BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. H406268

DEMEKIA MOSLEY, EMPLOYEE	CLAIMANT
NORTH LITTLE ROCK SCHOOL DISTRICT, EMPLOYER	RESPONDENT
ARKANSAS SCHOOL BOARDS ASSOCIATION, INSURANCE CARRIER/TPA	RESPONDENT

OPINION FILED JUNE 11, 2026

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

Claimant represented by the HONORABLE GREGORY R. GILES, Attorney at Law, Texarkana, Arkansas.

Respondents represented by the HONORABLE GUY A. WADE, Attorney at Law, Little Rock, Arkansas.

Decision of Administrative Law Judge: Reversed.

OPINION AND ORDER

The respondents appeal an administrative law judge's opinion filed November 21, 2025. The administrative law judge found that the claimant proved she sustained a compensable injury. After reviewing the entire record *de novo*, the Full Commission finds that the claimant did not prove by a preponderance of the evidence that she sustained a compensable injury to her right knee.

I. HISTORY

The record indicates that Demekia Shay Mosley, now age 49, became employed with the respondents, North Little Rock School District,

on or about January 1, 2019. The claimant described her job title as "Virtual Paraprofessional." The claimant testified on direct examination:

> Q. Now, had you been injured before while working for the school district?
> A. Yes.
> Q. And what year was that?
> A. 2019….I was at Crestwood Elementary.
> Q. Which is also associated with the North Little Rock School District?
> A. The North Little Rock School District, yes.
> Q. And as I recall, you tripped over a student playing volleyball during PE at the time?
> A. Yes.
> Q. What part of your body was injured at that time?
> A. My left knee.

The record contains a FIRST REPORT OF INJURY OR ILLNESS prepared on September 26, 2019. It was noted on the FIRST REPORT OF INJURY OR ILLNESS, "Playing volleyball with students during PE, she ran after the ball & tripped/fell & felt pain in left knee."

The claimant testified on direct examination:

> Q. And what sort of treatment did you end up having to have on your left knee?
> A. I had a meniscus repair initially. That surgery did not repair the meniscus because of how the tear was. It didn't repair it very well, so I went in for a second surgery, which was a high tibial osteotomy and another meniscus repair.
> Q. And what was all under the care of Dr. Kirk Reynolds?
> A. Yes.
> Q. And do you recall approximately when that last surgery was?
> A. It was in the spring of 2021.
> Q. And Dr. Reynolds ultimately released you and gave you a 25% impairment rating for that injury?
> A. Yes.

The claimant's testimony indicated that Dr. Reynolds assigned a 25% permanent impairment rating for her left knee in 2023.

The parties stipulated that an employment relationship existed on August 23, 2024. The claimant testified on direct examination:

> Q. And what school were you working at when this accident happened at that we're going to be discussing today August 23, 2024?
> A. The North Little Rock Academy….
> Q. And so you have an office with a desk and a chair that you would go to report to work each day?
> A. Yes….
> Q. Where were you at the time?
> A. I was in my office sitting at my desk.
> Q. And describe the chair for us that you were sitting in.
> A. I have a computer – a computer desk chair that has wheels. It rolls and it kind of teeters. It rocks back and forth a little….
> Q. And were you working with a student at the time?
> A. Yes. I was on with my student. Our work was here on the screen, and I was showing him a (sic) activity or writing on the board behind me.
> Q. So did you have an easel behind you to your left?
> A. Yes.
> Q. All right. And so as you were, I guess, providing your lesson and teaching, tell us what happened.
> A. I was writing on the easel showing my – we were working a problem, and I was, you know, writing on the easel….And as I'm reaching for the eraser, the chair wheels –
> Q. So you're reaching for the eraser out in front of you?
> A. Yes….
> Q. And as you do that, what happened?
> A. I – I'm reaching for the eraser. I feel the chair starts to – it tilts me forward and, as it tilts me forward, the wheels roll and the chair goes back this way and it, like, dumps me out of the chair, and I pancake to the ground, met the ground. My buttocks – my buttocks hit the corner, the metal part corner of the easel….

