ILLINOIS WORKERS' COMPENSATION COMMISSION

DECISION SIGNATURE PAGE

Case Number	24WC005812
Case Name	Roger Hetge v. Alton Community Unit School District 11
Consolidated Cases	
Proceeding Type	Petition for Review
Decision Type	Corrected Commission Decision
Commission Decision Number	26IWCC0042
Number of Pages of Decision	21
Decision Issued By	Frank Soto, Commissioner

Petitioner Attorney	David Galanti
Respondent Attorney	Matthew Terry

DATE FILED: 2/13/2026

/s/Frank Soto, Commissioner

Signature

STATE OF ILLINOIS)
) SS.
COUNTY OF MADISON)

☒ Affirm and adopt (no changes)	☐ Injured Workers' Benefit Fund (§4(d))
☐ Affirm with changes	☐ Rate Adjustment Fund (§8(g))
☐ Reverse	☐ Second Injury Fund (§8(e)18)
	☐ PTD/Fatal denied
☐ Modify	☒ None of the above

BEFORE THE ILLINOIS WORKERS' COMPENSATION COMMISSION

Roger Hetge,

Petitioner,

vs. NO: 24 WC 5812

Alton Community Unit School District 11,

Respondent.

CORRECTED DECISION AND OPINION ON REVIEW

Timely Petition for Review having been filed by the Respondent herein and notice given to all parties, the Commission, after considering the issues of accident, causal connection, medical expenses, temporary total disability benefits, and prospective care, and being advised of the facts and law, affirms and adopts the Decision of the Arbitrator, which is attached hereto and made a part hereof. The Commission further remands this case to the Arbitrator for further proceedings for a determination of a further amount of temporary total compensation or of compensation for permanent disability, if any, pursuant to *Thomas v. Industrial Commission*, 78 Ill.2d 327, 399 N.E.2d 1322, 35 Ill.Dec. 794 (1980).

IT IS THEREFORE ORDERED BY THE COMMISSION that the Decision of the Arbitrator filed May 29, 2025 is hereby affirmed and adopted.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent pay to Petitioner interest under §19(n) of the Illinois Workers' Compensation 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.

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.

There is no bond for the removal of this cause to the Circuit Court by Respondent pursuant to §19(f)(2) of the Act. 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.

February 13, 2026
O: 1/28/26
FJS/mek
046

/s/ *Frank J. Soto*
Frank J. Soto

/s/ *Carolyn M. Doherty*
Carolyn M. Doherty

/s/ *Raychel A. Wesley*
Raychel A. Wesley

ILLINOIS WORKERS' COMPENSATION COMMISSION

DECISION SIGNATURE PAGE

Case Number	24WC005812
Case Name	Roger Hetge v. Alton Community Unit School District 11
Consolidated Cases	
Proceeding Type	19(b) Petition
Decision Type	Arbitration Decision
Commission Decision Number	
Number of Pages of Decision	18
Decision Issued By	Jeanne AuBuchon, Arbitrator

Petitioner Attorney	David Galanti
Respondent Attorney	Matthew Terry

DATE FILED: 5/29/2025

/s/Jeanne AuBuchon, Arbitrator
Signature

INTEREST RATE WEEK OF MAY 28 2025 4.16%

STATE OF ILLINOIS)
)SS.
COUNTY OF **Madison**)

- [ ] Injured Workers' Benefit Fund (§4(d))
- [ ] Rate Adjustment Fund (§8(g))
- [ ] Second Injury Fund (§8(e)18)
- [ ] None of the above

ILLINOIS WORKERS' COMPENSATION COMMISSION
ARBITRATION DECISION
19(b)

Roger Hetge
Employee/Petitioner

v.

Alton Community Unit School District 11
Employer/Respondent

Case # **24** WC **005812**

Consolidated cases: _____

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 **Jeanne L. AuBuchon**, Arbitrator of the Commission, in the city of **Collinsville**, on **4/21/2025**. 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. [x] 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. [x] 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. [x] Is Petitioner entitled to any prospective medical care?

L. [x] What temporary benefits are in dispute?
[ ] TPD [ ] Maintenance [x] TTD

M. [ ] Should penalties or fees be imposed upon Respondent?

N. [ ] Is Respondent due any credit?

O. [ ] Other _____

FINDINGS

On the date of accident, **11/30/2023**, 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 $**96,820.74**; the average weekly wage was $**2,151.57**.

