

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. H303403

MELONY WORKMAN, Employee	CLAIMANT
TEC, THE EMPLOYMENT CO., INC., Employer	RESPONDENT NO. 1
WHITEROCK CAPITAL ACQ. FUND d/b/a FABTECH, Employer	RESPONDENT NO. 2
MIDWEST INS. CO., Insurance Carrier/TPA	RESPONDENT NO. 1
FEDERAL INS. CO., Insurance Carrier/TPA	RESPONDENT NO. 2

OPINION FILED JANUARY 23, 2024

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

Claimant represented by MICHAEL L. ELLIG, Attorney at Law, Fort Smith, Arkansas.

Respondents No. 1 represented by JAMES A. ARNOLD II, Attorney at Law, Fort Smith, Arkansas.

Respondents No. 2 represented by DAVID C. JONES, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On October 26, 2023, the above captioned claim came on for a hearing at Fort Smith, Arkansas. A pre-hearing conference was conducted on August 21, 2023, and a Pre-hearing Order was filed on August 22, 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 Respondent No. 1 from September 22, 2022, until December 18, 2022, and between Respondent No. 2 from December 19, 2022, until April 23, 2023.

3. The claimant was earning sufficient wages to entitle her to compensation at the weekly rates of \$427.00 for temporary total disability benefits and \$321.00 for permanent partial disability benefits for Respondent No. 1, and \$380.00 for temporary total disability benefits and \$285.00 for permanent partial disability benefits for Respondent No. 2.

4. The respondents have controverted the claim in its entirety.

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

1. Whether Claimant sustained a compensable injury to her bilateral hands and wrists in the form of Carpal Tunnel Syndrome beginning on or about October 7, 2022, through April 27, 2023; and whether Claimant was an employee of Respondents No. 1, Respondents No. 2, or both, from October 7, 2022, through April 27, 2023.

2. Whether Claimant is entitled to medical treatment for compensable bilateral hand and wrist injury.

3. Whether Claimant is entitled to temporary total disability benefits from April 28, 2023, to a date yet to be determined.

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

5. Respondents raise lack of notice as a defense in that the June 9, 2023, AR-C was the first notice of any alleged work-related injury.

The claimant's contentions are as follows:

“The claimant contends that as a result of her day to day employment activities, she has sustained compensable injuries to her wrist and hands, which is in the form of bilateral carpal tunnel

syndrome. She contends that these injuries have reasonably required and will continue to require medical services (including surgical intervention). She also contends that these injuries have caused her to be temporarily totally disabled from April 28, 2023, through a date yet to be determined. Finally, she contends that her attorney is entitled to the statutory fee on all appropriate benefits subsequently awarded.”

Respondents No. 1’s contentions are as follows:

“TEC disputes at this time that it was the employer of the Claimant at the time of the of the alleged injury and therefore states that it has no liability for any compensation benefits that may be due or become due.”

Respondents No. 2’s contentions are as follows:

“1. Respondents No. 2 contend that the Claimant was not an employee of Respondent No. 2 on October 7, 2022, the date of the alleged gradual-onset injury.

2. Respondents No. 2 contend that the Claimant did not technically become an employee of Respondent No. 2 until December 2022, with the specific date of her hiring to be supplemented at a later date.

3. Respondents No. 2 contend that the Claimant did not sustain compensable carpal tunnel syndrome during the course and in the scope of her employment with Respondent No. 2. In that regard, Respondents No. 2 contends that the “major cause” of the Claimant’s carpal tunnel syndrome was not a result of her work activities for Respondent No. 2.

4. In the alternative, Respondents No. 2 contend that if the claim is held compensable, the Claimant would not be entitled to any benefits until the date of notice, with the date of notice being June 9, 2023, pursuant to the Form AR-C filing.

5. Respondents No. 2 contend that they would be entitled to an offset for any group health carrier, disability carrier, and/or unemployment benefits paid to or on behalf of the Claimant, should the Claimant have applied for and received any said benefits.

6. Respondents No. 2 would reserve the right to amend and supplement their contentions after the discovery has been completed.”

