

STATE OF ILLINOIS            )     BEFORE THE ILLINOIS WORKERS' COMPENSATION  
  ) SS                                    COMMISSION  
COUNTY OF COOK            )

Crescencio Rivera,  
    Petitioner,

vs.

NOS. 11 WC 32848  
      21 IWCC 173

Berry Plastics Corp,  
    Respondent.

ORDER OF RECALL UNDER SECTION 19(F)

A Motion to Correct Clerical Error pursuant to Section 19(f) of the Illinois Workers' Compensation Act to correct an error in the Decision of the Commission dated April 21, 2021, having been filed by Respondent herein, and the Commission having considered said Motion, hereby grants said Motion.

IT IS THEREFORE ORDERED BY THE COMMISSION that the Order dated April 21, 2021, is hereby recalled pursuant to Section 19(f).

IT IS FURTHER ORDERED BY THE COMMISSION that a Corrected Order shall be issued simultaneously with this Order.

**MAY 11, 2021**

DLS/rm  
46

/s/Deborah L. Simpson  
Deborah L. Simpson

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )

<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 checked="" type="checkbox"/> Reverse <span style="border: 1px solid black; padding: 0 2px;">Accident</span>	<input type="checkbox"/> Second Injury Fund (§8(e)18)
<input type="checkbox"/> Modify: medical expenses	<input type="checkbox"/> PTD/Fatal denied
	<input checked="" type="checkbox"/> None of the above

**BEFORE THE ILLINOIS WORKERS' COMPENSATION COMMISSION**

CRESCENCIO RIVERA,

Petitioner,

vs.

NO: 11 WC 32848  
21 IWCC 173

BERRY PLASTICS CORP.,

Respondent.

**CORRECTED DECISION AND OPINION ON REVIEW**

Timely Petition for Review having been filed by Petitioner herein and notice given to all parties, the Commission, after considering all issues, and being advised of the facts and law, reverses the Decision of the Arbitrator and finds that Petitioner's repetitive work activities caused him to sustain a right hand injury manifesting on August 19, 2011.

*I. Findings of Fact*

Petitioner began working for Respondent in 2003 and transitioned into a set-up man/packer position in 2010. As a set-up man, Petitioner had to set up Respondent's printing machine, which involved changing the machine's plates. Petitioner testified that it would take two to three hours to complete a set-up on the machine and he could perform more than one set-up per day.

To change the colors on a machine, Petitioner had to open the machine's heads by removing two T-pins per head. In doing so, Petitioner would pull the T-pin using his index and middle fingers, and occasionally his ring finger, on his right hand. Petitioner testified that he needed to use 30 to 35 pounds of force to remove each T-pin, which was three to four inches long. For each set-up, Petitioner moved 50 to 60 T-pins, and after he loosened the T-pins to move the heads, he had to use more strength to put the T-pins back in place by pushing them in with his palm.

In addition to the T-pins, Petitioner had to use horned tweezers to move a small triangle clip that was similar to a lock on the machine's plates. Petitioner testified that he removed eight to ten clips per set-up, and when removing the clips, he used force with his hand.

Once Petitioner's set-up work was finished, he would also work as a packer. Petitioner testified that he worked ten hours per day as a packer if there was not a set-up to perform and eight to nine hours per day as a packer if he had a set-up to do that day. The amount of time Petitioner worked as a packer varied depending on his set-up duties. However, Petitioner did not perform set-up tasks every day. When asked by the Arbitrator how many times out of 50 days of work would he not do set-ups, Petitioner's response was about three times.

Petitioner further testified that when he worked as a packer, he had to grab stacks of 200 lids from the rollers and put them on a table. He would then cut a bag, put the bag over the lids, and put it in a box that fit 20 stacks. Petitioner estimated that he packed one stack of lids every ten to 11 seconds, or six stacks per minute. After he packed 20 stacks into a box, Petitioner would close the box and push it to the conveyor railing before starting the process over again.

The bags that Petitioner used to wrap the lids were located above his head and similar to grocery store vegetable bags. To cut the bag, Petitioner used his right hand to reach above his head and pull the bag down with some force. Petitioner testified that he would pull down a bag every ten seconds, which equated to six bags per minute or 360 bags per hour.

A 30-minute job video of the tasks that Petitioner performed with the exception of his set-up duties was submitted into evidence along with a written job summary. The job summary in Respondent's Exhibit 4 listed the various physical demands of Petitioner's position and included some job duties that were not depicted on the job video, such as changing the plates.

