI of her left knee. Shortly thereafter, Petitioner visited Dr. Giannoulis, who examined her left knee and right shoulder. Dr. Giannoulis gave her work restrictions of no heavy lifting and no standing for extended periods of time.

Petitioner underwent therapy for her shoulder, knee, and back. She testified that her shoulder improved and her back improved, while her knee did not. She told Dr. Giannoulis that her left knee was still hurting her, and Dr. Giannoulis said that she needed surgery to figure out what was going on. Dr. Giannoulis gave her some injections in her left knee, but it did not help. Petitioner was off work for

Irma Vera v. Paramount Staffing, 21WC004254**Attachment to Arbitration Decision 19(b)****Page 2 of 5**

some time after her accident and for some time was receiving weekly checks from the Respondent.

On April 15, 2021, Respondent sent her to see Dr. Patari for an IME. Petitioner testified that after the visit, the Respondent stopped sending her weekly checks. For a while, she was receiving light duty, alternative light duty, and off-work slips from her doctors at ION, Dr. Giannoulis, and other doctors and locations where she was being treated. After her visit with Dr. Patari, the Respondent refused to accommodate her restrictions. Petitioner testified that afterwards, she did not go back to work for the Respondent because they didn't want her.

Petitioner was eventually able to find a light-duty job at Walmart, where she was processing online purchases, beginning on December 10, 2021. Walmart complied with the restrictions she received from her doctors. She worked at Walmart until February 11, 2025.

The Petitioner testified that, at the time of giving her testimony, she had pain in her left knee, and that she always has pain in her left knee. She testified that Dr. Giannoulis told her that surgery is necessary and that she would like to proceed with the surgery. She last saw Dr. Giannoulis in February 2023, and he instructed her to return to him once her surgery was approved and to adhere to her work restrictions until then.

Dr. Tom Stanley IME

Respondent also had the Petitioner examined by Dr. Tom Stanley at Ortho Illinois on March 2, 2023 to address causation for the lumbar spine. At that time, Petitioner reported left-sided low back pain relative to a fall at work. RX 8, p.1. Dr. Stanley reviewed medical records and MRIs and CT of the spine. RX 8, p. 2-4. Dr. Stanley diagnosed left sided low back pain but did not causally relate this to a work injury. RX 8, p. 5. Rather, he noted that there was an almost three week gap before Petitioner reported any low back pain and she had a clear history of low back pain prior to the injury date. Id. Dr. Stanley noted nonspecific myofascial pain with no evidence of an aggravation or exacerbation of underlying arthritis in the spine. RX 8, p. 6. According to Dr. Stanley, none of the treatment sought by Petitioner or need for any physical restrictions was causally related to the work injury as no lumbar spine injury occurred as a result of the fall. Id.

Dr. Christos Giannoulis' Evidence Deposition

On December 13, 2021, Dr. Giannoulis testified via evidence deposition. (P. Ex. 9) Dr. Giannoulis first saw the Petitioner on March 2, 2021. The Petitioner presented with a chief complaint of left knee pain. (P. Ex. 10, p. 10). The Petitioner reported that she slipped and fell, landing on her left knee. His physical examination noted tenderness over the anterior aspect of the knee. She had range of motion deficit of about 20 degrees and had difficulty bending past 100 degrees, secondary to pain. Dr. Giannoulis initially diagnosed Petitioner with a left-knee contusion, and he recommended she continue with PT. (P. Ex. 10, p. 11-12, 28). Dr. Giannoulis reviewed Petitioner's actual MRI films from February 8, 2021, which revealed a vertical signal in the anterior horn of the lateral meniscus and mild soft tissue swelling. He acknowledged the presence of a metal artifact from prior hardware but stated that the meniscal signal was visible and indicative of a tear, albeit subtle. He observed evidence of a small vertical tear in the lateral meniscus (P. Ex. 10, pp. 13-15). Based on her clinical presentation, history of trauma, and MRI findings, Dr. Giannoulis diagnosed Petitioner with a left lateral meniscal tear, pes