The claimant in this matter is a 44-year-old female who alleges to have sustained compensable bilateral carpal tunnel syndrome in her hands and wrists beginning on or about October 7, 2022, through April 27, 2023. The claimant worked in a factory setting that manufactured metal parts. This matter involves two respondents: Respondent No. 1, which is a temporary employment agency, and Respondent No. 2, which is in the business of manufacturing metal parts.

The claimant worked at Respondent No. 2’s manufacturing facility beginning September 22, 2022, but was an employee of Respondent No. 1, a temporary employment agency. The claimant’s employment with Respondent No. 1 ended on December 18, 2022. On December 19, 2022, the claimant remained in the same job at Respondent No. 2’s facility, but also became employed by Respondent No. 2 at that time. The claimant continued in the employment of Respondent No. 2 until April 23, 2023.

The claimant, while employed by both Respondent No. 1 and Respondent No. 2, had the same work activities. The claimant described those activities on direct examination as follows:

Q Okay. And would you describe for the Judge what your job there involved.

A Each day we would come in. They have a metal laser cutter and we would cut out pieces of metal, various sizes and weights and material, that we would break out other pieces, large sheets. And there we would – usually either we would block them like a two- to five-pound piece of metal. We would block it to knock the burs, the metal burs off the fresh cutout metal.

Then after that we would continue the process of going to belt sanding each and every piece, both sides. Then we would use a DA palm sander and a grinder and this was hundreds to a thousand

parts sometimes a night, every day for ten hours. We would belt sand and DA every part.

Q And when you are knocking the burs off, what did that involve?

A They have a stainless steel block and like I said, it weighed between two to, you know, three pounds or something like that and we would take it and rake it across the metal part, the steel part, and bust off the little pieces of slag that was still on the metal part. And you just had to bust it off there with the weight of the block in your hand and then stack them up and then continue on with this process.

Q Was the metal in a vise or was something holding it?

A No.

Q Or did you hold it by hand?

A We would hold it by hand with one hand and with the other we would block it.

Q Okay. Were there a number of different pieces and shapes and things?

A Absolutely, yes. They varied from an inch, by an inch size, and in that case there would be buckets with thousands of parts in there or at least several, several hundred in a big tote. And we would have to do each and every piece the same way. We would belt sand it and then grind it and then sand every part.

Q Describe, if you would, more in detail what this involved. You would take the part out a bucket or off a pallet or a flat or whatever?

A Exactly. And then like I said, we would block it if that was the type of metal. If it was aluminum, we didn't have to do that. We would just belt sand every side of the part and then we would stack it back up.

And then after that, we would either grind it if it needed grinding or – and every part when it was aluminum, both sides always got DA sanded with a palm sander, a vibrating little palm sander. And every part if it was aluminum always got sanded on both sides.

Q Do you have any idea how many parts you would run a day?

A It varied from day-to-day, but there were – one part in particular, I couldn't know for sure, we did between 1,000 and 1,200 a night of this one particular steel-like gear-type thing.

Another process that we did to that exact same part, we would stack up after, you know, we would do the belt sanding and the grinding and the DA into it, and then there were little holes in it and I would have to take a drill tap and I would put the threads in the holes and that would consist of me holding the button down, drilling it through and then pushing another button to hold down and raising it back up out of there. And I had to do that for like nine holes on each piece, the same amount, like 1,200 pieces, nine times.

Q And how many hours would you do this type of work a shift?

A Ten.

On direct examination the claimant was asked about when her symptoms began, and her initial medical treatment as follows:

Q Now, when did you start having problems with your hands?

A I mean it was – I remember mentioning it to my doctor about how they were kind of going numb pretty early in October when I went to the doctor for something unrelated to this. And I mentioned to her, you know, that I was having some tingling in my hands. So early in October, I guess. Middle of October.

Q When these problems started, was it just tingling?

A Yeah, it was tingling and a little bit of numbness.

Q At that time did you know what was causing this problem?

A No, sir. I wasn't real sure.

Q Did you see a doctor?

A I mean I was going to a primary already and I mentioned to her what was going on. And the next time I went back later on that month, I told her it had progressed because it had. It had gotten to where it was shooting pains up my arm, up my forearm. And she prescribed me some prednisone steroid of some sort and a couple other like muscle relaxants – not relaxants. They were – meloxicam is what it was, I remember, and it was supposed to help with that sort of pain, but none of them did anything for my hands.

