

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. F204197

RUTH YOUNG

CLAIMANT

WAL MART STORES,  
SELF INSURED

RESPONDENT

OPINION FILED DECEMBER 22, 2003

Hearing before ADMINISTRATIVE LAW JUDGE MICHAEL L. ELLIG in Fort Smith,  
Sebastian County, Arkansas.

Claimant not represented by counsel and appearing pro se.

Respondents represented by TOD BASSETT, Attorney, Fayetteville, Arkansas.

STATEMENT OF THE CASE

A hearing was held in the above styled claim on October 28, 2003, in Fort Smith, Arkansas. A pre-hearing order was entered in this case on June 3, 2003. This pre-hearing order set out the stipulations offered by the parties and identified the issues to be litigated and resolved at the present time. A copy of this pre-hearing order was made Commission's Exhibit No. I to the hearing.

The following stipulations were offered by the parties and are hereby accepted:

1. On March 30, 2002, the relationship of employee-self insured employer-third party administrator existed between the parties.
2. On March 30, 2002, the claimant sustained compensable injuries to her tail bone, left shoulder, and right thumb.
3. Respondents have paid the medical expenses incurred for treatment by Dr. Holder, Dr. Wolfe, and some of Dr. Martimbeau's treatment.
4. Respondents paid temporary total disability benefits from April 11, 2002 through April 18, 2002 and from October 3, 2002 through October 15, 2002.

By agreement of the parties, the issues to be litigated and resolved at the present time were limited to the following:

1. The claimant's entitlement to additional medical treatment at the respondents' expense for her left shoulder and tail bone.
2. The claimant's entitlement to temporary total disability benefits from November 16, 2002 through a date yet to be determined.
3. The claimant's entitlement to benefits for a mental or emotional injury arising out of the physical injury.

In regard to these issues, the claimant contends that she is entitled to continued medical treatment for her compensable injuries, specifically her left shoulder and tail bone, by a physician or physicians in or near Bull Head City, Arizona. She further contends that she is entitled to temporary total disability benefits from November 16, 2002 through a date yet to be determined. Finally, the claimant contends that she has sustained a mental or an emotional injury as a result of her compensable physical injury and is entitled to benefits for this mental or emotional injury.

In regard to these issues, the respondents deny that the claimant is entitled to any additional temporary total disability benefits. The respondents also deny that they are liable for the expense of any medical services, except those provided by or at the direction of the claimant's authorized treating physicians.

## DISCUSSION

### I. COMPENSABILITY OF ANY MENTAL OR EMOTIONAL DIFFICULTIES

Ark. Code Ann. §11-9-113 contains various pre-requisites which must be met before a mental injury or illness is "compensable" under this subsection. The burden rests upon the claimant to prove that all of these pre-requisites have been met.

The claimant must first show that the actual existence of a mental injury or illness has been diagnosed by a licensed psychiatrist or psychologist and that this diagnosis was performed in a manner that follows the criteria found in the most current issue of the Diagnostic and Statistical Manual of Mental Disorders. In the present case, the claimant

has presented a medical report indicating that she has been diagnosed “with stress and anxiety”. This diagnosis is contained in a brief report by a Dr. Joe J. Paulino, dated August 5, 2003. However, this report indicates that Dr. Paulino is an internal medicine specialist, rather than a licensed psychiatrist or psychologist. There is also no indication that his diagnosis was made in a manner that conforms to the requirements of the appropriate Diagnostic and Statistical Manual of Mental Disorders.

Once the actual existence of a mental injury or illness is established in the manner required by Ark. Code Ann. §11-9-113(a)(2), the claimant must then prove by a preponderance of the evidence that the claimant’s admittedly compensable physical injuries played a causal role in producing the mental injury or illness. The only direct evidence presented by the claimant to establish this causal relationship is her own testimony. It is essentially her testimony that she had never experienced any similar mental or emotional difficulties prior to her compensable injuries, that these difficulties began within a reasonable period of time following these compensable injuries, and that there is no other reasonable explanation or cause for such difficulties. However, upon review of the evidence, it appears that these difficulties only began after the claimant’s move to Bull Head City, Arizona, some eight months following her admittedly compensable physical injuries. The evidence further shows that the obvious purpose for this move was to allow the claimant to live close to her aged and ill mother. The claimant’s responsibilities in dealing with her mother’s condition, when it is coupled with the inherent problems in relocation, would obviously cause the claimant to experience substantial anxiety and stress. In fact, these problems in and of themselves, could logically be the cause of any current difficulties which the claimant may be experiencing. The likelihood of this possibility is further heightened by the fact that these difficulties were only noted and treated after the claimant’s relocation. No mention of the presence of any mental or emotional difficulties was made by the claimant’s previous treating physicians in Arkansas.