Petitioner testified that he first noticed pain in his right hand around February 2011. He testified that moving T-pins made his hand pain worse, and he also felt hand pain while pulling the bags. On August 19, 2011, Petitioner presented to Dr. Phillip Gattas with complaints of right hand pain with finger swelling, numbness, and tingling primarily in the second and third digits. Petitioner told Dr. Gattas that his job required him to constantly pull plastic bags with his right hand, and due to this, he had gradually developed right hand pain that culminated on August 19, 2011 to a point where he could no longer take it. After right hand X-rays yielded structurally normal results, Dr. Gattas diagnosed Petitioner with hand pain.

Leading up to this visit, Petitioner was also treating for lumbar pain stemming from other work accidents on May 23, 2011 and August 14, 2011. The claims associated with these accidents, 11 WC 32850 and 11 WC 32849, were consolidated with the present matter along with Petitioner's fourth claim in 14 WC 31750, in which Petitioner alleged an additional repetitive trauma injury to his neck manifesting on December 4, 2012. The Commission has addressed each of Petitioner's four claims in separate Decisions.

At the August 19, 2011 visit, Dr. Gattas opined that Petitioner's low back and hand pain were related to his May 23, 2011 accident and his repetitive trauma injury manifesting on August 19, 2011. He noted that although Petitioner had demonstrated disability to his back and hand, he

had been physically well and working without difficulty prior to the May 23, 2011 injury and the right hand pain culminating on August 19, 2011.

Petitioner thereafter began physical therapy for his right hand and low back on August 24, 2011. The physical therapist indicated that his findings were consistent with overuse injuries to the right hand and lumbar spine.

On September 1, 2011, Petitioner presented to Dr. Andrew Engel of Medicos Pain and Surgical Specialists with complaints of pain in his second and third fingers on his right hand, low back pain, and left greater than right leg pain. Dr. Engel diagnosed Petitioner with finger pain and lumbar herniated discs, kept him off work, and began his prescription medication management. He opined that Petitioner's finger pain was directly related to his work that required him to pull using his fingers. Dr. Engel indicated that he would focus on Petitioner's lumbar problem and defer to Dr. Gattas to treat the finger pain.

Petitioner was discharged from physical therapy for his right hand on September 15, 2011. At this time, the physical therapist reported that Petitioner no longer complained of middle and index finger pain. However, shortly thereafter on September 21, 2011, Petitioner told Dr. Gattas that his second and third digits had begun to swell again. Petitioner also complained of painful numbness and tingling, particularly in the second and third digits. On examination, Petitioner had positive Tinel's, Phalen's, and medial compression tests in his right hand. Dr. Gattas again opined that Petitioner's right hand condition was work-related. He recommended restarting physical therapy and referral to a hand specialist. Dr. Gattas also ordered a right hand MRI, which yielded unremarkable results on September 21, 2011.

On September 29, 2011, Petitioner presented to Dr. Richard Shin for a right hand consultation. Petitioner told Dr. Shin that he worked for eight years packing food items and pulling plastic bags with his right hand. Dr. Shin noted that Petitioner was righthand dominant. Dr. Shin found that Petitioner's right upper extremity symptoms were likely secondary to nonspecific flexor tenosynovitis and possible right carpal tunnel syndrome. He stated that it was unclear whether those conditions were related to his work activities, although they were not related to his back injuries sustained in May 2011 and August 2011. Dr. Shin recommended an EMG/NCV of the upper extremities, requested Petitioner's job description to review, and provided ten-pound lifting restrictions for the right hand.

The EMG/NCS, which was obtained on October 7, 2011, showed a neuropraxic lesion of the right median nerve at the wrist resulting in prolonged motor and sensory latencies with decreased sensory conduction velocities as well as a neuropraxic lesion of the left median nerve at the wrist resulting in decreased conduction velocities of sensory fibers.

On October 13, 2011, Dr. Shin found that the EMG had revealed right carpal tunnel syndrome and possible left carpal tunnel syndrome. Dr. Shin stated that it was still unclear whether Petitioner's right hand condition was related to his work, but his self-described work activities could be related. He again requested a review of Petitioner's job description and work history to better determine if his condition was work-related. Dr. Shin further recommended that Petitioner wear a wrist splint while sleeping and remain on ten-pound lifting restrictions.

Petitioner testified that he subsequently returned to work from October 24, 2011 through April 19, 2012, but he continued to have pain in his hand, legs, neck, and back.