Q Before you saw your PCP, did you see a chiropractor?

A Yeah. I did that out of my own pocket just to – I wasn't sure. I was trying to eliminate, you know, things that might possibly be what was wrong. I wasn't sure. I thought it might be like a pinched nerve in my back or something, you know. So I went to the chiropractor and told her what my symptoms were and could you help, you know, because the pain had gotten so bad that, I mean, I would cry before I would go to work sometimes. I would cry when I woke up.

The claimant was seen at UAMS Family Medical in Fort Smith by Dr. Cassidy Goff on October 7, 2022, for a variety of complaints including her bilateral hand symptoms. Following is a portion of the medical record from that visit:

The patient is here for an ER follow up.

She was seen in the ED for hypertension in July. Her BP was 178/97 in the Ed when she went. She was put on hydrochlorothiazide 12.5mg for 30 days. She did take her BP on that medication but reports that it was still in the 140s and 150s. She ran out of the meds over a month ago and was unable to get a refill since she did not have a PCP. Her BP is 124/96 today. She states that this is the lowest her systolic has been since she started checking it. She reports that it usually runs in the 140s and 150s.

She also reports numbness and loss of grip strength in both of her hands that radiate up her arms. She reports that this happened once about 19 years ago but resolved on its own quickly. This time it has not gone away and continues to get worse. The distribution appears to be in the C7 area.

The claimant continued to be employed by Respondent No. 1 and worked in Respondent No. 2's facility as she was not restricted in any activities. As seen in Dr. Goff's October 7, 2022, record of the claimant's visit, Dr. Goff believed the claimant's symptoms in her hands to be related to her cervical spine and continued to treat those symptoms as such.

On October 25, 2022, the claimant was again seen by Dr. Goff, her primary care physician at UAMS Family Medical. Following is a portion of that medical record:

The patient is here for a follow up.

She reports that she is still having the numbness and tingling of her arms and hands. It is now both arms and it has continually gotten worse. She did not go to the physical therapy that I ordered because she has been too busy to call them back. She reports that she is unable to even use a lighter at this time. She feels that her hands are drawing up.

She was also started on lisinopril at her last appointment. She is currently taking lisinopril 5mg daily. She brought in bp readings from each day that are averaging 156/95. She is open to increasing her medication dosage.

On December 18, 2022, the claimant's employment with Respondent No. 1 ended and her employment with Respondent No. 2 began on December 19, 2022. During this time the claimant continued with the same work activities that she had previously been performing while an employee of Respondent No. 1.

The claimant's complaints of difficulties in her hands continued and she again saw Dr. Goff on January 6, 2023. Following is a portion of that medical record:

The patient is here for a follow up on her hypertension and C7 radiculopathy.

She states that her BP has been better since increasing her lisinopril to 10mg. It is 130/84 today which is down significantly since last visit. She denies any issues with her BP or side effects

from the increase in medication. We will continue at this dose for now.

She states that her C7 radiculopathy has not improved. She states that when she took the prednisone that she had some pain relief but it only lasted as long as she was on the medication. She reports no relief with the Meloxicam. She did go to physical therapy but reports that it only made her hurt worse. However, she has noticed since physical therapy that the pain is no longer at her neck and upper arms, but is only located in her forearms and hands. She describes it as burning and tingling along with numbness and loss of grip strength. She reports a tightness in the muscles of her forearms as well.

On January 18, 2023, a medical record introduced into evidence records a message left by the claimant to Dr. Goff. That message states:

Dr. Goff,
I don't think the gabapentin is helping at all. Or I'm just not taking enough. Cause my hands are hurting extremely bad. Like the meds are not helping any. Can we please do something different soon?

On January 21, 2023, the claimant sends another message to Dr. Goff, which states:

Dr. Goff,
Something has to change with what we are doing for my hands. They are getting worse. Starting to swell some. The pain and numbness is pretty much constant. My muscles or tendons in both hands feel like they are cramping up. Or drawing up. When I try to pick any sort of weight up, it feels like a popping of something in my hands. It hurts extremely bad. Please, can we do something soon. I don't want this to get even worse. Or wind up having permanent results. I'm willing to try anything. The meds I'm on are doing nothing at all for me. Nothing.

