STATE OF ILLINOIS)
) SS.
COUNTY OF WILL)

BEFORE THE ILLINOIS WORKERS' COMPENSATION COMMISSION

Martin Mota,

Petitioner,

vs.

NO: 11 WC 28693
14 IWCC 592

Labor Network,

Respondent.

ORDER OF RECALL UNDER SECTION 19(f)

A Petition under Section 19(f) of the Illinois Workers' Compensation Act to Correct Clerical Error in the Decision of the Commission dated July 18, 2014, having been filed by Respondent herein. Upon consideration of said Petition, the Commission is of the Opinion that it should be granted.

IT IS THEREFORE ORDERED BY THE COMMISSION that the Decision and Opinion on Review dated July 18, 2014, is hereby vacated and recalled pursuant to Section 19(f) for a clerical error contained therein.

IT IS FURTHER ORDERED BY THE COMMISSION that a Corrected Decision and Opinion on Review shall be issued simultaneously with this Order.

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.

DATED: OCT 0 3 2014
TJT:yl
51

Thomas J. Tyrrell

STATE OF ILLINOIS)
) SS.
COUNTY OF WILL)

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

BEFORE THE ILLINOIS WORKERS' COMPENSATION COMMISSION

MARTIN MOTA,

Petitioner,

vs.

NO: 11 WC 28693
14 IWCC 592

LABOR NETWORK,

Respondent.

CORRECTED DECISION AND OPINION ON REVIEW

Timely Petition for Review under §19(b) having been filed by the Respondent herein and notice given to all parties, the Commission, after considering the issues of causation, temporary total disability ("TTD"), medical expenses and credit to Respondent, and being advised of the facts and 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 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).

The Commission vacates the Arbitrator's award of TTD benefits subsequent to October 29, 2012, the date the Petitioner underwent a functional capacity evaluation ("FCE") at Premier Physical Therapy (Petitioner's Exhibit 5). The Commission further modifies the Arbitrator's award with regard to medical expenses, finding that the Petitioner is not entitled to medical expenses incurred subsequent to September 16, 2012, the date of Dr. Bernstein's last report

(Respondent's Exhibit 2). Finally, the Commission modifies the Arbitrator's award of medical benefits prior to September 16, 2012 based upon the utilization review reports of Dr. Blum submitted into evidence by Respondent (Respondent's Exhibit 4), by which he found that the epidural injections performed on February 22 and April 18, 2012 were neither reasonable nor necessary.

The Petitioner initially underwent a Section 12 examination at the request of the Respondent on September 7, 2011 with Dr. Kern Singh, a board certified orthopedic surgeon. Dr. Singh opined that a July 21, 2011 lumbar MRI reflected minimal degenerative findings and no disc herniations, and that the Petitioner had displayed significant signs of symptom magnification based on pain complaints, pain diagrams he completed, and positive Waddell signs. (See Respondent's Exhibit 1). He also testified that he drafted a report on October 21, 2011 indicating that the same guidelines that treating anesthesiologist Dr. Vargas used to perform epidural injections, in fact, indicated just the opposite, i.e. that a lack of nerve compression per MRI and non-anatomic complaints of radicular symptoms dictate that epidural injections were not reasonable or necessary.

To resolve the differences of opinion regarding the treatment and care needed to alleviate the Petitioner of his pain and symptoms, the parties agreed to seek the services of Dr. Avi Bernstein. In effect, his opinion was to be a tie breaker, upon which all parties agreed to rely.(see August 3, 2012 e-mail from Petitioner's attorney to Dr. Bernstein and contained in Respondent's Exhibit 2).

Dr. Bernstein examined the Petitioner on August 30, 2012 and issued his last report on September 16, 2012. (Respondent's Exhibit 2). At that time Dr. Bernstein indicated that the lumbar MRI of July 21, 2012 showed minimal degenerative changes at L5/S1 with a very slight bulge/protrusion, no herniation and no evidence of spinal stenosis or nerve root compression. Additionally, he questioned the Petitioner's significant subjective complaints given the benign MRI. As noted above, Dr. Bernstein initially recommended the FCE. Following the FCE, the Petitioner testified that instead of returning to Dr. Bernstein, who had originally prescribed the FCE, he returned only to Dr. Erickson. He testified: "They've been treating me this whole time and I figured they knew me better than, you know, Dr. Bernstein." The Petitioner thus voluntarily chose not to provide the FCE report to Dr. Bernstein and failed to schedule a follow up visit with him. Given the dispute regarding treatment, leading up to the initial visit with Dr. Bernstein on August 30, 2012, the need to follow up with Dr. Bernstein should have been quite clear to the Petitioner.