On the date of accident, Petitioner was **56** years of age, ***single*** with **1** dependent children.

Respondent ***has*** paid all reasonable and necessary charges for all reasonable and necessary medical services.

Respondent shall be given a credit of $**0** 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 $**0** under Section 8(j) of the Act.

ORDER

Respondent shall pay Petitioner temporary total disability benefits of $1,434.38/ week for 18 and 4/7 weeks, commencing December 1, 2023, through April 8, 2024, as provided in Section 8 (b) of the Act.

Petitioner is entitled to the prospective medical treatment, specifically total knee replacement surgery and follow-up care as recommended by Dr. Solman.

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.

Jeanne L. CuBuchon **MAY 29 2025**

Signature of Arbitrator

ICArbDec19(b)

PROCEDURAL HISTORY

This matter proceeded to trial on April 21, 2025, pursuant to Sections 19(b) and 8(a) of the Illinois Workers' Compensation Act (hereinafter "the Act"). The issues in dispute are: 1) whether the Petitioner sustained accidental injuries that arose out of and in the course of employment; 2) the causal connection between the accident and the Petitioner's left knee condition; 3) entitlement to prospective medical care to the Petitioner's left knee; and 4) entitlement to TTD benefits.

The parties stipulated that the bill from urgent care – potentially the sole remaining unpaid medical bill in Petitioner's Exhibit 9 – will be paid pursuant to the fee schedule.

FINDINGS OF FACT

At the time of the accident, the Petitioner was 56 years old and employed by the Respondent as an assistant principal for 18 years. (T. 11) On November 30, 2023, he was breaking up a fight, during which he twisted or turned and ended up on the ground on top of a student he was trying to cover while another student was hitting and kicking the student on the ground. (T. 12-13) The Petitioner testified that when he hit the ground, he came down on his left knee. (T. 16) The Petitioner submitted videos of the fight from two different angles. (PX1) The Petitioner said he had an abrasion on his knee and later started feeling sharp pains in his knee. (T. 20-21)

The Petitioner testified that prior to the incident, he had no problems with nor treatment for his left knee. (T. 22) Prior records from the Petitioner's primary care providers at BJC Medical Group Primary Care show that he was being treated for hypertension, anxiety, Type 2 diabetes with hyperlipidemia, low back pain, sleep apnea and morbid obesity. (PX4, RX2) He was taking medication for hypertension and diabetes. (Id.)

The morning after the incident, the Petitioner sought treatment from Alton Urgent Care. (T. 22) He was given pain medication and orders for X-rays. (PX2) The X-rays were performed that day at BrightWay Imaging and were negative for fractures. (PX3)

On December 4, 2023, the Petitioner followed up with his primary care physician, Physician Assistant Michele Brannan at BJC Medical Group at Alton Memorial Hospital. (T. 22-23, PX4, RX2) He complained of knee pain and said he was breaking up a fight and fell on his left knee. (PX4, RX2) PA Brannan ordered an MRI and referred the Petitioner to orthopedics. (Id.)

The MRI was performed on December 18, 2023, at Alton Memorial Hospital Twin Rivers MRI Center. (PX3, PX5) It showed: an incomplete undersurface tear of the left lateral meniscal body posterior horn junction; mild-to-moderate patellofemoral predominant tricompartmental left knee chondrosis; and small left knee effusion. (Id.)

The Petitioner presented to Dr. Aaron Omotola, an orthopedic surgeon at BJC Medical Group Orthopedics and Sports Medicine on January 5, 2024, and complained of left knee pain that was moderate during the day and severe at night. (PX5) After an examination and review of the MRI, Dr. Omotola diagnosed a tear of the lateral meniscus of the left knee and recommended arthroscopic knee surgery with meniscectomy. (Id.) The surgery was performed on January 23, 2024. (PX6) The Petitioner began physical therapy on January 29, 2024, at Alton Physical Therapy. (PX7)

The Petitioner testified that he had short-term improvement with his left knee following the surgery. (T. 26) He said his pain has continued but the surgery lessened the sharpness. (T. 26-27) He said that following the surgery, there was a lot of instability in his knee, and he would have to stand up and pop his knee 20-30 times a day for it to be stable. (T. 27-28, 30)

At his physical therapy visit on February 19, 2024, the Petitioner reported a really tender/painful spot along the distal lateral hamstring and that he had been experiencing painful popping with movement that had worsened since surgery. (PX7)