On November 3, 2011, Dr. Shin again recommended a review of Petitioner's job description and kept Petitioner on ten-pound lifting restrictions. He then reiterated the same recommendations at Petitioner's follow-up visits in November and December 2011. Throughout this time, Petitioner also continued to treat and remain under restrictions for his lumbar condition.

On December 21, 2011, Petitioner presented to Dr. Robert Erickson of Lake County Neurosurgery with complaints of radicular leg pain. Although Dr. Erickson's focus was on Petitioner's lumbar and cervical issues relevant to his May 2011 and August 2011 accidents, he noted that Petitioner also reported chronic right hand pain due to repetitive gripping at work, as well as some neck stiffness and limited range of motion.

Thereafter, at Respondent's request, Dr. Michael Vender performed a §12 examination regarding Petitioner's right hand on January 5, 2012. Dr. Vender noted that Petitioner reported having right hand pain with numbness and tingling prior to injuring his back in May 2011. He obtained right hand X-rays that demonstrated mild degenerative changes in the IP joints and right wrist X-rays that demonstrated volar tilting of the lunate. On examination, Dr. Vender found tenderness at the index and middle finger A-1 pulley areas representative of a local flexor tendinitis. He diagnosed Petitioner with flexor stenosing tenosynovitis of the right index and middle fingers. Dr. Vender suggested that although electrodiagnostic studies were indicative of carpal tunnel syndrome, Petitioner needed to obtain repeat studies before a reliable diagnosis of carpal tunnel syndrome could be made.

Dr. Vender also indicated that he had reviewed Petitioner's 30-minute job video as well as his written job summary. He stated that although the activities demonstrated on the video had an element of repetitiveness, there were no significant forceful exertions. Therefore, Dr. Vender opined that Petitioner's work activities did not contribute to his flexor stenosing tenosynovitis or possible carpal tunnel syndrome. Despite finding no causal connection, Dr. Vender recommended injections into the flexor tendon sheaths of the index and middle fingers as well as a 40-pound restriction if lifting was performed intermittently.

On January 12, 2012, Dr. Shin indicated that contrary to Dr. Vender's diagnosis, Petitioner never voiced any complaints nor had signs of stenosing tenosynovitis at his examinations. Instead, Dr. Shin believed that Petitioner's symptoms were likely secondary to stabilizing nonspecific tenosynovitis and carpal tunnel syndrome in the right hand. Dr. Shin stated that these conditions were likely related to Petitioner's self-described work activities; however, he once again recommended a review of Petitioner's job description to better determine if the conditions were work-related. He also kept Petitioner on ten-pound lifting restrictions for his right hand. Dr. Shin then repeated these same recommendations at Petitioner's follow-up visits on February 9, 2012, March 8, 2012, and May 31, 2012.

Petitioner thereafter continued to treat for his lumbar and cervical injuries, which Petitioner related to his May 2011 and August 2011 accidents. He eventually underwent a L4-L5 hemilaminectomy on April 20, 2012 and was taken off work by Dr. Erickson postoperatively.

On July 3, 2012, Petitioner returned to Dr. Engel with complaints of radiating low back pain, neck pain, and numbness in his right first through third fingers. On examination, Petitioner's Tinel's and Phalen's signs were positive at the right wrist. Dr. Engel's diagnoses included carpal tunnel syndrome, lumbar herniated discs and radiculopathy, and cervical herniated discs. Dr. Engel's treatment at this visit did not focus on the right hand; however, at Petitioner's later visit on July 27, 2012, Dr. Engel provided a referral instructing Petitioner to transfer care for his carpal tunnel syndrome from Dr. Shin to Dr. Steven Scramberg.

Petitioner presented to Dr. Scramberg of ONS Orthopaedics of the North Shore on July 31, 2012. Dr. Scramberg diagnosed Petitioner with right carpal tunnel syndrome and recommended an open carpal tunnel release. In the interim before surgery, Dr. Scramberg recommended physical therapy and restrictions of no repetitive work or lifting more than two pounds with the right hand. He opined that Petitioner's treatment had all been reasonable and necessary for his work-related injuries. Petitioner thereafter began additional physical therapy for his right hand.

On August 9, 2012, Dr. Engel reviewed Dr. Vender's §12 report and indicated that Dr. Vender had the wrong mechanism of action for Petitioner's accident. He stated that although Dr. Vender had reviewed Petitioner's job video, the light duty work depicted on that video was not the work that Petitioner performed. Instead, Dr. Engel stated that Petitioner did much heavier lifting and repetitive forceful grasping with his hands. He indicated that Petitioner lifted 25 to 68-pound cases repetitively over 1,000 times per day. Since he opined that Dr. Vender had the wrong job description and mechanism of action, Dr. Engel argued that the §12 report should be voided.