> Q. So the – the chair came out from underneath you?
> A. Yes….
> Q. And how would you describe how you felt at the time?
> A. I fell – I came out of that chair fast. The wheels, it's like the wheels slipped. It pushed me out of that chair so fast, and hit the ground bottom, just pancaked to the ground, legs flat out in front of me onto my bottom.
> Q. All right. And where were you experiencing pain and discomfort at that time?
> A. The immediate pain was in my buttocks….
> Q. Where there any witnesses, anybody else in the room with you at the time?
> A. No….

According to the record, the claimant signed a Form AR-N, EMPLOYEE'S NOTICE OF INJURY, on August 23, 2024. The ACCIDENT INFORMATION section of the Form AR-N indicated that the Date of Accident was August 23, 2024 and that the claimant injured her "buttocks." The claimant appeared to write on the Form AR-N regarding the cause of injury, "reaching for something on desk. Chair rolled from under me causing me to hit the floor. Left buttock landed on pointy edge of iron white board easel. Bruising and broken skin. Coach Barnard helped me up off the floor but didn't actually see the fall."

The claimant testified on direct examination:

> Q. Why didn't you put your right knee on that form?
> A. At that – at that very moment, that wasn't the acute problem. What I was thinking was that – that buttock. And, you know, any time you fall, you get sore, and – and the soreness didn't come on until later, a little later….
> Q. Explain to us, then, how your symptoms progressed or changed, if any, after August 23rd of '24.

> A. After a few days, about a week – about a week, you know, the – the normal aches and pains started to subside, you know, pains that you would get from a (sic) injury. My hip and my left buttocks, you know, the pain started easing and going away, and my – 'cause I had general body aches because I fell, but, you know, once all of that started going away, that knee never stopped. It got worse. It seems as if it just got – it started to get worse and worse and worse….
> Q. Did you speak to anyone at the school or with the school board association about what was going on?
> A. Yes. I called Melody Tipton and let her know what was happening….
> Q. And so after so explained to Ms. Tipton, what did you tell her you thought was going on at that time?
> A. I told her that I was having issues with this – this right knee, something is going on with it. It – it feels a lot like what was going on with this left knee, and I need – I need – I need to have someone look at it….
> Q. So what did Ms. Tipton ultimately determine?
> A. Ms. Tipton told me that she – they did not believe that this injury was caused by – and that they would not cover it….I told her I was going to Urgent Care, and she said, "You probably should go."
> Q. Okay. She wasn't authorizing it, she just –
> A. No. She wasn't authorizing it, but just saying, you know, "You can do that….You can go and have it looked at by, you know, Urgent Care."

According to the record, Melody Tipton, a claims adjuster with the respondent-carrier, informed the claimant on September 26, 2024, "Please be advised that the above captioned claim for additional medical treatment for right knee is being denied under workers' compensation. It is our opinion that your injuries did not arise out of or within the course and scope of your employment, therefore is not compensable."

The claimant treated with Urgent Team on September 26, 2024:

> Pt says that she fell at work a couple of weeks ago. Pt says that she initially she couldn't put weight on it. It is better as far as putting weight on it but certain movements makes it worse….Pt says that when she fell she initially had pain to left hip but the knee was gradual pain. Hx of surgery to left knee due to meniscus tear. Pt says that the right knee feels like that….
> The patient presents with a chief complaint of constant pain of the medial aspect of the right knee since Fri. Aug 30, 2024….
> Examination
> 2 Xray views of the knee left[.]…
> Findings
> The soft tissues are unremarkable.
> No fracture or other acute abnormality.
> Mild to moderate degenerative changes of the knee.
> There is no significant joint effusion.
> There is no calcified loose body present.
> IMPRESSION: Mild to moderate degenerative changes of the knee.

The claimant treated at Midtown Clinic on October 23, 2024. Katherine Stallings, PA reported at that time that the claimant's problems included "Derangement of right knee – Onset: 10/23/2024." Katherine Stallings reported:

> Mrs. Mosley is a 47-year-old African-American female presenting to the clinic for a roughly 2-month history of gradually worsening right knee pain. I saw her last on 9/20/2023 for follow-up status post arthroscopic revision meniscal root repair with a valgus producing high tibial osteotomy on 3/15/2021. At her last follow-up she also had some right knee pain that is likely associated with overcompensation of her right lower extremity due to her multiple surgeries on the left. At this time, she states that she fell out of a chair at work on 8/27/2024 and has been noticing worsening right knee pain, swelling, instability, catching, clicking since this incident. She has not had any injections, PT, or advanced imaging done of the right knee….