The FCE indicated that the Petitioner was capable of light duty work. Dr. Erickson, on November 9, 2012, noted that he reviewed the FCE and was "in agreement with these findings based on my prior examinations of him." Nevertheless, he continued to hold the Petitioner off work without further explanation. Nothing prohibited the Petitioner from returning the FCE results to Dr. Bernstein.

The Respondent's general manager, Michelle Urbieta, testified that light duty would have been available at the time of the FCE, and continued to be available as of the hearing date. Petitioner never contacted the Respondent to determine if light duty was available (see Petitioner's testimony pp. 37-38). Thus, the Commission finds that had the Petitioner made an effort to return the FCE results to Dr. Bernstein or to contact his employer regarding the FCE restrictions, he would likely have been back to work following the FCE. It should be noted that about this time in late 2011 the Petitioner visited an emergency room several times, indicating that a level of abuse of alcohol and/or non-prescribed drugs was taking place.

Drs. Singh and Bernstein are credentialed orthopedic surgeons. As such, when dealing with questions regarding orthopedic surgery, their opinions may be given greater weight than practitioners who are credentialed in other medical disciplines.

Dr. Vargas is an anesthesiologist who specializes in pain management. His opinions regarding the efficacy of spine or orthopedic surgery are given less weight than those physicians that are credentialed in orthopedic and / or spine surgery.

Dr. Erickson is board certified in neurosurgery and as such he is competent to give an opinion regarding spinal surgery. He initially prescribed a discectomy to relieve the Petitioner of his discogenic pain. Thereafter, he propagated the need for a lumbar fusion. Such a procedure would result upon a positive discogram. Dr. Erickson noted that Dr. Bernstein had recommended a lumber fusion. Nowhere in the record is the Commission able to find a report from Dr. Bernstein, by which he suggests that the Petitioner undergo a discogram. From the Commission's perspective, Dr. Erickson ignored the reported findings and conclusions of two credentialed orthopedists, Drs. Bernstein and Singh. His refusal to explain the differences in his findings leads the Commission to find his (Dr. Erickson's) opinions less than credible and to rely upon the comments and opinions of Drs. Singh and Bernstein.

Dr. Erickson continued to hold the Petitioner off work despite an FCE which indicated the Petitioner was capable of light duty, and that his employer had the availability of same. The record reflects that the Petitioner has used illegal drugs, and declined a drug test, indicating he did so because he did not want prescription drugs to show up in the results. How proof of the use of prescription drugs that were properly prescribed would negatively impact his case is quite unclear to the Commission. The Commission instead believes that there may have been other reasons the Petitioner chose to avoid this test, noting that oftentimes the Petitioner visited emergency rooms to obtain medications beyond what was prescribed. It was not objectively reasonable for Dr. Erickson to rely solely on the Petitioner's subjective complaints and ignore the warnings received from Dr. Singh and Dr. Bernstein. This is supported by the reports of Dr. Belmonte in Petitioner's Exhibit 3, which reflect pain behavior with nothing to indicate the Petitioner had a surgical condition.

Under Section 8(a) of the Act, the Petitioner is entitled to recover reasonable medical expenses that are causally related to the accident and that are determined to be required to diagnose, relieve, or cure the effects of a Petitioner's injury. ***University of Illinois v. Industrial Comm'n***, 232 Ill.App.3d 154, 164, 596 N.E.2d 823, 173 Ill.Dec 199 (1992). The Petitioner has the burden of proving that the medical services were necessary and the expenses incurred were reasonable. ***F&B Manufacturing Co. v. Industrial Comm'n***, 325 Ill. App. 3d 527, 534, 758 N.E.2d 18, 259 Ill. Dec. 173 (2001). Whether an incurred medical expense was reasonable and necessary and should be compensated is a question of fact for the Commission. ***University of Illinois*, 232 Ill. App. 3d at 164.**

The Commission finds that the preponderance of the evidence reflects that the treatment rendered by the providers in this case after September 16, 2012 was unreasonable and unnecessary. For the same reasons, supported by the utilization reviews of Dr. Blum noted above and the testimony of Dr. Singh, the epidural injections performed by Dr. Vargas on February 22 and April 18, 2012 were neither reasonable nor necessary. Pursuant to Section 8.2(e) of the Act, neither the Petitioner nor the Respondent are to be held liable for the costs of treatment the Commission has determined to be unreasonable and unnecessary.