Irma Vera v. Paramount Staffing, 21WC004254**Attachment to Arbitration Decision 19(b)****Page 3 of 5**

anserine bursitis, and contusion. He testified that all three conditions were causally related to the February 1, 2021, work incident (P. Ex. 10, P. 15–16). On follow-up examinations from March through September 2021, Petitioner continued to experience medial and anteromedial knee pain, as well as difficulty walking and standing. Her symptoms were aggravated by prolonged activity. On May 19, 2021, Dr. Giannoulis recommended an arthroscopic partial meniscectomy based on ongoing mechanical symptoms, exam findings, and MRI evidence of a tear (P. Ex. 10, P. 17–19).

Dr. Giannoulis testified that he disagrees with the opinion expressed by Dr. Patari in his independent medical examination. The Petitioner has an MRI that shows a possibility of a meniscus tear. She's not done well with conservative treatment, and she doesn't have any significant arthritis in her knee. As such, medically speaking, an arthroscopy is the next thing to do. (P. Ex. 10, p. 18). Dr. Giannoulis testified that Ms. Vera's reported symptoms and physical findings were consistent over time and that he found no evidence of symptom magnification or exaggeration. Her meniscal tear and bursitis were typical injuries resulting from blunt trauma and were temporally and causally connected to the February 1 fall (P. Ex. 10, P. 19–20).

He opined to a reasonable degree of medical and surgical certainty that the proposed arthroscopic surgery was reasonable, necessary, and directly related to the February 1, 2021, work injury. He testified that her condition had not yet reached maximum medical improvement and that surgical intervention remained appropriate given her failed conservative management (P. Ex. 10, P. 20–21).

Dr. Giannoulis testified that the Petitioner does have some preexisting chondromalacia in her kneecap, but that's not where her symptoms are coming from. Her symptoms are over the anterior meniscus. This correlates with the symptoms the Petitioner describes in her examinations, as well as the objective evidence from the MRI. (P. Ex. 10, p. 19).

Dr. Giannoulis testified that the meniscus tear is something that could be acute, based on the Petitioner's complaints of anterior knee pain. And so that, more than likely, represents that meniscus tear. Dr. Giannoulis testified that most knee contusions typically resolve within two to three months, which did not occur in the case of the Petitioner. (P. Ex. 10, p. 43).

On cross-examination, Dr. Giannoulis acknowledged that the vertical signal in the meniscus seen on MRI was subtle and partially obscured by artifact, but testified that it remained visible and was consistent with a tear. He reaffirmed that his surgical recommendation was not based solely on imaging, but also on Petitioner's ongoing clinical symptoms and physical exam findings (P. Ex. 10, P. 22–24). He also acknowledged Petitioner's prior history of left knee surgery but testified that her symptoms had been stable before the fall and that there was no indication of active meniscal pathology or pes bursitis before February 1, 2021. He testified that the work injury either caused new injury or aggravated underlying asymptomatic conditions to a symptomatic state (P. Ex. 10, P. 25–26).

Dr. Giannoulis testified that he imposed work restrictions on the Petitioner, including no climbing, kneeling, crawling, and no standing or walking for more than one hour at a time. (P. Ex. 10, p. 47).