> **Injury occurred:** I fell out of my chair at work. I was writing on the easel and reached for something [on] my desk and my chair rolled from under me[.]...
> Examination of the right knee shows no atrophy of the quadriceps. There is a small effusion….
> IMAGING
> Standing 4 views of the right knee and 3 comparison views of the left knee were obtained today and personally reviewed. Hardware present to the left knee consistent with history of prior HTO. Right knee with tricompartmental space narrowing most significant to the lateral and patellofemoral compartments with peripheral osteophyte formation. No evidence of acute fracture or dislocation….
> X-rays reviewed with Mrs. Moseley in clinic. I do wonder how much of her current pain is coming from her arthritic changes to the right knee. I offered her a right knee intra-articular steroid injection to see if this will help calm things down. She declined my offer for an injection and instead is requesting to proceed with a right knee MRI. Meniscus injury is on my differential list due to her complaints of pain and associated mechanical symptoms. She will return to the clinic to discuss her MRI results and develop a further treatment plan.

Ms. Stallings assessed "Internal derangement of the right knee. Differential diagnoses at this time include: Acute on chronic pain associated with osteoarthritis versus acute medial meniscus injury."

An MRI scan of the claimant's right lower extremity was taken on November 5, 2024:

> INDICATION: Gradually worsening right knee pain….
> IMPRESSION: 1. Horizontal flap tear of the right medial meniscus posterior horn with displaced meniscal flap posteriorly and superiorly.
> 2. Grade 1 sprain versus reactive edema of the right medial collateral ligament.
> 3. Tricompartmental right knee chondrosis most pronounced and mild-moderate in the medial compartment.
> 4. Moderate right knee joint effusion.

Dr. Kirk Reynolds reported on November 6, 2024:

> Mrs. Mosley returns today for MRI follow-up. This is a 47-year-old African-American female with a history of right knee pain consistent with internal derangement that has been ongoing now for approximately 2 months. She was seen on October 23, 2024 by Katie Stallings, PA-C. An MRI scan was ordered to better evaluate the knee and she is here today to review that study and further develop a definitive plan. She reports no significant interval change in her symptoms….
> Examination of the right knee shows no atrophy of the quadriceps. There is a small effusion….
> MRI scan of the right knee performed on November 5, 2024 was personally reviewed today. Moderate intra-articular effusion. Patellofemoral arthrosis with lateral facet articular cartilage loss and peripheral osteophytes. Complex tear of the posterior horn and mid body segments of the medical meniscus with an inferior meniscal fragment displaced in the medial gutter. Cruciate and collateral ligaments are intact.

Dr. Reynolds assessed "Right knee pain and mechanical symptoms associated with complex medial meniscus tear….Given her pain and mechanical symptoms my recommendation is for a right knee arthroscopy with partial medial meniscetomy….She wishes to proceed with surgery and will be scheduled at a mutually convenient time."

The claimant signed a Form AR-C, "CLAIM FOR COMPENSATION" on November 21, 2024. The claimant wrote in the ACCIDENT INFORMATION section of the Form AR-C that the Date of Accident was August 30, 2024. The claimant wrote, "My chair came from under me while I reached for an eraser landed on the corner of a metal eisle (sic). Scared

(sic) my buttocks & leg. My coworker walked by saw me on the floor and helped me up."

A pre-hearing order was filed on June 17, 2025. The claimant contended, "a. Claimant contends that she sustained [a] compensable injury [on] August 23, 2024. b. Claimant contends that the medical treatment she has received to date has been reasonable, necessary and related such that Respondents should be ordered to pay for same and contends that she is entitled to the additional medical treatment recommended, specifically the surgery proposed by Dr. Reynolds, and any additional benefits that follow from that procedure including temporary total and permanent partial disability benefits. c. Claimant contends that Respondents should be ordered to pay attorney's fees as provided by law."

The respondents contended, "Claimant did not sustain a compensable left leg or right knee injury in the course and scope of her job or in relation to the injury. Claimant was treated and released in relation to the August 23, 2024, event and no additional treatment is reasonable, necessary or related. Claimant's claim should be denied and dismissed."

The parties agreed to litigate the following issues:

1. Compensability of an alleged right knee injury.
2. Reasonable and necessary medical.
3. Attorney fees.
4. All other issues are reserved.