The claimant was also able to function normally and maintain regular employment with this respondent (albeit at light duty) without any type of treatment for mental or emotional problems, until after her move to Arizona.

After consideration of all the evidence presented, it is my opinion that the claimant has failed to prove the necessary requirements for her current mental or emotional difficulties to represent a “compensable mental injury or illness” under Ark. Code Ann. §11-9-113(a). Specifically, she has failed to prove the actual existence of any mental injury or illness which has been diagnosed by of a licensed psychologist or psychiatrist and which is diagnosed by following the provisions of the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders.

It is my further opinion she has failed to prove the existence of a causal relationship between her admittedly compensable physical injuries and any mental injury or illness which she may now be experiencing. Based upon this finding any mental or emotional difficulties which she may now be experiencing, would not represent a “compensable mental injury or illness” under Ark. Code Ann. §11-9-113(b).

## II. ADDITIONAL MEDICAL SERVICES

The next issue concerns the claimant’s entitlement to additional medical services for her compensable physical injury, at the respondents’ expense. In order to be entitled to the additional medical services she now seeks, the claimant has the burden of showing by the greater weight of the credible evidence, that these additional medical services constitute “reasonably necessary medical services”, as that term is used in Ark. Code Ann. §11-9-508.

Medical services are “reasonably necessary” when they are connected with or necessitated by the compensable injury and have a reasonable expectation of accomplishing the purpose or goal for which they are intended. The term “reasonably necessary medical services” does not apply only to medical services intended to resolve

or improve the actual physical damage produced by the compensable injury, but also extends to medical services necessary to provide a reasonably accurate diagnosis of the nature and extent of the compensable injury, medical services reasonably necessary to alleviate or reduce the symptoms or complaints caused by the compensable injury (even longstanding chronic complaints), and medical services reasonably necessary to maintain the level of healing achieved. In resolving this issue, considerable weight must be afforded to the expert medical evidence.

In the present case, essentially all of the medical evidence presented supports the necessity of a magnetic resonance imaging study (MRI) of the claimant's left shoulder. It is the consensus of Dr. Michael Wolfe, Dr. Claude Martimbeau, and Dr. Michael Morse, that this test is necessary to determine if the claimant's compensable shoulder injury has produced a tear or other damage to her rotator cuff which would be, in addition to her diagnosed acromial bursitis. This test was initially recommended by Dr. Wolfe on April 18, 2002, and was last recommended by Dr. Michael Morse on December 2, 2002. For a multitude of reasons, some of which are attributable to the respondents actions and some to the claimant's actions, this test has never been performed. Clearly, this test would be less invasive than the alternative exploratory arthroscopic surgery, recommended by Dr. B. Stamper, who has evaluated and treated the claimant in March and April of 2003.

After consideration of all the evidence presented, it is my opinion that the greater weight of this evidence proves that an MRI study of the claimant's left shoulder is reasonably necessary to diagnose the nature and extent of her compensable left shoulder injury and to determine if further invasive treatment would be appropriate. Thus, this recommended test represents a "reasonably necessary medical service" within the meaning of Ark. Code Ann. §11-9-508. Pursuant to the provisions of this subsection, the expense of this test is the liability of the respondents herein, subject to the medical fee schedule established by this Commission.

In his report of November 20, 2002, Dr. Morse also recommends an MRI of the claimant's lumbosacral spine. It is clearly his opinion that this test is necessary to determine the nature and extent of the claimant's compensable tail bone or low back injury of March 30, 2002, and to determine if the physical damage caused by this injury has stabilized or requires further aggressive treatment. The medical evidence shows that the claimant had an MRI study of her lumbar spine following a prior compensable injury in April of 2001. This test was apparently performed before the compensable injury giving rise in this case and would present an excellent opportunity for comparison. I find Dr. Morse's opinion concerning the reasonableness and necessity of a second lumbar MRI and its relationship with the claimant's current compensable injury to be convincing.

After consideration of all the evidence presented, it is my opinion that the greater weight of the evidence proves that a second MRI of the claimant's lumbar spine is reasonably necessary and medically appropriate to accurately ascertain the nature and extent of the claimant's compensable "tail bone" injury, and to develop an appropriate program of treatment for such an injury (particularly, whether further treatment of any kind is necessary). Thus, a second MRI of the claimant's lumbar spine would also represent "reasonably necessary medical services" within the meaning of Ark. Code Ann. §11-9-508. Pursuant to the provisions of this subsection, the expense of such a test would be the liability of the respondents herein, subject to the medical fee schedule established by this Commission.