Also on February 19, 2024, the Petitioner also followed up with Physician Assistant McKenzie Youngblood at Dr. Omotola's office. (PX5) PA Youngblood stated that the popping and pain were due to a combination of the lateral meniscectomy, underlying advanced arthritis that flared up secondary to the surgery, tight hamstrings and the patella chondroplasty. (Id.) She stated that physical therapy takes several weeks to take effect and the Petitioner needed to keep taking his pain medications, stretching, icing, taking anti-inflammatories and wearing his knee brace. (Id.) She said that if his pain did not improve with physical therapy and time, it is due to flare up of underlying arthritis, which can happen sometimes after a surgery. (Id.) She said she could then offer injections, as he was not eligible for a total knee replacement due to his weight. (Id.)

The Petitioner underwent imaging on February 23, 2024, for pain behind his knee. (PX3) No left lower extremity deep venous thrombosis was found. (Id.)

The Petitioner participated in physical therapy for a total of 16 visits. (PX7) At his last visit on March 6, 2024, it was noted that he was experiencing painful popping and had a painful palpable knot the size of a pea along the posterior lateral knee. (Id.)

An MRI was performed on April 3, 2024, at Alton Memorial Hospital Twin Rivers MRI Center. (PX3, PX5) It showed: 1) incomplete oblique undersurface linear high signal of the left lateral meniscus posterior horn body junction, similar to prior exam; 2) mild to moderate patellofemoral predominant tricompartmental left knee chondrosis; and 3) small left knee effusion. (Id.) There was a notation that the Petitioner stated that a steroid pack was "really helping" with

his pain. (Id.) The Petitioner had no pain during treatment and was able to walk eight minutes. (Id.) He demonstrated difficulty with lateral and forward dips. (Id.)

At a post-operative visit on April 8, 2024, the Petitioner reported that his symptoms had not been improving – that he had pain and instability limiting his ability to perform day-to-day activities, such as walking more than five minutes at a time or climbing or descending stairs. (PX5, RX9) PA McKenzie Youngblood reported that the recent MRI was negative for surgical pathology or acute findings, did show osteoarthritic changes and was otherwise unremarkable. (Id.) PA Youngblood recommended a cortisone injection to help bring down inflammation and help with the pain. (Id.) She also discussed with the Petitioner that he may benefit from referral to pain management for consideration of radiofrequency nerve ablation and would ultimately benefit from a total knee replacement, but he was not considered a surgical candidate at that time due to his elevated body mass index (BMI). (Id.) She stated that to be a surgical candidate for a total knee replacement, BMI would need to be 40 or below. (Id.) She also said the Petitioner would benefit from continued physical therapy to work on strength and improving stability of the knee. (Id.)

PA Youngblood said the Petitioner could return to work with restrictions of no stairs, no breaking up any type of altercation, using the elevator, no walking more than five minutes at a time and being able to take frequent breaks as needed. (Id.) She said the Petitioner should continue with further conservative management including NSAIDs, Tylenol, ice, heat and avoidance of aggravating activity. (Id.)

The Petitioner testified that he missed work from December 1, 2023, through April 8, 2024, returning to work in a light duty capacity on April 9, 2024. (T. 23-24) He said he was given the option to take workers' compensation benefits or sick leave and opted for sick leave because he

was concerned about the amount of pay he would receive from workers' compensation so he could pay his bills. (T. 24-26) He took the sick leave option on December 14, 2023. (RX4)

The Petitioner testified that he declined either pain management or an injection because he was told relief would only be temporary. (T. 28-29) He said he did not think that Dr. Omotola declining to perform a total knee replacement was due to his weight. (T. 36) He did believe Dr. Omotola's office told him his continued symptoms were related to underlying osteoarthritis and weakness in his knee. (T. 36) He acknowledged having high blood pressure and high A1C, as well having high cholesterol in the past. (T. 39-40)

At another post-operative visit on April 14, 2024, the Petitioner informed PA Youngblood that he did not want an injection or pain management referral at that time and wanted to be released to be able to return to his normal activities because he was tired of sitting at home. (RX9) He said that working with restrictions had gone well, and the Respondent was accommodating him. (Id.) PA Youngblood released him without restriction but left open the options of an injection and pain management. (Id.)