A hearing was held on September 23, 2025. The claimant testified that she suffered from instability, buckling, and pain in her right knee. The claimant testified that she wished to undergo surgery recommended by Dr. Reynolds.

An administrative law judge filed an opinion on November 21, 2025. The administrative law judge found that the claimant proved she sustained a compensable injury. The administrative law judge awarded medical treatment. The respondents appeal to the Full Commission.

II. ADJUDICATION

Ark. Code Ann. §11-9-102(4)(Repl. 2012) provides, in pertinent part:

> (A) "Compensable injury" means:
> (i) An accidental injury causing internal or external physical harm to the body … arising out of and in the course of employment and which requires medical services or results in disability or death. An injury is "accidental" only if it is caused by a specific incident and is identifiable by time and place of occurrence[.]

A compensable injury must also be established by medical evidence supported by objective findings. Ark. Code Ann. §11-9-102(4)(D)(Repl. 2012). "Objective findings" are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. §11-9-102(16)(A)(i)(Repl. 2012). Causation does not need to be established by objective findings, so long as objective medical evidence establishes the injury's existence and a preponderance of other nonmedical evidence establishes a causal relation

to a work-related incident. *Wal-Mart Stores, Inc. v. VanWagner*, 337 Ark. 443, 990 S.W.2d 522 (1999).

The employee has the burden of proving by a preponderance of the evidence that she sustained a compensable injury. Ark. Code Ann. §11-9-102(4)(E)(i)(Repl. 2012). 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).

An administrative law judge found in the present matter, "4. That the claimant has proven by a preponderance of the credible evidence that she sustained a compensable work-related injury to her right knee on August 23, 2024." The Full Commission finds that the claimant did not prove by a preponderance of the evidence that she sustained a compensable injury to her right knee. It is within the Commission's discretion to determine the credibility of each witness and the weight to be given to their testimony. *Johnson v. Hux*, 28 Ark. App. 187, 772 S.W.2d 362 (1989). The Commission is not required to believe or disbelieve the testimony of any witness. *Green v. Jacuzzi Brothers*, 269 Ark. 733, 600 S.W.2d 448 (Ark. App. 1980). The Commission may accept and translate into findings of fact only those portions of the testimony it deems worthy of belief. *Univ. of Ark. Med. Sciences v. Hart*, 60 Ark. App. 13, 958 S.W.2d 546 (1997).

With regard to her testimony concerning an alleged compensable right knee injury, the Full Commission finds that the claimant was not a credible witness. As we have discussed, the claimant became employed as a paraprofessional for the respondents on or about January 1, 2019. The claimant testified that she injured her left knee in a work-related injury occurring in 2019. A FIRST REPORT OF INJURY OR ILLNESS dated September 26, 2019 indicated that the claimant injured her left knee while playing volleyball with students. The claimant testified that she underwent two surgeries to her left knee, and that Dr. Reynolds released her with a 25% permanent anatomical impairment rating in 2023. The claimant testified that she thereafter experienced occasional "aches and pains" in her right knee.

The parties stipulated that an employment relationship existed on August 23, 2024. The claimant testified that she was working for the respondents that day at North Little Rock Academy. The claimant testified that, while sitting at her desk, her chair rolled and she was "dumped" and "pancaked" to the ground. The claimant testified that her "buttocks" hit the metal part of an easel. No other individual witnessed the alleged incident, and the claimant testified that "The immediate pain was in my buttocks."

The evidence does not demonstrate the claimant sustained a compensable injury to her right knee on or about August 23, 2024. The

claimant signed a Form AR-N, EMPLOYEE'S NOTICE OF INJURY, on August 23, 2024. The claimant wrote on the Form AR-N that she injured her "buttocks" as a result of the alleged fall. The claimant did not write or report that she also injured her right knee. The Full Commission does not find credible the claimant's testimony that she later suffered from "soreness" in her right knee as a result of the fall. The claimant testified that Melody Tipton, a claims adjuster for the respondent-carrier informed her that the respondents would not authorize treatment related to the claimant's right knee. The claimant testified that Melody Tipton encouraged her to seek treatment at Urgent Care. The evidence does not corroborate the claimant's testimony that Ms. Tipton suggested the claimant treat at Urgent Care. Ms. Tipton expressly informed the claimant on September 26, 2024, "Please be advised that the above captioned claim for additional medical treatment for [the] right knee is being denied under workers' compensation. It is our opinion that your injuries did not arise out of or within the course and scope of your employment."

