

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. G805984

JEFFREY S. JOHNSON,
EMPLOYEE

CLAIMANT

PECO FOODS, INC.,
EMPLOYER

RESPONDENT

OCCUSURE CLAIMS SERVICES, LLC.,
INSURANCE CARRIER/TPA

RESPONDENT NO. 1

DEATH & PERMANENT TOTAL
DISABILITY TRUST FUND

RESPONDENT NO. 2

OPINION FILED OCTOBER 26, 2022

Upon review before the FULL COMMISSION in Little Rock, Pulaski County, Arkansas.

Claimant represented by the HONORABLE LAURA BETH YORK, Attorney at Law, Little Rock, Arkansas.

Respondents No. 1 represented by the HONORABLE JASON A. LEE, Attorney at Law, Little Rock, Arkansas.

Respondents No. 2 represented by the HONORABLE CHRISTY L. KING, Attorney at Law, Little Rock, Arkansas

Decision of Administrative Law Judge: Affirmed as Modified.

OPINION AND ORDER

The Arkansas Court of Appeals has reversed the Full Commission in the above-styled matter and has remanded “for the Commission to reexamine the evidence.” *Johnson v. Peco Foods, Inc.*, 2022 Ark. App. 187. Pursuant to the Court’s mandate, and after again reviewing the entire record *de novo*, the Full Commission finds that the claimant proved he sustained a compensable occupational disease. We find that the claimant

proved he was entitled to reasonably necessary medical treatment and temporary total disability benefits.

I. HISTORY

Jeffrey Scott Johnson, now age 34, testified that he became employed with the respondents, Peco Foods, Inc., in May 2018. The claimant testified on direct examination:

Q. What were you hired in to do at Peco?

A. Hang chickens.

Q. Okay. So let's talk about this. You worked in a section called Live Hang, is that correct?

A. Yes.

Q. Okay. What did you do in Live Hang?

A. We – the birds would come in on a belt and they would come down the line and you would hang them by their feet upside down....

Q. Okay. And you have to grab them by the feet and hang them up by their feet?

A. Yes.

Q. Okay. Is that all you did in Live Hang?

A. Yes.

Q. Okay. So what type of safety equipment were you wearing in this job?

A. Safety glasses and a beard net and a set of gloves....

Q. And was that the only safety equipment that you were provided?

A. Yes.

Q. Okay. Now, as you worked on this line, did you suffer any injuries from these chickens?

A. Yes.

Q. Tell me about that.

A. I got rashes from where they – the wings, I guess, is how you say, like, kind of they flog you or hit you with their wings, when they would try to fly out of your hands and they'll peck you some. They would – what do you call it? I guess, it's flogging, how you say with their spurs, I guess, is how you say that. And they – that's, basically, all that would happen. I

mean, I had rashes all over my arms, my chest, my stomach, and it just kept getting worse.

Q. Okay. So let's stop for just a minute here. Were you getting scratches on your arms?

A. Yes, ma'am.

Q. Okay. Were you wearing long sleeves or short sleeves?

A. Short sleeves....

Q. Now, as you're getting these scratches on you, were you reporting it to the nurse?

A. Yes, ma'am....They gave me Desitin to put on the rash, because they say if – it could – he told – how do you say that? They said it's like a diaper rash like a baby would get....

Q. The nurses applied the diaper rash ointment to you?

A. Yes, because I had it all over me. I couldn't get some of the spots very good and they would do it, yes.

Q. Okay. The rash that you had, did it start on your arms and move to other parts of your body or did it start somewhere else?

A. On my arms....Arms and my stomach is where it first started off at really, really bad.

Q. Okay. And these birds that you're handling, these chickens, are these clean birds? Are they dirty? Or how – what is the cleanliness of the environment that you were in?

A. It was horrible. There was feces all over the floor, all over us that was on the line. I mean, you'd come in clean, you'd come out, I mean, just horrible. I mean, it was unreal how bad it was, that department. Everybody in there was covered in it. I mean, there was nobody coming in there that was in that department that would not come out clean from it. You would have the pee, the poop all over you, and it just – I don't know, with the rashes it soaked in through the sores or what....