The Petitioner next sought treatment on August 9, 2024, from Dr. Corey Solman, an orthopedic surgeon at CGS Ortho. (PX8) He reported that his knee had gotten continually and progressively painful since the surgery. (Id.) He said the knee would get stuck when he is stationary and will pop and cause pain. (Id.) He said he limped at times and could not kneel or squat. (Id.) He said it was hard to get up from a seated position, that he had some pain when driving for prolonged periods of time, had to hang on when he went up and down stairs, had some night pain when his knee was in a bad position, had increased pain with walking, did not have any swelling in the knee and did feel grinding in the knee with range of motion. (Id.)

Dr. Solman performed an examination, took X-rays and reviewed the two MRIs. (Id.) He stated that the April 3, 2024, MRI showed advanced chondrosis in all three compartments that appeared to have worsened slightly since the December 18, 2023, MRI. (Id.) He believed the injury of November 30, 2023, was the substantial contributing factor to the meniscus tear and in making the Petitioner's asymptomatic chondrosis condition in the left knee symptomatic. (Id.) He also believed the injury and subsequent surgery were the substantial contributing factors in irreversibly accelerating the osteoarthritis in the left knee, leading to the need for treatment. (Id.)

Dr. Solman stated that the Petitioner could consider injections in an attempt to decrease inflammation and improve his pain, but that the Petitioner would rather move forward with a total knee replacement. (Id.) Dr. Solman believed surgery was a reasonable option to consider, given the Petitioner's symptomatology of having some giving-way sensations and popping and grinding of the knee. (Id.) The Petitioner was very confident that he would do well with total knee replacement, as he did extremely with a right hip replacement four years prior. (Id.) They did discuss alternatives – including injections, physical therapy and medications – but the Petitioner wished to proceed with surgery so he could get his knee feeling better and be able to do all activities as tolerated. (Id.)

Regarding work restrictions, Dr. Solman stated that because the Petitioner was retired, he did not believe he required any. (Id.) On November 21, 2023, the Petitioner submitted his retirement resignation effective at the end of the 2023-2024 school year. (RX3)

The Petitioner underwent a Section 12 examination on September 25, 2024, performed by Dr. W. Chris Kostman, an orthopedic surgeon at Performance Orthopedics. (RX1, Deposition Exhibit 2) The Petitioner described the accident consistent with his testimony and reports to the other medical providers. (Id.) Dr. Kostman stated that the Petitioner denied "any other associated

injury to his left knee other than a direct anterior impact." (Id.) He denied any prior knee problems. (Id.) He discussed the surgery and said that after physical therapy, his left knee symptoms were 30 percent better. (Id.) At the time of the examination, the Petitioner reported his pain at night and going up and down stairs – both prior to and after the surgery – was similar to his current symptoms. (Id.) He also described some popping, snapping and grinding sensation and giving-way sensation, along with numbness and weakness of his left leg. (Id.)

Dr. Kostman took X-rays and reviewed arthroscopic images from the surgery, the Application for Adjustment of Claim, incident reports from the Respondent, urgent care records, X-rays from BrightWay Imaging, primary care records from BJC Medical Group, MRI films from December 18, 2023, records from Dr. Omotola's office, Dr. Omotola's operative note, physical therapy records, MRI films from April 3, 2024, and Dr. Solman's records. (Id.)

On the December 18, 2023, MRI, Dr. Kostman saw significant patellofemoral degenerative change, chondromalacia, possible meniscus tear, osteophyte formation involving the medial femorotibial joint line, tricompartmental degenerative change, no evidence of traumatic injury and no bony edema. (Id.)

On the arthroscopic images from the surgery, Dr. Kostman noted: chondromalacia degenerative change involving the medial compartment: apparent intact anterior cruciate ligament (ACL) with some erythema; lateral compartment appearing to demonstrate some meniscal fraying along its free edge with a shaver adjacent to that position; chondromalacia involving the lateral femoral condyle, lateral tibial plateau, medial femoral condyle, medial tibial plateau, patella and trochlear groove; and no evidence of trauma to the patella femoral compartment, medial or lateral joint line. (Id.) He said the chondromalacia in all three compartments appeared similar, being grade 2/grade 3. (Id.)

On the April 3, 2024, MRI, Dr. Kostman saw advanced degenerative change involving the patellofemoral joint, post-operative changes in the lateral meniscus, and medial and lateral degenerative change within the femorotibial joint. (Id.) He noted no significant change over the prior MRI. (Id.)