The claimant presented on her own for treatment at Urgent Team on September 26, 2024. The claimant informed the providers at Urgent Team, "Pt says that when she fell she initially had pain to left hip but the knee was gradual pain." The evidence does not demonstrate that the "gradual pain" to the right knee reported by the claimant was causally related to the

August 23, 2024 incident. Nor does the record show that Katherine Stallings' October 23, 2024 assessment of "Internal derangement of the right knee" was causally related to the August 23, 2024 incident when the claimant reported she had fallen on her "buttocks." Likewise the evidence does not demonstrate that the abnormalities shown on the November 5, 2024 MRI scan of the right knee were causally related to the August 23, 2024 incident. The evidence does not establish a causal relation between these abnormalities and the incident occurring August 23, 2024. *VanWagner, supra*.

The Full Commission finds that the claimant did not prove by a preponderance of the evidence that she sustained an accidental injury causing internal or external physical harm to her right knee. The claimant did not prove that she sustained an injury to her right knee which arose out of and in the course of her employment or required medical services. The claimant did not prove that she sustained an injury to her right knee which was caused by a specific incident or was identifiable by time and place of occurrence on or about August 23, 2024. *See Edens v. Superior Marble & Glass*, 346 Ark. 487, 58 S.W.3d 369 (2001).

After reviewing the entire record *de novo*, therefore, the Full Commission finds that the claimant did not prove by a preponderance of the evidence that she sustained a compensable injury to her right knee. The

administrative law judge's decision is reversed, and this claim is respectfully denied and dismissed.

IT IS SO ORDERED.

SCOTTY DALE DOUTHIT, Chairman

MICHAEL R. MAYTON, Commissioner

Commissioner Willhite dissents.

DISSENTING OPINION

The ALJ in this case found that the Claimant had proven by a preponderance of the credible evidence that she sustained a compensable work-related injury to her right knee on August 23, 2024, and that the Claimant is entitled to reasonable and necessary medical treatment for her compensable injury, specifically including the treatment at Urgent care and the treatment by and recommended by Dr. Kirk Reynolds. After conducting a *de novo* review of the record, I concur with the ALJ and must dissent with the majority.

To establish a compensable injury by a preponderance of the evidence the Claimant must prove: (1) an injury arising out of and in the course of employment; (2) that the injury caused internal or external harm

to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings, as defined in Ark. Code Ann. §11-9-102(16), establishing the injury; and (4) that the injury was caused by a specific and identifiable time and place of occurrence. A compensable injury must be established by medical evidence supported by objective findings and medical opinions addressing compensability must be stated within a degree of medical certainty. *Smith-Blair, Inc. v. Jones*, 77 Ark. App. 273, 72 S.W.3d 560 (2002).

The employer takes the employee as he finds him. *Conway Convalescent Center v. Murphree*, 266 Ark. 985, 585 S.W.2d 462 (Ark. App. 1979). A pre-existing disease or infirmity does not disqualify a claim if the employment aggravated, accelerated, or combined with the disease or infirmity to produce the disability for which compensation is sought. *See, Nashville Livestock Commission v. Cox*, 302 Ark. 69, 787 S.W.2d 664 (1990); *Conway Convalescent Center v. Murphree*, 266 Ark. 985, 585 S.W.2d 462 (Ark. App. 1979); *St. Vincent Medical Center v. Brown*, 53 Ark. App. 30, 917 S.W.2d 550 (1996). An increase in symptoms of a pre-existing degenerative condition is sufficient to establish a compensable injury. *Parker v. Atlantic Research Corp.*, 87 Ark. App. 145, 189 S.W.3d 449 (2004).

The Claimant began working for the Respondent in 2019 as a paraprofessional. Claimant admitted in her testimony that she had been previously injured while working for the Respondent when she tripped over a student playing volleyball. Claimant injured her left knee which was treated with meniscus repair surgery. Claimant was ultimately released with a 25% impairment rating for this injury. On September 20, 2023, Claimant was seen by Katherine Stallings, PA, where she noted that Claimant had some right knee pain that was likely associated with overcompensation of her right lower extremity due to her multiple surgeries on the left knee. Claimant testified that she was not having any symptomology to her right knee immediately prior to August 23, 2024.

