BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
WCC NO. H407536

LAURA WALKER, EMPLOYEE **CLAIMANT**

ARK. HEART HOSP., EMPLOYER **RESPONDENT**

LUBA CASUALTY INS. CO., CARRIER **RESPONDENT**

OPINION FILED MARCH 5, 2026

Hearing before Administrative Law Judge O. Milton Fine II on January 22, 2026, in Little Rock, Pulaski County, Arkansas.

Claimant represented by Mr. Richard L. Mays, Attorney at Law, Little Rock, Arkansas.

Respondents represented by Mr. Jarrod S. Parrish, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On January 22, 2026, the above-captioned claim was heard in Little Rock, Arkansas. A prehearing conference took place on December 1, 2025. The Prehearing Order entered that day pursuant to the conference was admitted without objection as Commission Exhibit 1. At the hearing, the parties confirmed that the stipulations, issues, and respective contentions were properly set forth in the order.

Stipulations

At the hearing, the parties discussed the stipulations set forth in Commission Exhibit 1. They are the following, which I accept:

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.

2. The employee/employer/carrier relationship existed among the parties on October 29, 2024, when Claimant sustained compensable injuries to her left hip and knee, to her low back, and to her right hand by specific incident.

3. Respondents accepted the above injuries as compensable and paid benefits pursuant thereto.

Issues

At the hearing, the parties discussed the issues set forth in Commission Exhibit 1. The following were litigated:

1. Whether Claimant sustained an injury to her left wrist as a compensable consequence of her stipulated compensable injuries.

2. Whether Claimant is entitled to reasonable and necessary medical treatment of her alleged compensable consequence left wrist injury.

All other issues have been reserved.

Contentions

The respective contentions of the parties read as follows:

Claimant:

1. Claimant contends that her medical records document that she sustained an injury to her left wrist as a compensable consequence of her stipulated compensable injuries, along with her entitlement to reasonable and necessary treatment thereof.

Respondents:

1. Respondents contend that all appropriate benefits have been paid with regard to this matter. She was released as having reached maximum medical improvement by Dr. Brian Norton with regard to her right wrist injury on May 2, 2025. Claimant was released as having reached maximum medical improvement with respect to her low back by Dr. Victor Vargas on May 12, 2025. Temporary total disability benefits were paid to Claimant through July 11, 2025. Respondents will have an overpayment credit entitlement once an impairment rating is assigned for Claimant's right wrist.

2. Respondents deny that Claimant sustained an injury to her left wrist as a consequence of her stipulated compensable injuries.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record as a whole, including medical reports, non-medical records, and other matters properly before the Commission, and having had an opportunity to hear the testimony of Claimant and to observe her demeanor, I hereby make the following findings of fact and conclusions of law in accordance with Ark. Code Ann. § 11-9-704 (Repl. 2012):

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.

2. The stipulations set forth above are reasonable and are hereby accepted.

3. Claimant has proven by a preponderance of the evidence that she suffered an injury to her left wrist that is a compensable consequence of her stipulated compensable right hand injury.

4. Claimant has proven by a preponderance of the evidence that she is entitled to reasonable and necessary medical treatment of her compensable consequence left wrist injury. This includes the surgical left wrist release performed by Dr. Brian Norton and related treatment.

CASE IN CHIEF

Summary of Evidence

Claimant was the sole witness at the hearing.

In addition to the Prehearing Order discussed above, exhibits admitted into evidence in this case were Claimant's Exhibit 1, medical records, consisting of two pages; Respondents' Exhibit 1, another compilation of Claimant's medical records, consisting of one index page and 60 numbered pages thereafter; and Respondents' Exhibit 2, nonmedical records, consisting of one index page and 12 numbered pages thereafter.

Analysis of Issues

A. Compensable Consequence-Left Wrist

Introduction. As the parties have stipulated, Claimant sustained a compensable injury to her left hip and knee, to her low back, and to her right hand on October 29, 2024, while working for Respondent Arkansas Heart Hospital. In this action, she is

seeking treatment of a left wrist injury that she claims is a compensable consequence of her stipulated compensable injuries.