Petitioner testified that he thereafter returned to work with restrictions for three or four days sometime in August or September 2012. During this time, Petitioner did not perform his regular packing duties and instead worked six hours per day putting tape on the floor. Petitioner testified that he felt worse pain in his hand and neck during this time. Aside from this brief period of light duty, Petitioner never went back to work for Respondent.

On September 13, 2012, Petitioner complained to Dr. Engel of worsening low back pain after returning to work. Dr. Engel noted that Petitioner had low back pain that radiated down his left leg, neck pain, and numbness in his right second and third digits. Dr. Engel also stated that Petitioner was developing left hand numbness to his second and third fingers since he was only using his left hand at work. Dr. Engel took Petitioner off work and indicated that returning Petitioner to work had caused him to develop symptomatic left carpal tunnel syndrome as well.

Petitioner thereafter underwent the right open carpal tunnel release on October 9, 2012 and was kept off work by Dr. Scramberg. When Petitioner returned to Dr. Engel on October 15, 2012, he complained of worsening right wrist pain, although the numbness in his second and third fingers was improving. Petitioner also reported that the left wrist pain with numbness in his

second and third fingers was improving as well. Dr. Engel kept Petitioner off work and continued the medication management for his ongoing lumbar and cervical issues.

On October 23, 2012, Dr. Sclamberg ordered postoperative physical therapy for Petitioner's right hand and kept him off work. Thereafter on November 5, 2012, Dr. Sclamberg reviewed the video of Petitioner's job duties. Dr. Sclamberg opined that the repetitive actions in the video could be the cause and/or an aggravating factor of Petitioner's carpal tunnel syndrome.

On November 28, 2012, Dr. Sclamberg stated that he did not see anyone setting up the printing machine in the job video. Dr. Sclamberg noted that Petitioner had to adjust plates held in place by T-pins, forcefully grasp and pull T-pins, and push T-pins using his right palm in a repetitive fashion 20 to 70 times per day, or 150 to 245 times per week. He indicated that Petitioner also adjusted plates with pliers and a rubber mallet by repetitively striking the plates and forcefully grasping or twisting with the pliers. Dr. Sclamberg opined that Petitioner's current condition was related to his work activities as outlined by his job description and the job video.

When Petitioner returned on December 11, 2012, Dr. Sclamberg reported that Petitioner was doing very well with no complaints of right wrist pain. Dr. Sclamberg then discharged Petitioner and released him to full duty work for his right hand. He further noted that the previous treatment rendered had been reasonable and necessary for Petitioner's work-related injury. On the following day, December 12, 2012, Dr. Engel stated that it was clear that Petitioner's care had been medically necessary, given that Petitioner was now discharged to full duty work for his right hand. Nevertheless, Dr. Engel kept Petitioner off work for his lumbar and cervical issues.

Although Petitioner did not thereafter treat for his right carpal tunnel syndrome, he continued to treat, and be under work restrictions that eventually became permanent, for his radiating cervical and lumbar pain. Petitioner testified that he tried to find work after he was discharged by Dr. Erickson in October 2015 with restrictions, which were related to his other alleged work accidents and not his August 19, 2011 repetitive trauma claim. Petitioner never went back to work for Respondent, because Respondent's facility had permanently closed down on June 21, 2014. He eventually found work at ABM Janitorial in September 2016. Petitioner worked 32 hours per week at ABM Janitorial cleaning desks, sweeping, and vacuuming until September or October 2017, after which time he retired due to the pain in his legs, back, and neck.

Prior to proceeding to hearing, the parties deposed several of Petitioner's treating doctors and §12 examiners. Both Dr. Erickson and Dr. Goldberg provided opinions regarding Petitioner's lumbar and cervical conditions, which were the subject of Petitioner's other claims. As relevant to the present claim, the parties deposed Dr. Sclamberg, Petitioner's treating doctor, on December 8, 2014 and Dr. Vender, the §12 examiner, on February 20, 2015.

Dr. Sclamberg opined that Petitioner's right carpal tunnel syndrome was causally related to the job that Petitioner described to him and the job that he saw depicted on the job video. He testified that repetitively grasping, exerting stress, and twisting were characteristic of the types of

actions that caused tendons to fire and put increase pressure on the carpal tunnel. Dr. Sclamberg testified that Petitioner did a lot of twisting, repetitive pushing/pulling, and repetitive duties over a sustained period of time. He put significance on the fact that Petitioner had been doing his job for nine years, as it was a long time to do the same thing repetitively and put pressure on the carpal tunnel nerve. Dr. Sclamberg opined that Petitioner's repetitive job duties and forceful grasping at least aggravated his condition, regardless of whether it was the only cause of the condition.

