

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. G807060

TINA MELIUS, Employee	CLAIMANT
CHAPEL RIDGE NURSING CTR., Employer	RESPONDENT
AMTRUST NORTH AMERICA, Carrier	RESPONDENT

OPINION FILED FEBRUARY 27, 2024

Hearing before ADMINISTRATIVE LAW JUDGE ERIC PAUL WELLS in Fort Smith, Sebastian County, Arkansas.

Claimant represented by MATTHEW J. KETCHAM, Attorney at Law, Fort Smith, Arkansas.

Respondents represented by WILLIAM C. FRYE, Attorney at Law, North Little Rock, Arkansas.

STATEMENT OF THE CASE

On November 30, 2023, the above captioned claim came on for a hearing at Fort Smith, Arkansas. A pre-hearing conference was conducted on September 25, 2023, and a Pre-hearing Order was filed on October 31, 2023. A copy of the Pre-hearing Order has been marked Commission's Exhibit No. 1 and made a part of the record without objection.

At the pre-hearing conference the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. The relationship of employee-employer-carrier existed between the parties on July 11, 2018.
3. The claimant sustained a compensable piriformis injury to her buttock and right thigh on July 11, 2018.
4. The compensation rates are the maximum.

5. All prior opinions are res judicata and the law of this case.

By agreement of the parties the issues to litigate are limited to the following:

1. Whether Claimant is entitled to additional medical treatment for her compensable piriformis and right thigh injuries that occurred on July 11, 2018, or alternatively, whether Claimant sustained a compensable injury to her low back on or about July 11, 2018.

2. Whether Claimant is entitled to medical treatment for compensable low back injury.

3. Whether Claimant is entitled to temporary partial disability benefits from September 19, 2019, to a date yet to be determined.

4. Respondents raise the Statute of Limitations defense.

5. Whether Claimant's attorney is entitled to an attorney fee.

The claimant's contentions are as follows:

“1. The above-listed proposed stipulations.

2. The Claimant was injured on July 11, 2018 while assisting EMS personnel who were moving a patient from a bed to a gurney. The Claimant was grabbed by the patient while lowering the patient onto the gurney which caused the claimant to come up onto her right tiptoes. The Claimant felt a pop in her glute and a muscle spasm in her thigh and calf.

On July 11, 2018, the Claimant was instructed to see Dr. Keith Holder at Mercy Clinic Occupational Medicine with complaints of sharp pain in right glute. Dr. Holder diagnosed the claimant with strain of muscle, fascia and tendon of right hip. Dr. Holder also restricted the Claimant to light duty with a follow-up in seven (7) to ten (10) days as well as hip exercises and a cane to ambulate with.

On July 19, 2018, the Claimant returned to Dr. Holder for a follow-up where she stated that the pain is worse at night as well as with sitting. Dr. Holder kept the Claimant restricted to light duty and referred her for therapy.

The Claimant continued to follow-up with Dr. Holder who continued to refer the Claimant for therapy as well as her restriction to light duty.

On August 13, 2018, the Claimant attended physical therapy for strain of muscle, fascia and tendon of right hip where it is noted she has decreased range of motion and strength as well as gait and postural deficits. The Claimant was approved for six (6) visits.

On August 23, 2018, the Claimant was seen by Dr. Holder where he recommended the Claimant to finish therapy and that he would request an MRI of the Claimant's lumbar spine and right thigh which was denied.

On October 2, 2018, the Claimant once again seen by Dr. Holder where he referred the Claimant for steroid injection by pain management. Dr. Holder kept the Claimant on light duty.

On November 13, 2018, the Claimant was seen by Dr. Brian Goodman for pain management where it he recommended the Claimant getting trigger point injection in the right gluteal muscle as well as stretching exercises and to follow-up in one (1) month.

The Claimant returned once more to Dr. Holder for a follow-up. However, any further treatment was denied by the Respondents. While the Claimant was going through the workers' compensation process, she continued to seek treatment using her own private health insurance.

On July 18, 2019, the Claimant present to Dr. Thomas Cheyne for continued right hip pain. Dr. Cheyne's diagnosed was chronic right hip pain, probable hamstring tendon injury. He recommended an MRI of right hip and pelvis as well as referred the Claimant for physical therapy.

The Claimant had an MRI completed which was normal. However, Dr. Cheyne referred the Claimant for a second opinion to try to locate the source of the pain. In the meantime, the Claimant continued to attend physical therapy for a right hamstring injury.