Evidence. Claimant testified that she worked for Arkansas Heart Hospital as an instrument technician. At the time of the October 29, 2024, work-related incident, she had been employed by the hospital for two to three months. She described the incident in question:

> As an instrument technician, I prepare instruments for the doctors. There's a wash cart that comes out of the washer where the instruments come to the other side, they are supposed to the dried. They were pulled out. When they were pulled out, I got a set to process to put it together. I set it on the working area. Once I set it on the working area, I turned around to get a stool; and when I turned around, I slipped in water.

Claimant related that while she felt pain in her right wrist that "was very noticeable," the pain she felt in the left wrist was less noticeable.

The treatment that Claimant underwent for her right hand injury included a steroid injection. But when conservative measures failed, the hand was surgically repaired.

The following exchange occurred on direct examination:

Q. When you went back to work, did you use your left hand—

A. I never went back to work.

Q. Pardon?

A. I never went back to work.

Q. Never went back to work?

A. No.

Q. So your—your—your wrist, you then relied more on your left hand for whatever you had to manage?

A. Yes, I did.

Q. And—and that's—and so when did you become really focusing—start focusing on your left wrist?

A. Right after the surgery or right before the surgery, I was talking to Dr. Norton about this hand hurting also.

JUDGE FINE: Which hand is this?

A. The left hand.

. . .

Q. So what did he do—what did you tell him about your left hand?

A. I told him it was hurting.

Q. It was hurting?

A. Yes.

Q. And—did—what did he do to the left hand?

A. He did a test on my left hand, and it's a certain test that they do so far as pushing a certain area on your wrist. And the same problem was over here. I had it over on my left, also.

Q. The same problem you had—complained you had on your right, you had with your left?

A. Yes, sir.

According to Claimant, she eventually underwent the same surgical procedure on her left wrist that Dr. Norton had previously performed on the right. Unlike following her right wrist surgery, Claimant did not receive physical therapy following the surgery on her left wrist. Her left wrist treatment was paid out of her own pocket.

On cross-examination, Claimant acknowledged that she did not make a claim for an alleged left wrist injury until after she had been released to return to work in connection with her stipulated right upper extremity injury. Claimant also agreed that her testimony on direct that she had left wrist symptoms at the time of her work-related fall differed from her deposition testimony that those symptoms did not manifest until three to five days thereafter. Neither the initial accident report nor the Form AR-N reference the left wrist.

With respect to her contention that her alleged left wrist injury is a compensable consequence, Claimant confirmed that she was not working during the three to five-day period between the accident in question and the onset of her left wrist symptoms. She repeated her earlier testimony that she does not know if she suffered trauma to her left wrist in the fall; she only knows that she landed on her left side. The condition in her left wrist is known as de Quervain's. It is her testimony that this condition is work-related. During the period of time that she was using her left upper extremity, she did not do anything strenuous, rapid, repetitive, or work-like.

Under questioning from the Commission, Claimant testified that there was a period following her stipulated accident in October 2024 that she was using only her left wrist and not her right. Asked what those activities consisted of, she responded: "Mopping, mopping sometimes, sweeping." Later, she stated that those activities also included "[c]ooking . . . [d]riving sometimes" and added: "Basically everything and anything that I couldn't use this one [the right wrist], I'd use this [the left]. She denied

lifting anything heavy exclusively with her left upper extremity. While the left wrist symptoms were not initially "major," they worsened over a period of two months.

During a May 2, 2025, visit, Dr. Norton examined both of Claimant's wrists. He performed a de Quervain's release on February 14, 2025. Claimant related to him that she was suffering from "severe left wrist pain." The doctor added: "[s]he believes this was also related to the fall." He diagnosed her as having bilateral de Quervain's (i.e., radial styloid tenosynovitis in both wrists) and recommended a release be performed on the left wrist as well.