Q. And you started getting these rashes, and you just testified that you would report that to the nurse?

A. Yes, ma'am.

Q. What other symptoms did you start to have?

A. Really like nauseated to my stomach, throwing up, diarrhea, get hot one minute, and then, cold the next and that's all I can remember that, actually, went on with me at that point.

Q. Were you continuing to report that to the nurses at Peco?

A. Yes, ma'am....

Q. Did your symptoms get better, get worse, or stay the same over the next several weeks?

A. Worse....

Q. Now, I show that the last date that you worked at Peco was July 3rd, 2018. Does that sound right to you?

A. I'm gonna say yes. Yes.

Q. Okay. Fourth of July weekend, did you work on the Fourth of July?

A. No.

Q. Okay. What were your plans for the Fourth of July weekend?

A. Me and my fiancé, we reserved a room. I can't remember what the name of the motel was, and we was just going to go to the lake and swim and fish and that's all I can remember, but I don't remember a lot from that point in time.

The parties stipulated that the employee-employer relationship existed between the claimant and Respondent No. 1, Peco Foods, Inc., on July 8, 2018. The claimant testified on direct:

Q. You had been in a hotel room, is that correct?

A. Yes, ma'am.

Q. Okay. With your girlfriend?

A. Yes, ma'am. Fiance....

Q. And she called the ambulance, is that correct?

A. Yes, ma'am.

Q. Okay. Why did she call an ambulance? What was going on with you?

A. I was unresponsive....

According to the record, the claimant was admitted to Baxter Regional Medical Center on Sunday, July 8, 2018:

Patient is a 29 yo CM who is visiting on vacation from Black Rock, AR. He works at Peco Foods with his primary job being hanging live chickens. For the third week in a row he has complained of emesis and diarrhea. This week he was changed to a job where he lifts 50 lb bags. He has been on vacation this weekend with his girlfriend. He does not drink

etoh regularly and has small amount of etoh tonight. Girlfriend reports a remote history of hydrocodone use but nothing current. ER drug and etoh screens were negative. Dinner of pizza and hot wings which he tolerated well. He went to sleep around midnight. Girlfriend reports she awakened at around 0300 due to the fact that he was incontinent of urine and cyanotic. She called 911 and started CPR. EMS arrived and two cycles of CPR were completed in ED with cardiac rhythm PEA and episodes of ventricular rhythm with defibrillation x 2. EKG in ED shows BBB....

Assessment/Plan/Impression

1. Cardiopulmonary arrest

Patient will be evaluated by Cardiology this morning from the ED....Repeat CXR shows acute pulmonary edema....He has been started on medical hypothermia protocol.

2. Encephalopathy acute

Secondary to #1.

3. Lactic acidosis

Secondary to #1.

4. Hypocalcemia

He has been given IV calcium, continue to monitor.

A CTA of the claimant's chest was taken on July 8, 2018 with the following impression:

1. No pulmonary embolus.
2. Supporting lines and tubes appear to be in good positioning.
3. Patchy bilateral lung consolidation and septal thickening could represent pulmonary edema and/or associated pneumonia.
4. There may be some mild edema within the abdomen.

A chest x-ray was taken on July 9, 2018 with the impression, "Pronounced improvement in the lungs when compared to 7/8/2018, complete resolution of the diffuse infiltrate processes that were present yesterday."

The claimant was discharged from Baxter Regional Medical Center on July 16, 2018. Dr. Richard Schmidt reported at that time:

Mr. Johnson was found down and admitted on the 8th of July. He was in the hospital for a long period of time and I have just seen him this one day at the end of his hospital stay. I referred to the notes. He was seen by Pulmonary and Cardiology. He had cardiac catheterization that did not reveal any significant coronary artery stenosis but he had a diminished ejection fraction. It is felt he had an arrest secondary to maybe his cardiomyopathy. He underwent hypothermia. He was in the ICU and intubated. He gradually made a recovery. Again, the one day I saw him on the 16th, he was awake and alert, breathing room air, and had been ambulatory. At this point we anticipate him being discharged home for close outpatient followup....