On August 21, 2019, the Claimant was seen by Dr. Greg Jones for a second opinion. Dr. Jones notes the Claimant's radicular pain symptoms down the right leg. Dr. Jones states that he believes that the Claimant has suffered a low back injury and has requested a lumbar MRI.

The Claimant returns to Dr. Jones post-MRI on September 4, 2019 and it was found that the Claimant has lumbar stenosis, facet hypertrophy and degenerative disc changes at L4-5 and L5-S1 disc protrusion. Dr. Jones changes the Claimant's physical therapy to focus on the Claimant's lumbar spine but that she is to continue on light duty work restrictions.

The Claimant continued with physical therapy treatment.

On November 23, 2021, the Claimant returned to Dr. Cheyne for continued pain where Dr. Cheyne opined his opinion that they right glute pain comes from the Claimant's low back and referred the Claimant for additional trigger point injections.

3. Claimant reserves the right to supplement and amend her contentions after additional discover has been completed.”

The respondents' contentions are as follows:

“Respondents contend that the Claimant did have a piriformis injury that the Court of Appeals said was in the right buttocks but not the low back. The Claimant apparently is now having problems in the low back. The Claimant testified at the previous hearing that her low back was not injured in July 11, 2018. The Court of appeals found the Claimant sustained a piriformis injury and a claim for the low back was not filed until the statute of limitations had run on this case. The Claimant is also contending that she is entitled to temporary total disability benefits. The Commission found that the Claimant was entitled to Temporary Partial Disability until sometime between September of 2018 and December of 2018 when she began a new position with the Respondents. The Claimant has not provided any off work slips. In addition, she voluntarily quit working for the Respondent-employer and went to work for another facility. Therefore, Respondents are unaware of any missed time. Next, the Claimant went from 2019 to 2021 with no medical treatment. It is Respondents position that the healing period has long since ended.

Claimant has also requested permanent partial disability and wage loss. Respondents are unaware of any impairment rating being assigned for the piriformis syndrome.”

The claimant in this matter is a 53-year-old female who at a hearing before the Workers Compensation Commission on April 16, 2019, brought a claim for benefits before an administrative law judge of the Workers Compensation Commission. Following were the stipulations and issues under consideration:

Stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. The employee/employer/carrier relationship existed on July 11, 2018.
3. The respondents have controverted the claim in its entirety.
4. The compensation rates are at the maximum and the average weekly wage is \$1,469.00.

Issues:

1. Whether claimant suffered a compensable injury to her buttocks and thigh on July 11, 2018.
2. Whether claimant is entitled to medical treatment.
3. Whether claimant is entitled to temporary partial disability benefits, from date of injury to date yet to be determined.
4. Attorney fees.

On June 25, 2019, that administrative law judge issued an opinion and found the following Findings of Fact and Conclusions of Law:

1. The claimant has failed to prove by a preponderance of the evidence that she suffered a compensable injury to her right buttock and thigh on July 11, 2018. She has failed to provide evidence in the form of objective medical findings to support her contention that she suffered spasms related to the July 11, 2018, incident and alleged injury.

2. The claimant is not entitled to temporary partial disability or medical benefits.
3. The claimant's attorney is not entitled to an attorney fee based on the above findings.

That opinion was appealed to the Full Arkansas Workers' Compensation Commission and on December 19, 2019, that opinion was affirmed and adopted by the Full Arkansas Workers' Compensation Commission.

The Full Commission's opinion was appealed to the Arkansas Court of Appeals who reversed and remanded the case back to the Full Arkansas Workers' Compensation Commission on February 10, 2021. Following is a portion of that decision:

“Accordingly, we hold that a reasonable inference from the chronology of events is that the medications, physical therapy, and pain management were prescribed to aid Melius and to treat her injury, and there was no evidence introduced to the contrary. Any other construction of these events does not withstand scrutiny or pass the test of reasonableness. *See Jefferson*, 361 Ark. at 265, 206 S.W.3d at 243. Fair-minded persons with the same facts before them could not have reached the conclusions that the Commission did. The medical evidence presented by Melius did contain objective medical findings in the form of the observations of the doctors as to the noted tenderness, the prescribed treatment for muscle spasms in the form of medication, physical therapy, and pain management. Other determinations regarding the compensability of the injury were not addressed upon the finding that Melius did not present objective medical findings. Therefore, we reinstate Melius's case and remand for further determinations of whether she suffered a compensable injury to her buttock and thigh on July 11, 2018, whether she is entitled to medical treatment, and whether she is entitled to temporary partial-disability benefits.”