Dr. Goff responds on January 23, 2023, as follows:

I have ordered a neck XR in clinic for you to come by and get whenever you can. I also have ordered a nerve conduction test. The XR is necessary in order for us to be able to get an MRI. We will start with the neck since it is b/l pain and we will go from there. As soon as I have XR results I can order the MRI.

On February 19, 2023, the claimant underwent a nerve conduction study performed by Dr. Miles Johnson at Northwest Arkansas EMG Clinic. Following is a portion of Dr. Johnson's report from that diagnostic testing:

CHIEF COMPLAINT: Pain, numbness and tingling in the hands.

HISTORY OF PRESENT ILLNESS: Patient is a 43-year-old right-handed female with a 4-month history of bilateral hand pain, numbness, tingling, burning, and weakness. Symptoms are worse with gripping or when she is sleeping. Some improvement with hanging the extremities in a dependent position or shaking them. Denies any radiating neck pain. Patient has been seen by Dr. Gills and is referred for electrodiagnostic testing of the bilateral upper extremities.

ASSESSMENT: Severe bilateral carpal tunnel syndrome. There is no electrodiagnostic evidence of radiculopathy, plexopathy, generalized peripheral neuropathy or other peripheral nerve entrapment syndromes.

PLAN: Patient has been counseled regarding the above findings and has been instructed to schedule a follow up appointment in your office for further evaluation in order to utilize these results on the treatment/management of their condition. Would recommend evaluation of bilateral carpal tunnel releases.

On February 20, 2023, the claimant underwent a CT of the cervical spine without contrast at Baptist Health in Fort Smith. Dr. Ismail Ihmeidan issued a diagnostic report from the claimant's cervical CT. The Impression section of that report states:

Impression:

Radiographic interpretation and impression:

Dextroscoliosis of the cervical spine with extensive degenerative disc and facet joint disease causing moderate foraminal narrowing more pronounced on the left at C5-C6 level and on the right at C3-C4 level. No acute compression fractures are identified. Moderate canal stenosis also seen at C5-C6 level.

On February 28, 2023, Dr. Goff leaves a message for the claimant regarding the claimant's recent testing. Dr. Goff's notes of that message state:

I called and left a message for the patient to go over her MRI and nerve conduction study results. Both studies were abnormal. The nerve conduction study showed severe bilateral carpal tunnel and they recommended a carpal tunnel release. Her MRI showed severe cervical degeneration and moderate foraminal stenosis. We have already referred her to Neurosurgery for this so she will need to set up an appointment.

On March 2, 2023, the claimant returns Dr. Goff's call and Dr. Goff records notes about their telephone interaction as follows:

The patient called back and I went over the results with her. I told her the next course of action was a b/l carpal tunnel release which can be done by neuro or ortho whichever is quickest. I will check with referrals for this to see who we can get her in with quicker. She has already been referred to neuro surgery and is waiting on an appointment. She will also need to see neuro for her cervical spine.

Dr. Goff referred the claimant to Baptist Orthopedics at that time with the following scheduling instructions found at Claimant's Exhibit 1, page 34, "Please schedule with ortho or neuro, whoever would be able to get her in quicker for a b/l carpal tunnel release that is a very severe case."

On May 23, 2023, the claimant was seen by Dr. Kaleb Smithson, who is an orthopedic surgeon that specializes in hands and upper extremities. Following is a portion of that medical report:

Chief Complaint: Bilateral hand numbness.

History of Present Illness: Melony A. Workman is a 43 y.o. right hand dominant female patient. Presents today for severely worsening numbness and tingling involving her thumb index and long finger of both hands on right worse than left. This initially began in November 2023. She had a physically demanding job with vibratory tools which significantly exacerbated her symptoms.

Recently had a NCS/EMG completed and is here today with results to discuss. No history of diabetes. Pack per day smoker.