IT IS THEREFORE ORDERED BY THE COMMISSION that the decision of the Arbitrator is modified as indicated herein.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall pay to the Petitioner the sum of $220.00 per week for a period of 67 weeks, that being the period of temporary total incapacity for work under §8(b), and that as provided in §19(b) of the Act, this award in no instance shall be a bar to a further hearing and determination of a further amount of temporary total compensation or of compensation for permanent disability, if any.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent pay to Petitioner the causally related medical expenses awarded by the Arbitrator which were incurred through and including September 16, 2012 pursuant to Section 8(a) of the Act, except for the medical expenses associated with epidurals performed by Dr. Vargas on February 22, 2012 and April 18, 2012, which are denied; Petitioner is not entitled to medical expenses incurred subsequent to September 16, 2012.

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 to 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 the removal of this cause to the Circuit Court by Respondent is hereby fixed at the sum of $75,000.00. 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.

DATED: OCT 0 3 2014
TJT: pvc
o 5/20/14
51

Thomas J. Tyrrell

Michael J. Brennan

Kevin W. Lamborn

ILLINOIS WORKERS' COMPENSATION COMMISSION
NOTICE OF 19(b) DECISION OF ARBITRATOR

MOTA, MARTIN
Employee/Petitioner

Case# **11WC028693**

LABOR NETWORK
Employer/Respondent

14IWCC0592

On 4/1/2013, an arbitration decision on this case was filed with the Illinois Workers' Compensation Commission in Chicago, a copy of which is enclosed.

If the Commission reviews this award, interest of 0.10% shall accrue from the date listed above 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.

A copy of this decision is mailed to the following parties:

0293 KATZ FRIEDMAN EAGLE ET AL
DAVID BARISH
77 W WASHINGTON ST 20TH FL
CHICAGO, IL 60602

1120 BRADY CONNOLLY & MASUDA PC
VALERIE J PEILER
ONE N LASALLE ST SUITE 1000
CHICAGO, IL 60602

14IWCC0592

STATE OF ILLINOIS)
)SS.
COUNTY OF Kane)

- ☐ 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)

Martin Mota
Employee/Petitioner

Case # 11 WC 28693

v.

Consolidated cases: _____

Labor Network
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 **George Andros**, Arbitrator of the Commission, in the city of **New Lennox**, on **1-17-2013**. 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 _____

14IWCC0592

FINDINGS

On the date of accident, **7-6-2013**, 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 **$13,728.00**; the average weekly wage was **$264.00**.

On the date of accident, Petitioner was **28** years of age, ***single*** with **0** dependent children.

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

Respondent shall be given a credit of **$4340.00** for TTD, **$286.59** for TPD, $ for maintenance, and $ for other benefits, for a total credit of **$4340.00 + 286.59**.

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

ORDER

Respondent shall be given a credit of **$4340.00** for TTD, **$286.59** for TPD, and $ for maintenance benefits, for a total credit of $.

Respondent shall be given a credit of $10,206.34 for medical benefits that have been paid, and Respondent shall hold petitioner harmless from any claims by any providers of the services for which Respondent is receiving this credit, as provided in Section 8(j) of the Act.

Respondent shall pay Petitioner temporary partial disability benefits of $220.00/week for 78 2/7 weeks, commencing 7-18-2011 through 1-17-2013, as provided in Section 8(a) of the Act.

Respondent shall pay reasonable and necessary medical services of $82,323.88, as provided in Sections 8(a) and 8.2 of the Act.

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

3-29-13
Date

ICArbDec19(b)

APR 1 - 2013

Martin Mota v. Labor Network
Case No.: 11 WC 28693

14IWCC0592

Statement of Facts

Petitioner, Martin Mota, was employed as a packer for Respondent, Labor Network. He was assigned to work at Profile Foods earning $8.50 per hour. Petitioner had worked as a machine operator but was laid off. He took the job with Respondent as his girlfriend was pregnant and he needed work. He testified that he was in excellent shape before he started working for Respondent and could bench press 210 lbs. He worked packing bags that weighted 30 and 50 lbs.