The Discharge Diagnosis was “1. Cardiopulmonary arrest. 2. Anoxic encephalopathy – resolved. 3. Non-ischemic cardiomyopathy – with ejection fraction of 30 to 35 percent. 4. Acute renal failure – improved. 5. Lactic acidosis.”

The claimant began treating at Cardiology Associates – St. Bernards Heart and Vascular on July 17, 2018. Dr. Barry Tedder’s impression included “nonischemic cardiomyopathy at a young age.”

The claimant was seen at St. Bernards Orthopedics on July 31, 2018:

Pt presents today to est care with Dr. Osborne. Pt is a 29 year old WM who suffered cardiopulmonary arrest on 7/8/18. Was hospitalized at Baxter Regional Hospital 7/8/18 – 7/16/18. Heart cath showed nl coronaries. He had been working in a chicken house and it was believed that he had suffered a viral cardiomyopathy. (Pt states that he was

working with live chickens and was never given a suit or respirator to wear. He "was pooped on" by the chickens and soon thereafter became ill with a rash, N/V/D. Others who worked at the chicken plant got sick as well and 1 person is at SBRMC currently. Pt worked there for 87 days and was fired for missing work. He missed work because of his hospitalization). With his cardiopulmonary arrest, he was coded twice and intubated and had cardiogenic shock with acute systolic CHF (lowest EF 20-25%, now 30-35%). He was treated for possible pneumonia but it could have been ARDS. He had acute renal failure with electrolyte abnormalities noted....Pt states he does have a cardiologist – Dr. Tedder – he is currently wearing a month long heart monitor....

Dr. Rebecca Osborne assessed "1. Systolic congestive heart failure. 2. Hypophosphatemia. 3. Renal failure, acute. 4. Elevated LFT's. 5. Cardiopulmonary arrest with successful resuscitation." Dr. Osborne stated, "Pt was very ill and has dramatically improved. Still has acute renal failure and CHF. I agree with the doctor at Baxter that pt does not need to work outside in the heat, probably for a minimum of 1 year. He may eventually need retraining for a sedentary job."

On November 10, 2019, Dr. Osborne answered a questionnaire provided by the claimant's attorney on November 5, 2019:

As you are aware, we represent Mr. Jeffery Johnson regarding [an] on the job injury that occurred on or about July 8, 2018 wherein he was working in a chicken processing plant and was diagnosed with viral cardiomyopathy and damage to his heart. It is my understanding that you are his treating physician for these conditions....
What injuries/conditions did you treat Jeffery Johnson after the 7/8/2018 on the job injury?

Viral cardiomyopathy resulting in cardiopulmonary arrest twice. This was treated before I saw him for the 1st time on 7/31/18. At that point he had acute renal failure and systolic congestive heart failure.

Do you believe within a reasonable degree of medical certainty, that the injuries/conditions you treated Jeffery Johnson for (after the 7/8/2018 on the job injury) were caused by the trauma of his work accident?

Yes, I do. The viral illness he contracted at work caused the cascade of medical problems afterwards.

Are the injuries that you treated Jeffery Johnson for (after the 7/8/2018 on the job injury) permanent in nature? Please explain why or why not.

Yes. At this point he has a permanent biventricular intracardiac defibrillator. He will permanently have chronic systolic heart failure which will negatively impact his life.

As of date, what is Jeffery Johnson's prognosis?

Fair. At this point he cannot work and will never be able to do the type of work he did in the past. He has decreased exercise tolerance and shortness of breath.

In your opinion, does Jeffery Johnson require any additional medical treatment (as a result of the injuries/conditions that you provided medical treatment to him for after the 7/08/2018 on the job injury) from you or any other medical provider? If so, what type of additional medical treatment will Jeffery Johnson require? What will be the approximate costs of such additional treatment?

He must see me twice a year and cardiology minimum annually. He requires an expensive medicine (entresto) twice a day. It is expensive but I am not a good judge of approximate costs.