Dr. Kostman diagnosed a lateral meniscus tear and left knee chondromalacia. (Id.) He said the Petitioner did not have a twisting injury to his left knee and said evaluators did not note any mechanical symptoms to the left knee. (Id.) He did not believe that the meniscus tear was caused by the work accident because a direct impact to the knee is not a mechanism of developing a meniscus tear, adding that traumatic meniscus tears typically demonstrate mechanical symptoms and not anterior knee pain and night pain. (Id.) He also did not believe the findings of chondromalacia were caused or permanently aggravated by the accident, stating that the degree of chondromalacia was consistent along all three compartments, which is not consistent with a traumatic cause. (Id.) He said the X-ray findings of medial femorotibial joint space narrowing and patellofemoral degenerative change are not consistent with a traumatic cause. (Id.) He said the MRI scan did not demonstrate evidence of an anterior impact – no bony contusion – as would be seen with significant trauma. (Id.) He said that neither the operative note nor images demonstrated traumatic chondral damage.

Regarding future treatment, Dr. Kostman did not believe the Petitioner required medical treatment for his left knee. (Id.) He recommended management of the left knee chondromalacia with nonsteroidal anti-inflammatory medications and weight loss. (Id.) He did not believe the Petitioner was a specific candidate for a total knee replacement with grade 2/3 findings of chondromalacia involving the left knee, obesity and taking ibuprofen. (Id.) He said that although the Petitioner could elect to have a knee replacement, he did not believe the need for that treatment

is reasonable, related to or necessary as to the work accident. (Id.) He said the Petitioner's left knee was symmetric with his right knee and consistent with his history of osteoarthritis involving his knees, right hip, BMI and medical history. (Id.) He said the Petitioner was at maximum medical improvement for the work accident as of the date of the Section 12 examination. (Id.)

The Petitioner retired on June 30, 2024. (T. 37)

Dr. Solman testified consistently with his records at a deposition on February 25, 2025. (PX10) He explained that one reason for the increase in the chondrosis in the Petitioner's knee from the December 18, 2023, MRI to the April 23, 2024, MRI is trauma, which can cause irreversible acceleration of arthritis changes and advancing of chondrosis or cartilage thinning. (Id.) He said the other reason could have been the surgery performed by Dr. Omatola. (Id.) He explained that when meniscal tissue is removed from a compartment, that articular cartilage sees more stress and force on it and that, in and of itself, can also cause acceleration of the chondrosis and can lead to the symptomology the Petitioner was experiencing. (Id.) He said the meniscus is the shock absorber of the knee, providing shock absorption to the articular cartilage over the joint surface. (Id.) He said that a lateral meniscectomy, such as the Petitioner had, reduces the size of the shock absorber and increases the pressure on the weight-bearing areas. (Id.)

As to the mechanism of the Petitioner's injury, Dr. Solman thought the Petitioner was forcing or placing a lot of stress on the knee trying to break up the fight and fell to the ground. (Id.) He said the accident potentially resulted in two different mechanisms – a strain and/or possible twisting injury and a fall directly impacting the knee. (Id.) Dr. Solman acknowledged that he had not reviewed any history of an actual twist of the knee. (Id.) He did not think a direct blow injury is a mechanism that would necessarily create a meniscus tear, adding that if the Petitioner's foot twisted and/or he strained the knee trying to break of the fight prior to falling, that

can place a strain on the meniscus. (Id.) He said there does not have to be a twisting injury to cause a lateral meniscus tear, rather an "axial load" type of injury can occur where force is being imparted through a joint. (Id.) He believed that breaking up a fight can cause that mechanism. (Id.) As to the damage to the Petitioner's cartilage, Dr. Solman said the fall itself, by striking the knee, can cause damage to the articular cartilage both on the undersurface of the kneecap and on the surfaces of the thigh bone where the kneecap is articulating. (Id.)

Regarding the Petitioner's choice to proceed with a total knee replacement rather than further conservative treatment, Dr. Solman thought that if a patient has enough of a sensation significant enough to affect all their activities, it is reasonable to proceed with a knee replacement. (Id.) He stated that he would not say that a patient with a BMI over 40 is not a candidate for a total knee replacement, adding that some institutions will set cutoffs of 45, 39 if the patient is diabetic or 37 if the patient has hypertension and diabetes to mitigate risk. (Id.) Dr. Solman said he has performed a total knee replacement on someone with the Petitioner's BMI. (Id.)