Dr. Sclamberg further testified that Petitioner's clinical complaints correlated with his diagnostic findings, because Petitioner had numbness and tingling in the distribution of the median nerve classically in the first through third fingers. Dr. Sclamberg noted that at Petitioner's December 11, 2012 visit, he was doing very well and had no complaints of right wrist pain after undergoing carpal tunnel surgery. Dr. Sclamberg testified that Petitioner's improvement meant that he made the right diagnosis of carpal tunnel syndrome and performed the right surgery.

On the other hand, Dr. Vender testified that his diagnosis was flexor stenosing tenosynovitis of the right index and middle fingers as opposed to carpal tunnel syndrome. Dr. Vender further testified that the activities on Petitioner's job video involved the routine use of his hands and upper extremities. He opined that the activities in the job video and written job summary would not cause flexor tendinitis, stenosing tenosynovitis, or carpal tunnel syndrome.

Nevertheless, Dr. Vender agreed that repetitive, forceful gripping with the index and middle fingers could contribute to a diagnosis of flexor tenosynovitis if performed persistently. He testified that if Petitioner's work duties did in fact include significant forceful exertions beyond what was described at the deposition, his opinion regarding causation could change.

At the time of the hearing, Petitioner testified that his current hand pain gets to an increased level that it would not reach prior to February 2011. Petitioner testified that he takes ibuprofen, Naprosyn, and Aleve for pain; however, it was not specified in Petitioner's testimony whether he takes this medication for his hand pain or to manage his ongoing cervical and lumbar pain.

## *II. Conclusions of Law*

Following a careful review of the entire record, the Commission reverses the Decision of the Arbitrator and finds that Petitioner's repetitive work activities caused him to sustain a right hand injury manifesting on August 19, 2011.

Based on Petitioner's testimony, job video, and written job summary, Petitioner established that his work activities required the repetitive and forceful use of his right hand. The Decision of the Arbitrator indicates that Petitioner only performed the set-up job where he worked with T-pins approximately once in every 50 workdays. However, the Commission finds that Petitioner's testimony established that he performed this forceful set-up task on a significantly more frequent basis. Specifically, when asked how many times out of 50 workdays



he would not do set-ups, Petitioner's response was about three times. This equates to Petitioner performing set-ups on 47 out of 50 workdays, as opposed to only once during that timeframe.

Petitioner's testimony supports the finding that removing the T-pins was a forceful and frequent activity. Petitioner testified that for each set-up, he had to remove 50 to 60 T-pins. To do so, Petitioner pulled the T-pins with his index and middle fingers on his right hand using 30 to 35 pounds of force. Thereafter, Petitioner had to put the T-pins back in place by forcefully pushing them with his palm. Petitioner testified that it would take two to three hours to perform a machine set-up, and it was possible for him to complete more than one set-up per day. Since Petitioner performed at least one such set-up on 47 out of every 50 workdays, it amounts to a considerably repetitive and forceful job duty.

Moreover, Petitioner's written job summary in Respondent's Exhibit 4 contains several set-up tasks and physical demands not shown on the job video that could be considered forceful and repetitive. For example, the job summary states that Petitioner had to grasp 100-count stacks of lids from a case 1,088 times per day and lift 25-pound cardboard cases 68 times per day. There was also no evidence rebutting Petitioner's testimony that he had to perform such tasks as forcefully using pliers to remove eight to ten clips per set-up or reaching above his head to pull down a bag every ten seconds.

In consideration of Petitioner's testimony as to the frequency of his set-up duties as well as the physical demands listed in his written job summary, the Commission finds that Petitioner's work activities were sufficiently forceful and repetitive. Furthermore, given that Dr. Vender failed to appreciate the forceful nature of Petitioner's job and instead categorized the work activities as merely routine, the Commission finds that Dr. Sclamberg offered the more persuasive opinion. Dr. Sclamberg opined that the current condition of Petitioner's right hand was causally related to his work activities as outlined by the written job summary and job video. The Commission finds that Dr. Sclamberg demonstrated sufficient knowledge of both the forceful and repetitive nature of Petitioner's job. Not only had Dr. Sclamberg reviewed Petitioner's job summary and job video, but his stated understanding of Petitioner's job duties was also consistent with Petitioner's testimony. Dr. Sclamberg's causal finding is further bolstered by the treatment notes of Dr. Gattas and Dr. Engel, who also opined that Petitioner's hand condition was related to repetitive trauma culminating on August 19, 2011.