Dr. Michael S. Gelfand corresponded with the respondents' attorney

on February 19, 2020:

At your request I have reviewed medical records of Mr. Jeffrey Johnson and his deposition:

Baxter Regional Medical Center, Mountain Home, AR – July 8 – July 16, 2018

Cardiology Associates – St. Bernard Heart and Vascular, Jonesboro, AR – July 17, 2018 – Oct 29, 2019

Dr. Rebecca Osborne – Clopton Clinic Internal Medicine, Jonesboro, AR – July 31, 2018 – Feb 5, 2020

I have been routinely involved since 1982 in the practice of infectious diseases.

My opinions are expressed within a reasonable medical certainty (more likely than not).

There is no medical evidence of an infectious etiology of the cardiac illness suffered by Mr. Johnson. No viral studies or myocardial biopsy was done by his physicians.

I am not aware of any infection likely to be acquired from a contact with/exposure to chickens that is expected to cause a cardiomyopathy.

The clinical course of a prolonged illness with nausea, vomiting, diarrhea and fever over the period of June 2018 (as described by Mr. Johnson in his deposition), is inconsistent with a viral illness.

In summary, I find no evidence that Mr. Johnson's cardiac illness is related to an occupational exposure at Peco Foods. I base my opinion on my clinical experience and general knowledge and the pathophysiology and natural history of infectious diseases, including viral myocarditis and infections related to exposure to birds, including chickens.

This report represents my personal opinions and should not be construed as representing the official position of the University of Tennessee Health Science Center-Memphis or Methodist Healthcare.

A pre-hearing order was filed on May 29, 2020. The claimant contended, "Claimant was employed at Peco Foods (handling chickens) and began getting sick with rash, vomiting, emesis and diarrhea in May 2018. He reported the symptoms to his employer but was refused treatment. On 7/8/2018, claimant was taken to the ER suffering from cardiac arrest. Claimant had clean arteries and was diagnosed with

pulmonary arrest, acute anoxic encephalopathys, acute hypoxemic respiratory failure, cardiomyopathy, lactic acidosis, hypocalcemia, cardiogenic shock, acute renal failure, and hypernatremia. Dr. Rebecca Osborne opined that the claimant contracted a viral illness at work, which caused a cascade of medical problems. Claimant contends that he sustained a compensable injury in the scope and course of employment, that he is entitled to TTD from 7/8/18 to a date to be determined, medical benefits, and that his attorney is entitled to an attorney fee. All other issues are reserved.”

Respondent No. 1, Peco Foods, Inc., contended, “Claimant began working at Peco Foods on May 21, 2018 in the live hang section of the plant. Peco denies that it refused medical treatment for the Claimant. Peco contends that the claimant has no medical evidence of any viral illness contracted from his work there as the cause of the medical problems he has described in his Prehearing Filing. Dr. Rebecca Osborne has not identified any virus that she opines is the cause of his medical issues. The Claimant’s medical records identify no virus as a cause of his medical issues. The Claimant’s claim should be denied because he has failed to provide the necessary evidence to establish causation.”

An administrative law judge scheduled a hearing on the issues of “compensability, average weekly wage, temporary total disability, medical benefits, and attorney’s fees.”

After a hearing, an administrative law judge filed an opinion on December 29, 2020. The administrative law judge found that the claimant proved he sustained a compensable injury. The administrative law judge awarded medical treatment and temporary total disability benefits. The Full Commission filed an opinion on June 14, 2021 and reversed the administrative law judge’s finding of compensability. The Arkansas Court of Appeals has reversed and remanded. The Court of Appeals has directed the Full Commission to “reexamine the evidence.”

II. ADJUDICATION

The claimant contended in the present matter that he sustained a compensable injury. The claimant did not identify or cite an applicable statute wherein the Commission could adjudicate whether or not the claimant proved he sustained a compensable injury. The respondents contended that the claimant “failed to provide the necessary evidence to establish causation.” The parties agreed to litigate the issue of “compensability.” The administrative law judge adjudicated the case in accordance with Ark. Code Ann. §11-9-114(Repl. 2012), which statute governs heart or lung injuries. The Full Commission notes that the

claimant's alleged injury occurred after he had been away from the workplace for approximately five days. Additionally, there is no evidence that the injury occurred as the result of "extraordinary and unusual work" or "some unusual and unpredicted incident" which is required for compensability in accordance with Ark. Code Ann. §11-9-114(b)(1)(Repl. 2012).