Dr. Sanjay Patari's Evidence Deposition

On March 10, 2022, Dr. Patari testified via evidence deposition. (RX 6) Dr. Patari testified that Gallagher Bassett retained him to perform an independent medical evaluation (IME) of Petitioner, which he conducted on April 15, 2021. Petitioner provided a history of slipping on ice at work on February 1, 2021 and injuring her left knee. At the time of the IME, Ms. Vera was not working (RX 6, P. 10–11). Dr. Patari testified that the February 8, 2018, MRI report revealed intact tendons, no joint effusion, and a vertically oriented signal in the anterior horn of the lateral meniscus, visible only on one coronal sequence. He explained that if trauma were significant, the MRI would likely have shown evidence of effusion or edema, yet none was present. Dr. Patari explained that the imaging results showing a possible tear was really more likely signal artifact present in the knee from retained hardware rather than a meniscal tear based on the color and shape of its presentation. (RX 6, p. 22-23) Based on his examination and review of the imaging and medical records, his diagnosis was left pes anserine bursitis, which he described as inflammation at the attachment of the hamstring tendons on the inner tibia below the knee joint. He opined that Petitioner also sustained a left anterior knee contusion. He testified that these two conditions—the bursitis and the contusion—were causally related to the reported February 1, 2021 work incident (RX 6, P. 27–29). Dr. Patari testified that at the time of his April 15, 2021, IME, Petitioner was capable of returning to full-duty work. He also opined that she could have returned to light-duty work, including sedentary duties, as early as the day after the injury. He did not provide an assessment of her ability to perform more physically demanding duties at that time. He recommended treatment with a corticosteroid injection to the pes bursa and expected maximum medical improvement within two weeks following that injection (RX 6, P. 30–31).

CONCLUSIONS OF LAW

1. Regarding the issue of causation, the Arbitrator finds that Petitioner met her burden of proof with respect to both her left knee condition and her back. This finding is based on the Petitioner's un rebutted testimony and the preponderance of the medical evidence which show that she sustained an injury to her left knee following her undisputed February 1, 2021 work accident, which resulted in a meniscal tear. On this issue, the Arbitrator finds persuasive the opinions of Petitioner's treating physician, Dr. Giannoulas. Although the Respondent relies on their IME opinion from Dr. Patari to dispute this issue, his opinions are outweighed by the preponderance of medical evidence. Regarding Petitioner's back, the Arbitrator acknowledges Respondent's IME opinion from Dr. Stanley, who does not believe Petitioner's back condition is related to her February 1, 2021 fall based on the 3 week gap between the alleged accident date and her first report of back complaints and also because of her prior back injury. However, Petitioner did testify that she experienced back pain on her fall and was subsequently prescribed therapy for her back. Given the severity of Petitioner's knee injury, it is reasonable that her initial complaints and treatment were focused on her knee. The record is devoid of any evidence that Petitioner's back pain and treatment are not causally related to her work accident. Therefore, the Arbitrator concludes that the Petitioner's left knee condition and her back condition are causally connected to her undisputed February 1, 2021 work accident.

2. Regarding the issue of medical expenses, and consistent with the Arbitrator's findings on the issue of causation, the Arbitrator further finds that the Petitioner's medical treatment following her undisputed February 1, 2021 work accident have been both reasonable and necessary to address her work-related conditions. As such, the Respondent shall pay any and all medical expenses related to Petitioner's work-

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related back condition as set forth in the Petitioner's exhibits subject to the Fee Schedule, including the following: G & T Orthopedics \$3,400.00; Illinois Orthopedic Network \$10,455.73; Midwest Specialty Pharmacy \$1,375.24; Illinois Injury & Center Rehab \$4,377.00; Total Rehab \$1,920.00; Equian for Meridian \$2,281.21; and Future Diagnostic Group \$1,326.00. Payment of these expenses shall be made to the Petitioner and her attorney. Respondent shall receive a credit for any medical expenses it has already paid.

3. Regarding the issue of prospective medical care and consistent with the findings above, the Arbitrator further finds that the Petitioner's request for prospective medical treatment is both reasonable and necessary in addressing her work-related leg condition stemming from her February 1, 2021 work accident. Accordingly, Respondent shall authorize and pay for the surgery, as recommended by Dr. Giannoulis, and the attendant care, subject to the fee schedule and in accordance with the provisions of §8 and §8.2 of the Act.

4. Consistent with the findings above, the Arbitrator further finds the Petitioner was temporarily totally disabled from February 1, 2021 through December 9, 2021, and from February 12, 2025 through July 10, 2025. This finding is supported by Petitioner's unrebutted testimony and the medical evidence that show Petitioner was either completely taken off work or was given work restrictions that Respondent did not accommodate during these time periods. Therefore, the Arbitrator awards Petitioner TTD benefits for these periods and Respondent shall be credited for any TTD it has paid.