The Commission also acknowledges that the records supports Dr. Sclamberg's diagnosis of carpal tunnel syndrome. The presence of carpal tunnel syndrome was confirmed by an EMG. Additionally, Petitioner's postsurgical improvement after undergoing the carpal tunnel release indicates that Dr. Sclamberg had pinpointed the right diagnosis. Despite these findings, Dr. Vender failed to recognize carpal tunnel syndrome as a reliable diagnosis, which further weakens his opinion.

For these reasons, the Commission finds that Dr. Sclamberg offered the more persuasive opinion, and therefore, finds that Petitioner's repetitive and forceful work activities caused him to develop right carpal tunnel syndrome.

Upon finding causation, the Commission awards all reasonable and necessary medical expenses related to the treatment of Petitioner's right hand condition incurred through the hearing date of May 20, 2019 pursuant to §8(a) and §8.2 of the Illinois Workers' Compensation Act. Following Petitioner's carpal tunnel release, Dr. Scramberg discharged him to full duty with no complaints of right wrist pain on December 11, 2012. The success of this surgery indicates that it was a reasonable and necessary treatment option for Petitioner to pursue.

The Commission further finds that Petitioner is entitled to TTD benefits from October 9, 2012 through December 11, 2012. Prior to this period, Petitioner failed to establish whether he was off work due to his right hand condition or his cervical and lumbar conditions. For instance, the time Petitioner was off work beginning on April 20, 2012 is more accurately attributed to Petitioner's lumbar condition, given that he underwent a L4-L5 hemilaminectomy on that day. The record failed to clearly show that Petitioner was off work specifically for his right hand condition before he underwent the carpal tunnel release on October 9, 2012 and was taken off work. Petitioner was thereafter released to full duty for his right hand by Dr. Scramberg on December 11, 2012. As this time period is clearly attributable to Petitioner's right hand condition, the Commission awards TTD benefits from October 9, 2012 through December 11, 2012.

Lastly, the Commission finds that Petitioner sustained a 10% loss of use of his right hand. Since Petitioner's accident occurred before September 1, 2011, the Commission is not required to apply the §8.1b enumerated criteria when assessing the PPD award. Although Petitioner's condition necessitated a carpal tunnel release surgery, the Commission recognizes that Petitioner had successful post-surgical results. On December 11, 2012, Dr. Scramberg indicated that Petitioner had no more complaints of wrist pain and released him to full duty work for his right hand. Nevertheless, although he did not thereafter seek additional treatment, Petitioner testified that his hand pain currently gets to a level that it would not reach prior to February 2011. Petitioner testified that he takes ibuprofen, Naprosyn, and Aleve for his current pain; however, it was not clearly specified whether Petitioner takes this medication for his hand pain or his ongoing cervical and lumbar pain. Given that Petitioner continues to have some lingering pain in his dominant hand despite his positive postsurgical results, the Commission awards 10% loss of use of the right hand.

IT IS THEREFORE ORDERED BY THE COMMISSION that the Decision of the Arbitrator dated January 23, 2020, is hereby reversed as stated herein.

IT IS FURTHER FOUND BY THE COMMISSION that Petitioner's forceful and repetitive work activities caused him to sustain a repetitive trauma injury to his right hand with a manifestation date of August 19, 2011.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent is liable for all reasonable and necessary medical expenses related to Petitioner's right hand condition incurred from the manifestation date of August 19, 2011 through the hearing date of May 20, 2019 pursuant to §8(a) and §8.2 of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent shall pay Petitioner TTD benefits of \$383.10 per week from October 9, 2012 through December 11, 2012, which represents 9 weeks, in accordance with §8(b) of the Act.

IT IS FURTHER ORDERED BY THE COMMISSION that Respondent pay to Petitioner the sum of \$344.79 per week for a period of 19 weeks pursuant to §8(e) of the Act, as the repetitive trauma injuries Petitioner sustained caused a 10% loss of use of the right hand.

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 \$12,000.00. 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 the Circuit Court.

**MAY 11, 2021**

/s/Deborah L. Simpson

Deborah L. Simpson

/s/Barbara N. Flores

Barbara N. Flores

DLS/met

O: 2/18/21

46

/s/Marc Parker

Marc Parker