Nevertheless, the Full Commission reviews an administrative law judge's decision *de novo*, and it is the duty of the Full Commission to conduct its own fact-finding independent of that done by the administrative law judge. *Crawford v. Pace Indus.*, 55 Ark. App. 60, 929 S.W.2d 727 (1996). The Full Commission makes its own findings in accordance with the preponderance of the evidence. *Pharmerica v. Seratt*, 103 Ark. App. 9, 285 S.W.3d 699 (2008), citing *Tyson Foods, Inc. v. Watkins*, 31 Ark. App. 230, 792 S.W.2d 348 (1990). Preponderance of the evidence means the evidence having greater weight or convincing force. *Metropolitan Nat'l Bank v. La Sher Oil Co.*, 81 Ark. App. 269, 101 S.W.3d 252 (2003).

A. Occupational disease - causation

The Full Commission finds that the statute applicable to the present case is Ark. Code Ann. §11-9-601(Repl. 2012), which provides in pertinent part:

(e)(1)(A) "Occupational disease", as used in this chapter, unless the context otherwise requires, means any disease

that results in disability or death and arises out of and in the course of the occupation or employment of the employee or naturally follows or unavoidably results from an injury as that term is defined in this chapter.

(B) However, a causal connection between the occupation or employment and the occupational disease must be established by a preponderance of the evidence.

(2) No compensation shall be payable for any contagious or infectious disease unless contracted in the course of employment in or immediate connection with a hospital or sanitorium in which persons suffering from that disease are cared for or treated.

(3) No compensation shall be payable for any ordinary disease of life to which the general public is exposed....

(g)(1) An employer shall not be liable for any compensation for an occupational disease unless:

(A) The disease is due to the nature of an employment in which the hazards of the disease actually exist and are characteristic thereof and peculiar to the trade, occupation, process, or employment and is actually incurred in his or her employment[.]

An occupational disease is characteristic of an occupation, process, or employment where there is a recognizable link between the nature of the job performed and an increased risk in contracting the occupational disease in question. *Sanyo Mfg. Corp. v. Leisure*, 12 Ark. App. 274, 675 S.W.2d 841 (1984). Occupational diseases are generally gradual rather than sudden in onset. *Hancock v. Modern Indus. Laundry*, 46 Ark. App. 186, 878 S.W.2d 416 (1994).

In the present matter, the Full Commission finds that the claimant proved by a preponderance of the evidence that he sustained a compensable occupational disease in accordance with Ark. Code Ann. §11-

9-601(e)(Repl. 2012). The claimant testified that he became employed with the respondents, Peco Foods, Inc., in May 2018. The claimant testified that he worked in “Live Hang” for the respondents, which position obviously involved hanging chickens. The claimant testified that he was “flogged and pecked” by the birds which resulted in scratches on the claimant’s arms. The claimant testified that he was routinely exposed to urinary and fecal matter, and that he began suffering from symptoms of nausea.

The parties stipulated that the employee-employer relationship existed on July 8, 2018. The claimant’s testimony indicated that he had been away from the respondents’ workplace since approximately July 3, 2018. The claimant testified that he was vacationing and was staying in a hotel room. The claimant testified that his fiancé called an ambulance after the claimant was “unresponsive.” The evidence of record corroborated the claimant’s testimony. The claimant was treated at Baxter Regional Medical Center on Sunday, July 8, 2018. The medical provider reported that the claimant’s occupation was “hanging live chickens” and “For the third week in a row he has complained of emesis and diarrhea.” A physician’s impression included “1. Cardiopulmonary arrest” and it was noted “Repeat CXR shows *acute pulmonary edema* [emphasis supplied].” In addition, a CTA of the claimant’s chest on July 8, 2018 showed “3. Patchy bilateral lung consolidation and septal thickening could represent pulmonary edema

and/or associated pneumonia.” A chest x-ray on July 9, 2018 showed “complete resolution of the diffuse infiltrate processes that were present yesterday.”