Dr. Kostman testified consistently with his report at a deposition on March 12, 2025. (RX1) He explained that chondromalacia is the same as arthritis. (Id.) He reiterated the rationale for his opinion that the meniscus tear was not causally related to the accident because the Petitioner did not describe a twist injury and the doctors did not note mechanical symptoms in the left knee, adding that degenerative peripheral meniscus tears are common with grade 2/3 chondromalacia and are not traumatic. (Id.) As to the chondromalacia, Dr. Kostman again stated that the degree of chondromalacia was consistent along all three compartments and there was no evidence of traumatic changes on the imaging or operative records. (Id.) Dr. Kostman also believed that the January 23, 2024, surgery did not cause or permanently aggravate or accelerate the Petitioner's arthritic condition. (Id.)

On cross-examination, Dr. Kostman admitted that he has performed total knee replacements on patients with the Petitioner's BMI and that weight alone does not completely contraindicate such a procedure. (Id.) He said it is possible, but not typical, for someone with grade 2/3 chondromalacia to be asymptomatic and become symptomatic following "substantial trauma." (Id.) He said it is possible for someone who has a shave or debridement of loose cartilage to increase arthritis in the knee, adding that it is not typically a significant advancement. (Id.)

The Petitioner testified that he wants to have the surgery to get his life back, relieve the pain and be able to sleep. (T. 29) At the time of arbitration, the Petitioner rated his pain at 6/10 but said it was 9/10 the day before. (T. 30-31)

CONCLUSIONS OF LAW

The Arbitrator adopts the above Findings of Fact in support of the Conclusions of Law as set forth below.

Issue (C): Did an accident occur that arose out of and in the course of Petitioner's employment by Respondent?

There is no dispute that the Petitioner was breaking up a fight and fell. The dispute as to accident is the mechanism of injury – specifically, whether the way in which the Petitioner fell caused the injury to the Petitioner's left knee. The Arbitrator finds this is a causation issue and not an accident issue. The issue of the mechanism of injury will be addressed below in the causation analysis.

Therefore, the Arbitrator finds that an accident arose out of and in the course of the Petitioner's employment by the Respondent.

<u>Issue (F)</u>: Is Petitioner's current condition of ill-being causally related to the accident?

An accident need not be the sole or primary cause as long as employment is a cause of a claimant's condition. *Sisbro, Inc. v. Indus. Comm'n,* 207 Ill. 2d 193, 205, 797 N.E.2d 665, 278 Ill.Dec. 70 (2003). An employer takes its employees as it finds them. *St. Elizabeth's Hosp. v. Workers' Comp. Comm'n,* 371 Ill.App.3d 882, 888, 864 N.E.2d 266, 309 Ill.Dec. 400 (5th Dist. 2007). A claimant with a preexisting condition may recover where employment aggravates or accelerates that condition. *Caterpillar Tractor Co. v. Industrial Comm.,* 92 Ill. 2d 30, 36, 440 N.E.2d 861, 65 Ill.Dec. 6 (1982).

When a preexisting condition is present, a claimant must show that "a work-related accidental injury aggravated or accelerated the preexisting [condition] such that the employee's current condition of ill-being can be said to have been causally connected to the work-related injury and not simply the result of a normal degenerative process of the preexisting condition." *St. Elizabeth's Hospital*, 371 Ill.App.3d at 888.

Circumstantial evidence, especially when entirely in favor of the Petitioner, is sufficient to prove a causal nexus between an accident and the resulting injury, such as a chain of events showing a claimant's ability to perform manual duties before accident but decreased ability to still perform immediately after accident. *Pulliam Masonry v. Industrial. Comm'n*, 77 Ill. 2d 469, 471-472, 397 N.E.2d 834, 34 Ill.Dec. 162 (1979); *Gano Elec. Contracting v. Industrial Comm'n*, 260 Ill.App.3d 92, 96–97, 631 N.E.2d 724, 197 Ill.Dec. 502 (4th Dist. 1994); *International Harvester v. Industrial Com.*, 93 Ill.2d 59, 63-64, 442 N.E.2d 908, 66 Ill.Dec. 347 (1982).

The Petitioner had degeneration in his left knee that predated the accident. The question is whether this was the only cause of his condition or whether the accident contributed to or aggravated the condition.