In a follow-up report dated June 17, 2025, Norton wrote:

> Overall the patient is doing well from a left de Quervain's release. The patient is having difficulty as this was not covered under Worker's Comp. I did state in my previous dictations that I believe this directly related to her fall even though she did not initially complain of much left wrist pain. Of note I also believe that this was exacerbated by the fact that she was limited to only using her left hand while her right de Quervain's recovered. This is [has] exacerbated the de Quervain's on the left side.

Standards. If an injury is compensable, every natural consequence of that injury is likewise compensable. *Air Compressor Equip. Co. v. Sword*, 69 Ark. App. 162, 11 S.W.3d 1 (2000); *Hubley v. Best West. Governor's Inn*, 52 Ark. App. 226, 916 S.W.2d 143 (1996). The test is whether a causal connection between the two (2) episodes exists. *Sword*, *supra*; *Jeter v. McGinty Mech*., 62 Ark. App. 53, 968 S.W.2d 645 (1998). The existence of a causal connection is a question of fact for the Commission. *Koster v. Custom Pak & Trissel*, 2009 Ark. App. 780, 2009 Ark. App. LEXIS 947. It is generally a matter of inference, and possibilities may play a proper and important role in establishing that relationship. *Osmose Wood Preserving v. Jones*, 40 Ark. App. 190,

843 S.W.2d 875 (1992). A finding of causation need not be expressed in terms of a reasonable medical certainty where supplemental evidence supports the causal connection. *Koster, supra*; *Heptinstall v. Asplundh Tree Expert Co.*, 84 Ark. App. 215, 137 S.W.3d 421 (2003).

Under Ark. Code Ann. § 11-9-705(a)(3) (Repl. 2012), Claimant has the burden of proving by a preponderance of the evidence that she sustained a compensable injury. This standard means the evidence having greater weight or convincing force. *Barre v. Hoffman*, 2009 Ark. 373, 326 S.W.3d 415; *Smith v. Magnet Cove Barium Corp*., 212 Ark. 491, 206 S.W.2d 442 (1947).

A claimant's testimony is never considered uncontroverted. *Nix v. Wilson World Hotel*, 46 Ark. App. 303, 879 S.W.2d 457 (1994). The determination of a witness' credibility and how much weight to accord to that person's testimony are solely up to the Commission. *White v. Gregg Agricultural Ent.*, 72 Ark. App. 309, 37 S.W.3d 649 (2001). The Commission must sort through conflicting evidence and determine the true facts. *Id*. In so doing, the Commission is not required to believe the testimony of the claimant or any other witness, but may accept and translate into findings of fact only those portions of the testimony that it deems worthy of belief. *Id*.

Claimant's testimony—which I credit—was that while she landed on her left side in the stipulated work-related fall and only had mild left wrist symptoms at first, those worsened later when she began using her left hand exclusively for tasks.

Dr. Norton diagnosed and treated her for de Quervain's. Per DORLAND'S ILLUSTRATED MEDICAL DICTIONARY 531 (30th ed. 2003),"de Quervain's disease" is

"painful tenosynovitis due to relative narrowness of the common tendon sheath of the abductor pollicis longus and the extensor pollicis brevis." In turn, "tenosynovitis" is "inflammation of a tendon sheath." *Id*. at 1865.

To the extent that Claimant's left de Quervain's was pre-existing, the Arkansas Workers' Compensation Act provides that the employer takes the employee as the employer finds her, and employment circumstances that aggravate pre-existing conditions are compensable. *Nashville Livestock Comm. v. Cox*, 302 Ark. 69, 787 S.W.2d 64 (1990). A pre-existing infirmity does not disqualify a claim if the employment aggravated, accelerated, or combined with the infirmity to produce the disability for which compensation is sought. *St. Vincent Med. Ctr. v. Brown*, 53 Ark. App. 30, 917 S.W.2d 550 (1996).