On August 23, 2024, Claimant was sitting at her desk in her office while working with a student when she reached for an eraser. Claimant testified "I feel the chair starts to – it tilts me kind of forward and, as it tilts me forward, the wheels roll and the chair goes back this way and it, like, dumps me out of the chair, and I pancake to the ground, the ground. My buttocks hit the corner." Claimant further testified that she fell on her buttocks with her legs flat out in front of her. Claimant immediately felt pain in her buttocks and went to the restroom and saw a deep gash on her buttocks and a long bruise forming on her left leg below her knee.

Claimant stated that after about a week the “aches and pains started to subside, you know, pains that you might get from an injury,” and that she had “general body aches” because of the fall but the “knee never stopped. It got worse.” Claimant further testified that she had clicking and felt like it was catching while she walked. Claimant contacted Melody Tipton who was her claims adjuster for her previous work accident. After Tipton denied coverage for treatment for the Claimant’s right knee, Claimant went to Springhill Urgent Care. Springhill Urgent Care then referred Claimant to Dr. Kirk Reynolds’s clinic because Claimant was previously seen there for her prior left knee injury.

On October 23, 2024, Claimant was seen at OrthoArkansas by Katherine Stallings, PA. Stallings noted that the Claimant presented with gradually worsening right knee pain, with swelling, instability, catching and clicking since the incident. Stallings discussed whether the Claimant had internal derangement of the right knee, a differential diagnosis providing for acute or chronic pain associated with osteoarthritis versus an acute medial meniscus injury, or arthritic changes.

Claimant underwent an MRI on November 5, 2024, which showed a horizontal flap tear of the right medial meniscus posterior horn with a displaced meniscal flap posteriorly and superiorly. Dr. Reynolds interpreted this MRI on November 6, 2024, as:

> Moderate intra-articular effusion. Patellofemoral arthrosis with lateral facet articular cartilage loss and peripheral osteophytes. Complex tear of the posterior horn and mid-body segments of the medial meniscus with an inferior meniscal fragment displaced in the medial gutter. Cruciate and collateral ligaments are intact.

Dr. Reynolds then diagnosed the Claimant with right knee pain and mechanical symptoms associated with a complex medial meniscus tear. Dr. Reynolds then recommends Claimant for a right knee arthroscopy with a partial medial meniscectomy.

Claimant clearly had an increase of symptoms after her fall on August 23, 2024. Further, the diagnostic testing after the work-accident clearly demonstrated an objective injury to the Claimant's right knee. There is no credible evidence in the record to show that the Claimant had a meniscus tear prior to her work-accident. Lastly, regardless of aches and pains the Claimant felt in her right-knee prior to August 23, 2024, Arkansas case law clearly establishes that a pre-existing infirmity does not disqualify a claim if the employment aggravated, accelerate, or combined with the infirmity to produce the disability for which compensation is sought. *See, Nashville Livestock Commission v. Cox*, 302 Ark. 69, 787 S.W.2d 664 (1990); *Conway Convalescent Center v. Murphree*, 266 Ark. 985, 585 S.W.2d 462 (Ark. App. 1979); *St. Vincent Medical Center v. Brown*, 53 Ark. App. 30, 917 S.W.2d 550 (1996). Therefore, I find that Claimant suffered a

compensable injury to her right knee as a result of her work-related fall on August 23, 2024.

An employer shall promptly provide for an injured employee such medical treatment as may be reasonably necessary in connection with the injury received by the employee. Ark. Code Ann. § 11-9-508(a). Reasonable and necessary medical services may include those necessary to accurately diagnose the nature and extent of the compensable injury; to reduce or alleviate symptoms resulting from the compensable injury; or to maintain the level of healing achieved; or to prevent further deterioration of the damage produced by the compensable injury. *Jordan v. Tyson Foods, Inc*., 51 Ark. App. 100, 911 S.W.2d 593 (1995).

In light of the credible evidence in the record, I find that Claimant is entitled to reasonable and necessary medical treatment for her compensable right knee injury, specifically including the treatment at Urgent Care, the treatment by Dr. Kirk Reynolds and the recommended further treatment by Dr. Reynolds.

Accordingly, for the reasons set forth above, I must dissent with the majority.

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M. SCOTT WILLHITE, Commissioner