Impression/Plan:

1. Bilateral wrist pain (Primary)
- XR Wrist 3 Vw Bilat
2. Severe carpal tunnel syndrome, right.
3. Severe carpal tunnel syndrome, left

Severe bilateral CTS, right more symptomatic. Discussed carpal tunnel decompression in detail including perioperative expectations and postoperative recovery. All questions were answered and she elected to proceed.

I have discussed with the patient the relevant risks, benefits and alternatives to proposed procedure. The risks include but are not limited to anesthesia complications, pain, bleeding, infection, damaged structures, and the potential need for additional surgical intervention. The patient expresses verbal understanding and desires to proceed with surgery.

The claimant continued to work without restrictions until April 23, 2023, when she was fired due to her attendance or “no call, no show.” The claimant testified on cross examination by Respondent No. 2’s attorney about knowledge of how to report a workplace injury and her lack of reporting her bilateral hand and wrist difficulties while employed by both Respondent No. 1 and Respondent No. 2 as follows:

Q And you are not disputing and I think you told us in your deposition, and you were very upfront about it, that you new how and when to report work-related injuries?

A Yes, sir.

Q All right. In fact, you didn’t ever go to – while you may have complained to Bee – and we are going to call him Bee today.

A Yes, sir.

Q You may have complained, but you never said, hey, I have a work-related injury and I want to file a claim?

A No, sir.

Q Okay. And you didn't file a claim when you worked for either TEC or when you worked for Fab-Tech?

A No, sir.

Q Okay. It was after –

A After I got the nerve conduction.

Q -- you were terminated. Essentially, you quit coming in and no call, no show as they say? Is that fair to say?

A Yes, sir.

Q And I think you even told me in the deposition you didn't know – you told Bee you didn't know what was going on with your arms and hands. Is that fair to say?

A Yeah. I couldn't pin it on one thing in particular. I didn't know.

Q Right. And when you were hired on with actually Fab-Tech, White Rock, you went through their orientation process as well; correct?

A. Yes.

Respondent No. 2 called Siensavanh Phothisane, who supervised the claimant while she was employed by both Respondent No. 1 and Respondent No. 2. Mr. Phothisane is commonly known as “Bee” as a witness. Mr. Phothisane confirmed the claimant's testimony that she did not report a workplace injury.

It is the claimant's burden to prove that she sustained a compensable injury to her bilateral hands and wrists in the form of carpal tunnel syndrome. The claimant alleges a wide time period from October 7, 2022, through April 27, 2023, for her alleged bilateral carpal tunnel

injury to have culminated, that alleged period spanning the employment with both Respondent No. 1 and Respondent No. 2. The claimant is able to show objective medical findings of bilateral carpal tunnel syndrome in the results of her February 9, 2023, nerve conduction study performed by Dr. Johnson. In fact, Dr. Johnson described “severe bilateral carpal tunnel syndrome” in his assessment of the claimant. The claimant is able to prove the existence of objective medical evidence of bilateral carpal tunnel syndrome.

The claimant first reported difficulties with her hands to Dr. Goff, her primary care physician, on October 7, 2022. The claimant reported “numbness and loss of grip strength in both of her hands that radiated up her arms.” The claimant also reported at that visit a similar issue with her hands 19 years prior that quickly resolved on its own. The claimant’s bilateral symptoms continued to worsen. At her October 25, 2022, visit with Dr. Goff, she reported the claimant was “unable to even use a lighter at this time” and “she feels her hands are drawing up.” Dr. Goff appeared to treat her bilateral hand complaints as a result of a cervical spine issue. However, in the claimant’s subsequent visits her bilateral hand complaints continue to worsen.

The claimant’s work was very hand intensive for both Respondent No. 1 and Respondent No. 2 in that it was the same work activities. The claimant’s testimony was collaborated by Mr. Phothisane in his testimony. Given the nature of the claimant’s work activities, medical records in evidence, and her objective medical findings, I find the claimant sustained compensable bilateral carpal tunnel syndrome. I find that the claimant’s bilateral carpal tunnel syndrome culminated by at least October 25, 2022. During that period of time the claimant was employed by Respondent No. 1. While the claimant’s condition continued during the period of time she was employed by Respondent No. 2, the culmination of that injury had already occurred as she was not an employee of Respondent No. 2 until December 19, 2022. Respondent No. 2 has no

liability in this matter as the claimant is unable to prove she sustained bilateral carpal tunnel syndrome while employed by Respondent No. 2 as she had already sustained bilateral carpal tunnel syndrome while employed by Respondent No. 1 in October 2022.