The claimant was discharged from Baxter Regional Medical Center on July 16, 2018. It was reported at St. Bernards Orthopedics on July 31, 2018, “He had been working in a chicken house and it was believed that he had suffered a *viral cardiomyopathy* [emphasis supplied].” Dr. Osborne’s assessment included “5. Cardiopulmonary arrest with successful resuscitation.” On November 10, 2019, Dr. Osborne answered a questionnaire and stated in part, “The viral illness he contracted at work caused the cascade of medical problems afterwards.”

The Commission has the authority to accept or reject medical opinion and the authority to determine its medical soundness and probative force. *Green Bay Packaging v. Bartlett*, 67 Ark. App. 332, 999 S.W.2d 692 (1999). After reexamining the evidence as directed by the Court of Appeals, the Full Commission finds in the present matter that Dr. Osborne’s opinion is corroborated by the record and is entitled to significant evidentiary weight. The preponderance of evidence demonstrates that the claimant sustained a compensable occupational disease as a result of his work for the respondents beginning in May 2018. We find that the claimant credibly testified that he became sick at work as a result of hanging live

chickens. The medical treatment beginning July 8, 2018 corroborated the claimant's testimony. A chest x-ray at that time showed "acute pulmonary edema." Additional diagnostic testing confirmed "Patchy bilateral lung consolidation." The evidence demonstrates that the claimant's condition was causally related to his work for the respondents.

We recognize Dr. Gelfand's opinion on February 19, 2020, "There is no medical evidence of an infectious etiology of the cardiac illness suffered by Mr. Johnson." Dr. Gelfand also stated on February 19, 2020, "I find no evidence that Mr. Johnson's cardiac illness is related to an occupational exposure at Peco Foods." It is within the Commission's province to weigh all of the medical evidence and to determine what is most credible.

Minnesota Mining & Mfg. v. Baker, 337 Ark. 94, 989 S.W.2d 151 (1999).

The Full Commission finds in the present matter that the medical evidence does not corroborate Dr. Gelfand's opinion. We attach more significant evidentiary weight to Dr. Osborne's opinion, "The viral illness he contracted at work caused the cascade of medical problems afterwards."

The Full Commission finds in the present matter that the claimant proved he sustained a compensable occupational disease in accordance with Ark. Code Ann. §11-9-601(Repl. 2012). The claimant proved that he sustained a disease which resulted in disability and arose out of and in the course of his employment with the respondents. We find that the disease

was due to the nature of the claimant's employment with the respondents and was characteristic to his occupation. The Full Commission finds that there was a recognizable link between the nature of the job performed and an increased risk of contracting the occupational disease in question.

Sanyo Mfg. Corp., supra. We find that the compensable occupational disease was gradual rather than sudden in onset. *Hancock, supra.* The compensable occupational disease resulted in congestive heart failure, cardiopulmonary arrest, and acute cardiomyopathy as described by Dr. Osborne and the other treating physicians beginning July 8, 2018.

B. Notice

Ark. Code Ann. §11-9-603(a)(2)(A)(Repl. 2012) provides, "Written notice shall be given to the employer of an occupational disease by the employee, or someone in his or her behalf, within ninety (90) days after the first distinct manifestation thereof." The ninety-day statutory period does not begin to run until the employee knows or should reasonably be expected to know that he is suffering from an occupational disease. *Quality Service Railcar v. Williams*, 36 Ark. App. 29, 820 S.W.2d 878 (1991). Failure to give notice shall not bar any claim if the employer had knowledge of the injury; if the employee had no knowledge that the condition arose out of and in the course of employment; or if the Commission excuses the

failure on the grounds that, for some satisfactory reason, the notice could not be given. Ark. Code Ann. §11-9-701(b)(Repl. 2012).