Petitioner was injured on July 6, 2011 when he lifted 20 50 lb bags. He felt a sharp pain in his low back when he lifted the last bag. He told his supervisor at Profile, Miguel. He was sent to Labor Network and they sent him to Physician's Immediate Care. Petitioner gave the same history to Physician's Immediate Care. He was diagnosed with thoracic and lumbar sprains and advised to work with restricted lifting. He apparently took a drug screen that was positive for marijuana. Petitioner testified that he had not smoked marijuana on the date of accident but may have done so within the few weeks beforehand. He did not find out about the failed test until shortly before trial.

Petitioner worked light duty in Respondent's office for a while and received some temporary partial disability compensation. He testified that he cleaned a bathroom and lifted 40 lb boxes. Michelle Urbieta testified that she is Respondent's general manager and that light duty workers neither lift boxes nor clean bathrooms. She admitted that she did not directly supervise light duty workers. She was responsible for all 5,000 workers for Labor Network. A different person in the office handled the light duty workers. She did not supervise Petitioner.

Petitioner went to St. Alexius Medical Center on July 13, 2011 and was instructed to lift no more than 10 lbs. He Began seeing Dr. Riera on July 19, 2011. Dr. Riera recommended physical therapy, an MRI, medication and no work. The MRI was done on July 21, 2011 and revealed a disc herniation at L5/S1. An EMG was done on August 23, 2011 and was seen as compatible with an L5/S1 radiculopathy. Petitioner began to receive temporary total disability compensation and treated with Dr. Riera. Dr. Riera referred Petitioner to Dr. Vargas. Dr. Vargas did a selective nerve root block and epidural steroid injection on August 31, 2011.

Respondent had Petitioner evaluated by Dr. Singh on September 16, 2011. Dr. Singh read the MRI as showing a loss of signal intensity at L5/S1 with a disc protrusion. However, he saw no stenosis and disagreed with the radiologist's interpretation that there had been a disc herniation. He felt petitioner could work at a 10 lb restriction. Dr. Singh wrote a note dated September 17, 2011 indicating that he wanted to review the MRI. He felt there had been symptom magnification. On October 21, 2011 he wrote that injections were not appropriate for axial back pain and that there was no nerve root issue. He recommended work conditioning.

Petitioner's compensation was terminated shortly after the appointment with Dr. Singh. Petitioner testified that he was in crippling pain and could barely get out of bed. He had numbness in both legs. His girlfriend was pregnant. Petitioner went to Alexian Brother's Medical Center a few times in the Fall of 2011 and was not his best self. He was intoxicated when he went to the hospital on September 24, 2011. He returned the next day and acted poorly. He returned on October 12, 2011 and was in pain and berated the staff. During this period Dr. Vargas wanted to perform additional injections but there was no insurance approval. He wrote in his chart on October 5, 2011 that he disagreed with any intimation that Petitioner was malingering. He wrote that the physical findings all correlated with the diagnostic testing. He continued to authorize Petitioner off of work.

In early, 2012 Petitioner was still awaiting approval of an injection and/or resolution of the disputes in this case. He was still authorized off work by Dr. Vargas. In May, 2012 Dr. Vargas referred Petitioner to a surgeon, Dr. Erickson. Dr. Erickson recommended surgery as a result of the July 6, 2011 injury.

The parties agreed to an outside examination with Dr. Avi Bernstein. Dr. Bernstein evaluated Petitioner on August 30, 2012. He had some question about positive Waddell signs but did not find flagrant evidence of obvious exaggeration. He reviewed the MRI and wrote a follow up letter dated September 6, 2012. He felt that the MRI did not support a surgical lesion. He recommended that a Functional Capacities Evaluation be performed. Petitioner brought this information to Dr. Erickson. Dr. Erickson felt Petitioner still needs surgery and suggested a discogram to determine if there was concordant disc compression. He agreed to have Petitioner undergo a Functional Capacities Evaluation.