Again, Dr. Norton opined that her left de Quervain's "was exacerbated by the fact that she was limited to only using her left hand while her right de Quervain's recovered." I credit this causation opinion. Medical evidence is not ordinarily required to prove causation. *Wal-Mart v. Van Wagner*, 337 Ark. 443, 990 S.W.2d 522 (1999). But if a medical opinion is offered on causation, the opinion must be stated within a reasonable degree of medical certainty. Ark. Code Ann. § 11-9-102(16)(B) (Repl. 2012). It should also be noted that in interpreting this provision, the Arkansas Supreme Court in *Freeman v. Con-Agra Frozen Foods*, 344 Ark. 296, 40 S.W.3d 760 (2001) stated: "This court has never required . . . that the magic words 'within a reasonable degree of medical certainty' even be used by the doctor." Norton's language—the straightforward,

unqualified statement that her condition "was exacerbated"—passes muster under *Freeman*.

Claimant has thus established the requisite causal connection between her stipulated compensable right hand injury and the exacerbation of her left de Quervain's. She has proven by a preponderance of the evidence that she suffered an injury to her left wrist that is a compensable consequence of her compensable right hand injury.

B. Reasonable and Necessary Treatment

Introduction. In this proceeding, Claimant is seeking reasonable and necessary treatment of her alleged left wrist injury. Respondents have denied responsibility for this.

Standards. Arkansas Code Annotated Section 11-9-508(a) (Repl. 2012) states that an employer shall provide for an injured employee such medical treatment as may be necessary in connection with the injury received by the employee. *Wal-Mart Stores, Inc. v. Brown*, 82 Ark. App. 600, 120 S.W.3d 153 (2003). But employers are liable only for such treatment and services as are deemed necessary for the treatment of the claimant's injuries. *DeBoard v. Colson Co.*, 20 Ark. App. 166, 725 S.W.2d 857 (1987). The claimant must prove by a preponderance of the evidence that medical treatment is reasonable and necessary for the treatment of a compensable injury. *Brown*, *supra*; *Geo Specialty Chem. v. Clingan*, 69 Ark. App. 369, 13 S.W.3d 218 (2000). What constitutes reasonable and necessary medical treatment is a question of fact for the Commission. *White Consolidated Indus. v. Galloway*, 74 Ark. App. 13, 45 S.W.3d 396 (2001); *Wackenhut Corp. v. Jones*, 73 Ark. App. 158, 40 S.W.3d 333 (2001).

As the Arkansas Court of Appeals has held, a claimant may be entitled to additional treatment even after the healing period has ended, if said treatment is geared toward management of the injury. *See Patchell v. Wal-Mart Stores, Inc.*, 86 Ark. App. 230, 184 S.W.3d 31 (2004); *Artex Hydrophonics, Inc. v. Pippin*, 8 Ark. App. 200, 649 S.W.2d 845 (1983). Such services can include those for the purpose of diagnosing the nature and extent of the compensable injury; reducing or alleviating symptoms resulting from the compensable injury; maintaining the level of healing achieved; or preventing 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); *Artex*, *supra*.

Discussion. I find that Claimant has proven by a preponderance of the evidence that she is entitled to reasonable and necessary medical treatment of her compensable left wrist injury, including her left de Quervain's release by Dr. Norton and related treatment. Moreover, I have reviewed his treatment records that are in evidence, and I find that she has proven by a preponderance of the evidence that all of the treatment of her compensable left wrist injury that is in evidence was reasonable and necessary.

CONCLUSION AND AWARD

Respondents are directed to pay/furnish benefits in accordance with the findings of fact set forth above. All accrued sums shall be paid in a lump sum without discount, and this award shall earn interest at the legal rate until paid, pursuant to Ark. Code Ann. § 11-9-809 (Repl. 2002). *See Couch v. First State Bank of Newport*, 49 Ark. App. 102, 898 S.W.2d 57 (1995).

IT IS SO ORDERED.

_____
Hon. O. Milton Fine II
Chief Administrative Law Judge