The claimant has asked the Commission to determine whether she is entitled to reasonable and necessary medical treatment for her compensable bilateral carpal tunnel syndrome. The claimant is entitled to reasonable and necessary medical treatment including surgical intervention recommended by Dr. Smithson at Baptist Health Orthopedics which had not performed at the time of the hearing in this matter.

The claimant has asked the Commission to determine whether she is entitled to temporary total disability benefits from April 28, 2023, to a date yet to be determined. I find no evidence in the medical record of the claimant being taken off work or given restriction to her physical activities by a medical provider. The claimant's employment ended with Respondent No. 1 on December 18, 2022, and she began to work for Respondent No. 2 on December 19, 2022. Her employment with Respondent No. 2 ended on April 23, 2023, when she was terminated for being absent from work without notifying Respondent No. 2. The claimant testified on direct examination as follows:

Q Did you quit Fab-Tech or stop working at Fab-Tech?

A Yes. I just eventually stopped going. I mean I felt like it was going to ruin my hands permanently.

The claimant may certainly have stopped working because she believed it would “ruin my hands permanently”, but there is no evidence of any medical provider giving such an opinion or instructions to stop work. The claimant has failed to prove her entitlement to temporary total disability benefits.

Both Respondent No. 1 and Respondent No. 2 have raised the lack of notice defense in that they allege a June 9, 2023, AR-C was the first notice they received of the claimant alleging a work-related injury. The defense raised by Respondent No. 2 is moot as I have found no liability with Respondent No. 2 in this matter. However, the claimant's own testimony confirms she knew how to report a work-related injury and, even so, never reported a work-related injury relating to her hands to either respondent while in their employ. It does, from the record, appear that Respondent No. 1 would have first received notice from an AR-C filed on July 5, 2023. That AR-C has been blue-backed and made part of the record herein. As such, the claimant is not entitled to any benefit under the Workers' Compensation Act prior to July 5, 2023.

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 witnesses and to observe their 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 August 21, 2023, and contained in a Pre-hearing Order filed August 22, 2023, are hereby accepted as fact.

2. The claimant has proven by a preponderance of the evidence that she sustained a compensable injury to her bilateral hands and wrists in the form of carpal tunnel syndrome that culminated on October 25, 2022, while she was an employee of Respondent No. 1.

3. The claimant has failed to prove by a preponderance of the evidence that she sustained a compensable injury to her bilateral hands and wrists in the form of carpal tunnel syndrome

beginning on or about October 7, 2022, through April 27, 2023, while she was an employee of Respondent No. 2.

4. The claimant has proven by a preponderance of the evidence that she is entitled to reasonable and necessary medical treatment for her compensable bilateral carpal tunnel syndrome.

5. The claimant has failed to prove by a preponderance of the evidence that she is entitled to temporary total disability benefits.

6. Respondent No. 1 is able to prove their lack of notice defense in that the claimant did not provide notice to Respondent No. 1 until an AR-C filed on July 5, 2023. As such, the claimant is not entitled to any benefits under the Workers' Compensation Act until after July 5, 2023.

7. Respondent No. 2's lack of notice of defense is moot.

8. The claimant's attorney has failed to prove his entitlement to an attorney's fee in this matter as no indemnity benefits have been awarded.

ORDER

Respondent No. 1 shall pay for reasonable and necessary medical treatment regarding the claimant's compensable bilateral carpal tunnel syndrome beginning after July 5, 2023, in that the claimant is barred from receiving benefits prior to July 5, 2023, due to her lack of notice to Respondent No. 1 of her allegation of a compensable injury.

Pursuant to A.C.A. §11-9-715(a)(1)(B)(ii), attorney fees are awarded "only on the amount of compensation for indemnity benefits controverted and awarded." Here, no indemnity benefits were controverted and awarded; therefore, no attorney fee has been awarded. Instead,

claimant's attorney is free to voluntarily contract with the medical providers pursuant to A.C.A. §11-9-715(a)(4).

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**