The Full Commission has determined in the present matter that the claimant proved he sustained a compensable occupational disease in accordance with Ark. Code Ann. §11-9-601(Repl. 2012). We find that the respondent-employer had knowledge of the occupational disease in accordance with Ark. Code Ann. §11-9-701(b)(1)(A)(Repl. 2012). As the Commission has discussed, the claimant became employed with the respondents in May 2018. The claimant credibly testified that he was flogged and pecked by chickens while he worked in the respondents' "Live Hang" department. The claimant testified that as a result he was scratched, developed rashes, and began suffering from symptoms of nausea. The claimant testified that he reported his work-related illness to the company nurse. The company nurse treated the claimant with "diaper rash ointment." The claimant credibly testified that he consistently reported his illness to the company nurse, until the claimant was finally hospitalized on July 8, 2018. The Full Commission finds that the claimant reported sufficient and timely notice of his occupational disease in accordance with Ark. Code Ann. §11-9-701(b)(1)(A)(Repl. 2012). The record indicates that the employed "had knowledge of the injury" as required by statute.

C. Temporary Disability

Temporary total disability is that period within the healing period in which the employee suffers a total incapacity to earn wages. *Ark. State Hwy. Dept. v. Breshears*, 272 Ark. 244, 613 S.W.2d 392 (1981). “Healing period” means “that period for healing of an injury resulting from an accident.” Ark. Code Ann. §11-9-102(12)(Repl. 2012). The healing period continues until the employee is as far restored as the permanent character of his injury will permit. *Harvest Foods v. Washam*, 52 Ark. App. 72, 914 S.W.2d 776 (1996). Whether a claimant’s healing period has ended is a question of fact for the Commission. *Dallas County Hosp. v. Daniels*, 74 Ark. App. 177, 47 S.W.3d 283 (2001).

In the present matter, the claimant proved by a preponderance of the evidence that he sustained a compensable occupational disease in accordance with Ark. Code Ann. §11-9-601(Repl. 2012). The Full Commission finds that the claimant proved he was entitled to temporary total disability benefits beginning July 8, 2018. The record shows that the claimant remained within a healing period and was totally incapacitated from earning wages beginning July 8, 2018. On November 10, 2019, Dr. Osborne answered the questionnaire and agreed that the claimant’s condition was “permanent in nature.” Dr. Osborne stated, “He will permanently have chronic systolic heart failure which will negatively impact his life....He must see my twice a year and cardiology minimum annually.”

The Full Commission recognizes that Dr. Osborne also opined on November 10, 2019 that the claimant “cannot work.” Nevertheless, the evidence demonstrates that the claimant’s condition had become “permanent” no later than November 10, 2019. *Harvest Foods, supra*. We therefore find that the claimant reached the end of his healing period no later than November 10, 2019. Temporary total disability benefits cannot be awarded after a claimant’s healing period has ended. *Milligan v. West Tree Serv.*, 57 Ark. App. 14, 946 S.W.2d 697 (1997). The Full Commission finds that the claimant proved he was entitled to temporary total disability benefits from July 8, 2018 through November 10, 2019.

In accordance with the mandate from the Arkansas Court of Appeals, and after again reviewing the entire record *de novo*, the Full Commission finds that the claimant proved he sustained a compensable occupational disease pursuant to Ark. Code Ann. §11-9-601(Repl. 2012). We find that the employer had knowledge of the injury pursuant to Ark. Code Ann. §11-9-701(b)(1)(A)(Repl. 2012). The claimant proved that the medical treatment of record was reasonably necessary in accordance with Ark. Code Ann. §11-9-508(a)(Repl. 2012). The claimant proved that he was entitled to temporary total disability benefits from July 8, 2018 through November 10, 2019.

The claimant's attorney is entitled to fees for legal services in accordance with Ark. Code Ann. §11-9-715(a)(Repl. 2012). For prevailing on appeal, the claimant's attorney is entitled to an additional fee of five hundred dollars (\$500), pursuant to Ark. Code Ann. §11-9-715(b)(Repl. 2012).

IT IS SO ORDERED.

SCOTTY DALE DOUTHIT, Chairman

CHRISTOPHER L. PALMER, Commissioner

M. SCOTT WILLHITE, Commissioner