The Full Commission then again received the case and issued an opinion on September 28, 2021, in which it remanded the case back to the administrative law judge level. The initial

administrative law judge who decided the case was no longer an employee of the Commission, so the case was randomly assigned by the Clerk of the Commission to a different judge in the appropriate district. Following is a portion of the Full Commission's September 28, 2021, remand to the administrative law judge level:

“Having found proof by a preponderance of the evidence of a compensable injury as documented by the Court of Appeals, the Commission remands this case to the administrative law judge for other determinations regarding the compensability for the injury which was not addressed previously by the administrative law judge. Specifically, the administrative law judge shall make further determinations of whether claimant suffered a compensable injury to her buttock and thigh on July 11, 2018, and to what extent claimant is entitled to medical treatment and temporary partial disability benefits. Therefore, this case is remanded to the administrative law judge for proceedings consistent with this order and the mandate from the Court of Appeals.”

On June 15, 2022, a prehearing conference was conducted. At that time the parties agreed to resolve the issues of compensability and medical treatment to the date of the original April 16, 2019, hearing. The only issues that remained at that time were the claimant's entitlement to temporary partial disability and whether the claimant's attorney was entitled to an attorney's fee for that benefit. The hearing was conducted by this administrative law judge on July 21, 2022, with the following stipulations and issues:

Stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. The relationship of employee-employer-carrier existed between the parties on July 11, 2018.
3. The claimant sustained a compensable piriformis injury to the buttock and thigh on July 11, 2018.

4. The respondents have agreed to pay for all medical treatment from July 11, 2018, to April 16, 2019, regarding the compensable piriformis injury to the buttock and thigh.

5. The compensation rates are the maximum.

Issues:

1. Whether Claimant is entitled to temporary partial disability benefits.

2. Whether Claimant's attorney is entitled to an attorney's fee.

The opinion in that matter was issued on October 18, 2022, which stated the following Findings of Fact & Conclusions of Law:

1. The stipulations agreed to by the parties at the pre-hearing conference conducted on June 15, 2022, and contained in a Pre-hearing Order filed July 21, 2022, are hereby accepted as fact.

2. That the claimant has proven by a preponderance of the evidence that she is entitled to temporary partial disability benefits from July 12, 2018, until she began her new position with the respondents sometime between September of 2018 and December of 2018.

3. That the claimant has proven by a preponderance of the evidence her attorney is entitled to attorney's fee in this matter.

The claimant has asked the Commission to determine whether she is entitled to additional medical treatment for her compensable piriformis and right thigh injuries that occurred on July 11, 2018, or alternatively, whether the claimant sustained a compensable injury to her low back on or about July 11, 2018. On July 31, 2019, the claimant was seen by Dr. Thomas Cheyne at Mercy Clinic River Valley. Following is the body of his clinic note:

Ms. Melius returns for follow up of her chronic right hip pain. She had her MRI scan of her hip which was essentially normal other than an incidental finding of a left ovarian cyst. She has a history of ovarian polycystic disease so she is well aware of the finding and is seeing her gynecologist in that regard. I continue to believe that this is not a lower back issue. I also do not believe that this is a

right hip joint issue but more likely muscle or tendon injury. Other than physical therapy and anti-inflammatories which have so far not helped, I would recommend getting her in to see Dr. Jones just for a second opinion evaluation and get his ideas about the possible source of her pain. We will schedule that appointment as soon as time is available.

On August 21, 2019, the claimant was seen by Dr. Greg Jones at Mercy Clinic River Valley. Following is the body of his clinic note:

Ms. Melius is a 49-year-old from Alma who presents at Dr. Bishop's request regarding right hip pain and back pain that has been going on since she had a patient lifting incident on 7/11/18. She apparently has been denied as workman's comp. She felt a pop and has had pain the posterior aspect of her hip, states that she has had a "knot." She has been treated with physical therapy for "piriformis syndrome." She has been told by the therapist on multiple occasions that they can feel the lump. Physical therapy seems to have helped her get some motion back and she is not as tight as she was but she comes in for complaints of her continued hip pain.

On exam, she has mild to moderate greater trochanteric bursitis. The radicular pain symptoms are down the right leg and she has mild straight leg raise.