Petitioner underwent a Functional Capacities Evaluation on October 29, 2012 at Premier Physical Therapy. That test yielded a valid result and indicated that Petitioner could lift 11 lbs from the floor to the waist, 14 lbs from 11 inches off of the floor to the waist and 11 lbs overhead. He could carry 15 lbs for 20 ft and push and pull 45 lbs for 20 ft.

Petitioner testified that he still has numbness and tingling in his left leg when he lies down. He has sharp pain in his back to his left leg. He sometimes feels as if his left leg is not connected to the rest of his body. The leg gives out. He testified that he has lost muscle tone the left leg. He still takes medication for pain. He has difficulty attempting to pick up his young son. Petitioner testified that mornings are worst. He has difficulty getting out of bed.

Petitioner testified that nobody has offered him work since he originally worked light duty in July, 2011. Ms. Urbieta admitted that she has not offered any light duty since July, 2011

In support of the Arbitrator's decision relating to F the Arbitrator finds the following facts:

The Arbitrator finds Petitioner's low back condition causally related to the accident of July 6, 2011. Petitioner has a herniated disc at L5/S1. Petitioner testified that he had no prior injury to his low back. He testified that he was in the best shape of his life before he started working for Respondent. This testimony is unrebutted and uncontradicted. Petitioner has testified to no new injuries to his low back. That testimony is similarly unrebutted and uncontradicted. Petitioner has testified to physical complaints since July 6, 2011. The medical evidence supports Petitioner's testimony. There is no evidence anywhere to rebut a causal relationship between Petitioner's low back condition and the accident of July 6, 2011.

In support of the Arbitrator's decision relating to J and L the Arbitrator finds the following Facts:

Petitioner remains temporarily totally disabled and in need of additional medical care. In reviewing the medical evidence it is clear that nobody has released Petitioner to full duty since the accident of July 6, 2011. Petitioner's doctors: Riera, Vargas and Erickson, have all taken him off of work. Dr. Erickson has stated this even after receiving the result of the Functional Capacities Evaluation. Respondent had Petitioner evaluated by Dr. Singh. Dr. Singh released Petitioner to work with a 10 lb restriction. This is pretty close to the result of the Functional Capacities Evaluation. Petitioner's work is well in excess of these restrictions. Light duty was allegedly offered. Petitioner did this "light duty" for a short while in July, 2011 and testified that he was lifting 40 lb boxes and cleaning a bathroom. This was disputed by Ms. Urbieta. However, she was not Petitioner's supervisor at that time and her testimony has significantly less weight than that of Petitioner or any actual supervisor. No such person was called to testify. Finally, Dr. Bernstein suggested the Functional Capacities Evaluation. He never said what Petitioner could or could not do.

The dispute over medical is tied to the dispute over medical care. The parties had no discord until the examination of Dr. Singh called into question the need for an injection. Over a year later, these issues have not been resolved. Drs. Riera, Vargas and Erickson find a disc injury that requires either injections or surgery. Dr. Singh finds only axial back pain. Dr. Bernstein does not see nerve compression that is seen by Drs. Erickson and Vargas. Dr. Erickson suggested a discogram to see if there is concordant discogenic pain. This suggestion seems reasonable. The Arbitrator orders Respondent to approve a discogram. Further medical care or whether the case is ripe for vocational rehabilitation will be determined pending either a positive or negative result of the discogram.

The medical bills submitted by Petitioner totaling $28,388.63 are awarded subject to the Fee Schedule in Section 8.2 of the Act. Respondent has submitted utilization review documents and Dr. Vargas has testified and written explaining his disagreement with the

utilization review. The real issue is whether petitioner has discogenic pain. The Arbitrator finds that Petitioner indeed has discogenic pain and the treatment rendered thus far is reasonable, necessary and causally related. However, the Arbitrator hedges that decision as regards any future care including any proposed surgery. The discogram can help clarify whether Petitioner is a candidate for surgery.

In support of the Arbitrator's decision relating to N the Arbitrator finds the following facts:

Respondent is entitled to a credit in the amount of $4,340.00 for temporary total disability compensation and an advance that had been paid. Respondent has paid $286.59 in temporary partial disability and the parties have agreed that this represents payment in full for any claim for temporary partial disability. This amount is separate from the $4,340.00. The $286.59 is not a credit against any claim for temporary total disability compensation.