The Arbitrator first considers the meniscus tear in the Petitioner's left knee. In forming his opinion that the tear was not causally related to the accident, Dr. Kostman, relied on the Petitioner not describing a twist injury and the doctors not noting any mechanical symptoms in the left knee. Dr. Solman believed that two mechanisms could have resulted in the Petitioner's meniscal tear – twisting and an "axial load" type of injury.

Neither doctor reviewed the videos of the accident. The Arbitrator has reviewed them. One only shows the fall where the Petitioner's knee struck the ground. The other video shows the Petitioner struggling to restrain the student but does not show the lower part of his body. The intensity of the struggle shown on the videos lead to the conclusion that it was more likely than not that there was twisting and force involved that would have at least caused an aggravation to an existing meniscal tear, if not causing the tear itself.

Dr. Kostman's observation of no mechanical symptoms being described does not negate the fact that the Petitioner's meniscus was, in fact, torn.

Regarding the damage to the cartilage in the Petitioner's knee, Dr. Kostman's causation opinion relied on the degree of chondromalacia being consistent along all three compartments and there being no evidence of traumatic changes on the imaging or operative records. Dr. Solman said the fall itself, by striking the knee, can cause damage to the articular cartilage. He also said the meniscus surgery itself could have accelerated the damage to the cartilage. Both of these explanations are reasonable.

The circumstantial evidence supports a finding of causation. Although the Petitioner had degeneration in his knee, he was having no problems prior to the accident and was able to fully perform his duties. After the accident, the Petitioner's knee became symptomatic, and he experienced decreased ability to perform his full duties. Also, the Petitioner's symptoms increased

and the nature of his symptoms – instability and popping – changed after the surgery, which further supports a finding, per Dr. Solman's explanation, that the surgery accelerated the degenerative condition of his knee. Considering the circumstantial evidence, the Arbitrator finds that it is more likely than not that Dr. Solman's opinions more accurately reflect that the accident, at a minimum, was a contributing factor to the Petitioner's knee condition.

Therefore, the Arbitrator finds that the Petitioner has proven by a preponderance of the evidence that his current left knee condition is causally related to the accident of November 30, 2023.

Issue (K): Is Petitioner entitled to any prospective medical care?

Upon establishing causal connection and the reasonableness and the necessity of recommended medical treatment, employers are responsible for necessary prospective medical care required by their employees. *Plantation Mfg. Co. v. Indus. Comm'n*, 294 Ill.App.3d 705, 691 N.E.2d. 13 (1997). This includes treatment required to diagnose, relieve, or cure the effects of claimant's injury. *F & B Mfg. Co. v. Indus. Comm'n*, 325 Ill. App. 3d 527, 758 N.E.2d 18 (2001).

Aside from his opinion that further treatment would not be causally related to the accident, Dr. Kostman did not believe a total knee replacement should be performed because the Petitioner's comorbidities of obesity and diabetes posed an undue risk. However, he acknowledged that he has performed such a procedure on obese patients.

Dr. Solman believed it is reasonable to proceed with a total knee replacement, considering the severity of the Petitioner's current symptoms. The Arbitrator gives greater weight to Dr. Solman's opinions regarding future treatment. It can be assumed that, as the treating physician, Dr. Solman has weighed the risks and benefits of surgery and will abide by his oath to do no harm to his patient.

Therefore, the Arbitrator finds that the Petitioner is entitled to prospective medical care for his left knee, specifically a total knee replacement as recommended by Dr. Solman. The Respondent shall authorize and pay for such.

Issue (L): What temporary benefits are in dispute? (TTD)

"The fundamental purpose of the Act is to provide injured workers with financial protection until they can return to the work force." *Interstate Scaffolding, Inc., v. Illinois Workers' Compensation Comm'n,* 236 Ill.2d 132, 146, 923 N.E.2d 266, 337 Ill.Dec. 707 (2010). "Therefore, when determining whether an employee is entitled to TTD benefits, the test is whether the employee remains temporarily totally disabled as a result of a work-related injury and whether the employee is capable of returning to the work force." *Id.*

The Respondent disputes the Petitioner's entitlement to TTD benefits based on a lack of causation. Based on the findings above regarding causation, the Arbitrator finds the Petitioner is entitled to temporary total disability benefits pursuant to Section 8(b) of the Act for 18 and 4/7 weeks, from December 1, 2023, through April 8, 2024.

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.