I think that she has hurt her back. This isn't a piriformis lesion. Certainly that can contribute to sciatic inflammation, but I think we need to find out at this point, a year after the index injury, if there is something more serious in terms of her back that could be addressed. She was at Chapel Ridge Health & Rehab when this occurred. Dr. Bishop is her primary medical physician. They have an MRI of the hip I have reviewed it carefully. There is no evidence of tendon avulsion, femoral acetabular arthritis, avascular necrosis, or other intrinsic femoral acetabular issues in terms of the source of her present discomfort. On external rotation, the hip did not reproduce her pain and while palpably she is tender posteriorly along the tract of the sciatic nerve, I do not feel an actual muscle avulsion where the "lump" that the therapist has been so prominent about.

We will see her back when the lumbar MRI is completed and proceed with conservative care further. Previous lumbar spine x-rays from July 18th were reviewed. These are from 2019. She has

straightening and loss of the lumbar lordosis. There is no obvious listhesis or scoliotic pattern. There is spur-type lipping anteriorly at 4-5 and at T11-T12. Disc space heights are fairly well maintained but subchondral endplate sclerosis is noted. On the foraminal outlet view there appears to be facet arthropathy, interference at 4-5 and at 5-1. No fractures and no destructive lesion evident. No new x-rays are made on today's spine films. We will see her when the MRI is completed. No additional x-rays need to be made at that time. Previous hip x-rays were reviewed and although she has some calcific density at the abductor insertion on the right hip, prominent greater trochanter changes, these are not consistent with femoral acetabular arthritis. No leg length inequality and these again are hip x-rays made in July and no new files are made.

On August 28, 2019, the claimant underwent an MRI of the lumbar spine. Following is a portion of that diagnostic report signed by Dr. Adam Gold:

IMPRESSION:

1. Central/left paracentral disc protrusion L4-5 level, along with hypertrophy the facets and ligamentum flavum causing at least moderate central stenosis with probable mass effect left L5 nerve root lateral recess.
2. Broad-based central protrusion L5-S1 level mild central stenosis. There may be some mild mass effect left S1 nerve root lateral recess.

On September 4, 2019, the claimant was again seen by Dr. Jones. Following is the body of that clinic note:

Ms. Melius is a nurse at local Chapel Ridge Health & Rehab. She has been on limited duty pushing a cart. She has not been engaged in lifting activities. She comes back for followup of her MRI. She has lumbar stenosis, facet hypertrophy and degenerative disc changes at L4-5 and L5-S1 with disc protrusion. Her symptoms have improved considerably with the physiotherapy. I do not think she has a herniated disc that requires surgery. We have talked about the implications of this level of back trouble. At age 49 in terms of her body habitus, her lifting, etc., I recommended that she not be lifting patients. Physical therapy will be changed to include spinal flexibility and strengthening. I think the piriformis syndrome is not the answer but rather the stenotic phenomenon,

and given that she is this much better with therapy, surgery is a last resort. Lumbar epidural steroids may be of benefit.

She has asked that I opine as to its onset. Certainly, the story she provided historically that she felt a pop, had swelling and presented immediately, this represents an exacerbation of an underlying degenerative disc phenomenon and at least by the historical information stated, she is thankfully better and I do not think will require any surgical intervention at this juncture, but it has lifelong implications which we have discussed at length. We will change physical therapy. I asked her to do that twice daily. Her injury was in July 2018 so she is making it pretty decent. I think she should remain with a limited duty status in terms of avoidance of patient lifting and we will leave her followup here open ended.

On November 23, 2021, the claimant again saw Dr. Cheyne. Following is the body of his clinic note:

Ms. Melius is seen back for the first time since I last saw her in July 2019 with right buttock pain. She eventually saw Dr. Jones who thought that this was likely related to her back. She had an MRI scan done and had a left paracentral disk protrusion at L4-5 and a central disk protrusion at L5-S1. She got better to a point with physical therapy and anti-inflammatory medications. She also got some relief from a gluteal injection which was done by Dr. Goodman; however, she has persistent pain. I have looked at her MRI scan and still believe that this is likely related to her back, although it is certainly possible since she got relief from the injection by Dr. Goodman. We will get her back in to see him for another injection or 2. If gluteal injections do not work, then we will consider LESIs.

The claimant's request for additional medical treatment for her compensable piriformis and right thigh injuries is denied as no doctor has recommended any treatment for her piriformis and/or right thigh since July 31, 2019, when Dr. Cheyne requested a second opinion from Dr. Jones. In Dr. Jones' August 21, 2019, clinic note he states, "I think she has hurt her back. This isn't a piriformis lesion." The medical records in evidence show no indication of any medical

treatment for the claimant's piriformis and/or right thigh. Medical records do, however, indicate treatment for the claimant's lower back.

The claimant has alternatively asked the Commission to determine whether she sustained a compensable injury to her low back on or about July 11, 2018. The claimant filed an AR-C in this matter on October 16, 2018, which is found at Respondents' Exhibit 3. The AR-C provides a space to "Briefly describe the cause of the injury and the part of the body injured." The claimant's AR-C states, "Was helping lift a patient to move to another facility when felt twinge in buttocks. Buttocks and thigh."

There is no indication in the October 16, 2018, AR-C of a low back injury that she now claims.

On cross examination the claimant was asked about her October 16, 2018, AR-C and about her testimony from the original April 16, 2019, hearing in this matter as follows:

Q Ms. Melius, I am going to hand you this. This was filled out on October 16, 2018. It is Respondents' Exhibit No. 3 and it is signed by you; is that correct?

A Yes.

Q And this would have been done after the date of injury; is that correct?

A Yes.

Q Okay. Would you tell me what body parts you listed as your injury?

A By buttocks and thigh.

Q Okay. And you are an RN; is that correct?

A No, sir.

Q You are an LPN?

A Yes, sir.

Q So you know the difference between low back and the buttocks and the thigh area. Is that a fair statement?

A Yes, sir.

Q Okay. As a matter of fact, at your hearing, the first hearing, I asked you on Page 23, “Are you claiming today that you suffered a back injury?” Do you remember your answer?

A And which date was that, sir?

Q This was the first hearing.

A Yes, sir. I said, “No, sir.”

Q Okay. And this would have been months after the injury; is that correct?

A Yes, sir.

The claimant, neither through the original hearing in 2019 or at any other point in testimony, describes any type of injury to her lower back, only to her piriformis and right thigh; the buttock area. Dr. Jones ordered an MRI that was performed on August 28, 2019, regarding the claimant’s low back. That MRI does show objective medical findings of low back derangement at both the L4-5 and L5-S1 levels. However, the claimant must be able to show a causal connection between those objective medical findings of low back derangement and the July 11, 2018, incident that she alleges to have caused them.

Dr. Jones clearly believes the claimant’s difficulties are not from her compensable piriformis and right thigh injury, but instead from her low back. In his September 4, 2019, clinic note he states, “I think the piriformis syndrome is not the answer, but rather the stenotic phenomenon, and given that she is this much better with therapy, surgery is a last resort.”

However, the claimant's difficulties have always been on her right side. The MRI of the claimant's lumbar spine does not show any right sided stenosis. The Impressions section states, "moderate central stenosis with probable mass effect left L5 nerve root lateral recess" and "mild central stenosis. There may be some mild mass effect left S1 nerve root lateral recess." The claimant's low back issues are left sided, not right sided, where her symptoms have always existed.

Dr. Jones' clinic note of September 4, 2019, also states, "Certainly, the story she provided historically that she felt a pop, had swelling and presented immediately, this represents an exacerbation of an underlying degenerative disc phenomenon and at least by the historical information stated, she is thankfully better and I do not think will require any surgical intervention at this juncture, but it has lifelong implications which we have discussed at length."

The claimant's original hearing testimony about her July 11, 2018, incident was in part as follows:

So I lowered the bed down and I just pushed it with my hand and when I went to step, it was – it's like you could almost hear it, but feel it at the same time, a popping in my buttocks and my right side. And when I went to step, my calf drew up and the pain shot down my buttocks to behind my knee.

So I stood there for a second and I rubbed my bottom and then I reached down and felt my calf which was rock hard. And I was rubbing it and I was rubbing my bottom and I thought my God. So then I tried to step forward again and my leg made full contact and then it drew right back up. So I stood there a minute and kept rubbing it. Then I –

Q When you say it, are you referring to –

A My buttocks.

Q Your buttocks.

A Yes.

Q Was your calf muscle still –

A It was drawn up.

Q Spasming? Okay.

A I don't know if you would call that my calf was spasming, but it was just rock hard from being drawn up, almost like a leg cramp.

Q When you mentioned what you described as a pop sensation and sound, where exactly was that?

A In my right glute.

Any pop or swelling heard or felt by the claimant was only in her piriformis and right thigh or buttock area, certainly not in her left lower extremity or lower back. I am unaware of any testimony or evidence that contradicts the claimant's original testimony about what occurred at the time of the injury. The claimant is unable to prove a causal connection between her July 11, 2018, incident and the objective medical findings of low back derangement in evidence. As such, the claimant has failed to prove she sustained a compensable low back injury on or about July 11, 2018.

The claimant is unable to prove that she is entitled to medical treatment for her low back as she is unable to prove a compensable low back injury on July 11, 2018.

The claimant has asked the Commission to determine if she is entitled to temporary partial disability benefits from September 19, 2019, to a date yet to be determined. The claimant is unable to prove her entitlement to temporary partial disability benefits regarding her low back as she is unable to prove her alleged low back injury compensable. As previously stated, a hearing was conducted in this matter on July 21, 2022, with two issues: "1. Whether the claimant

is entitled to temporary partial disability benefits;” and “2. Whether the claimant’s attorney is entitled to an attorney’s fee” regarding the claimant’s piriformis injury to the thigh and buttock. The opinion filed from that hearing was filed on October 18, 2022, which found: “2. The claimant has proven by preponderance of the evidence that she is entitled to temporary partial disability benefits from July 12, 2018, until she began her new position with the respondents sometime between September of 2018 and December of 2018;” and “3. That the claimant has proven by a preponderance of the evidence that her attorney is entitled to an attorney’s fee in this matter.” The decision finding temporary partial disability benefits regarding the claimant’s piriformis injury to the thigh or buttocks was not appealed and has become res judicata and the law of this case. There is no indication in the medical records placed into evidence, the most recent of which is dated November 23, 2021, that the claimant remains in or has reentered her healing period at any time after July 21, 2022. In order to receive partial disability benefits the claimant must be able to prove she is in a healing period. She cannot do so and, as such, she cannot prove entitlement to temporary disability benefits.

The respondent has raised the statute of limitation defense in this matter. Even if the claimant was able to prove a compensable injury to her low back on July 11, 2018, the claimant’s claim would be barred by the statute of limitations. The claimant alleges an injury on July 11, 2018, to her low back. An AR-C was filed regarding her thigh and buttocks on October 16, 2018, but does not indicate any low back injury. While medical records in evidence do discuss a low back injury in August and September of 2019, the first claim made of a low back injury by the claimant is on June 13, 2022, when the claimant filed a prehearing questionnaire with the Commission listing compensability of a low back injury on July 11, 2018, as an issue. The statute of limitations would have barred the claimant from bringing such a claim on July 12,

2020. The claim was not made until nearly two years later in the June 13, 2022, filing of the claimant's prehearing questionnaire with the Commission.

From a review of the record as a whole, to include medical reports, documents, and other matters properly before the Commission, and having had an opportunity to hear the testimony of the witness and to observe her demeanor, the following findings of fact and conclusions of law are made in accordance with A.C.A. §11-9-704:

FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The stipulations agreed to by the parties at the pre-hearing conference conducted on September 25, 2023, and contained in a Pre-hearing Order filed October 31, 2023, are hereby accepted as fact.

2. The claimant has failed to prove by a preponderance of the evidence that she is entitled to additional medical treatment for her compensable piriformis and right thigh injuries that occurred on July 11, 2018.

3. The claimant has failed to prove by a preponderance of the evidence that she sustained a compensable injury to her low back on or about July 11, 2018.

4. The claimant has failed to prove by a preponderance of the evidence that she is entitled to medical treatment for her alleged compensable low back injury.

5. The claimant has failed to prove by a preponderance of the evidence that she is entitled to temporary partial disability benefits from September 19, 2019, to a date yet to be determined.

6. The respondents' defense of the statute of limitations is moot in that the claimant has failed to prove her low back injury compensable.

7. The claimant has failed to prove her attorney's entitlement to an attorney's fee in this matter.

ORDER

Pursuant to the above findings and conclusions, I have no alternative but to deny this claim in its entirety.

If they have not already done so, the respondents are directed to pay the court reporter, Veronica Lane, fees and expenses within thirty (30) days of receipt of the invoice.

IT IS SO ORDERED.

**HONORABLE ERIC PAUL WELLS
ADMINISTRATIVE LAW JUDGE**