The medical reports and records of Dr. Martimbeau consistently show that in his expert medical opinion the claimant requires surgery, in the form of an acromioplasty of her left shoulder. The purpose of this surgical procedure would be to relieve her symptoms produced by traumatic bursitis. It is his opinion that this bursitis is traumatic in nature and related to the compensable injury of March 30, 2002. Finally, it is his opinion that this surgical procedure is necessary, regardless of whether the claimant has also sustained

damage to her rotator cuff.

It appears that the claimant has been reluctant to undergo this procedure. Although the claimant testified, at the hearing, that she was now willing to undergo surgery, she did not specifically agree to the procedure recommended by Dr. Martimbeau. She further placed the requirement that this surgery must be performed in Bull Head City, Arizona.

Obviously, this Commission cannot order some physician, in Bull Head City, Arizona, to perform surgery recommended by a physician, in Fort Smith, Arkansas. In fact, it is difficult, if not impossible, to direct a physician to perform treatment recommended by another physician.

Dr. Martimbeau is a competent orthopaedic surgeon. Obviously, it is his expert medical opinion that this procedure is necessary. He is clearly the claimant's authorized treating physician and the appropriate physician to actually carry out the treatment modality he has proposed.

After consideration of the evidence presented, it is my opinion that the greater weight of the evidence establishes that the acromioplasty recommended by Dr. Martimbeau constitutes "reasonably necessary medical services" for the claimant's compensable shoulder injury. It is related to and necessitated by this compensable injury. Such a treatment modality is generally recognized by the medical community as being appropriate to correct the type of injury diagnosed. Thus, this procedure has a reasonable expectation of accomplishing its intended purpose or goal of reducing the physical damage caused by the claimant's compensable left shoulder injury and thereby alleviating some of the claimant's symptoms and complaints (both objective and subjective).

However, it is my further opinion that Dr. Martimbeau is the appropriate physician to provide such treatment. This is not an extensive surgical procedure and usually only involves, at most, a two day hospitalization. The claimant voluntarily elected to move to Bull Head City, Arizona. It would not be unreasonable to require her to return to the Fort Smith

area for a brief period of time, in order to obtain the treatment modality recommended by Dr. Martimbeau. Thus, the claimant is only authorized to receive this treatment, at the respondents' expenses, from Dr. Martimbeau.

The medical record shows that the claimant has received extensive conservative treatment from a number of physicians for the compensable left shoulder injury. For this injury, she has been treated with oral medication, physical therapy, and injections. All of this conservative treatment appears to have been totally unsuccessful in alleviating or even reducing her left shoulder symptoms and complaints (both subjective and objective). This conservative treatment may have initially had a reasonable expectation of accomplishing the desired purposes. However, the total lack of success over this extended period of time shows that further conservative treatment modalities no longer offer any reasonable expectation of success. Thus, any further conservative treatment modalities for the claimant's compensable left shoulder injury would not constitute "reasonably necessary medical services" under Ark. Code Ann. §11-9-508.

The medical record also shows that the claimant has received extensive conservative treatment from a number of physicians for her compensable tail bone or lower back injury. Apparently, this conservative treatment has provided the claimant with some benefits. The medical evidence indicates that the type of injury sustained by the claimant to this portion of her body on March 30, 2002, is often symptomatic for a lengthy period of time and would require long term conservative care for these chronic symptoms (such as anti-inflammatories and pain medication). However, due to the claimant's persistent symptoms in this area, Dr. Morse has recommended a MRI of the claimant's lumbosacral spine to insure that the claimant's original diagnosis of a contusion of her coccyx is accurate. He indicates that if the initial diagnosis was accurate, then the claimant should have achieved maximum medical improvement for this compensable injury. However, if this diagnosis was not accurate, then other forms of treatment might be "reasonably

necessary”.

Thus, any determination in regard to the reasonableness or necessity of further medical treatment for the claimant’s compensable tail bone or lumbosacral spine injury would be dependent upon results of this recommended test. A determination on this issue should be reserved until this test has been performed and the results obtained.

The claimant is also requesting that the respondent be held liable for the expense of medical services provided her by and at the direction of various physicians in Bull Head City, Arizona. This appears to include services rendered her by and at the direction of a Dr. Joel Paulino, a Dr. Thomas Jacobson, a Dr. B. Stamper, and the Western Arizona Regional Medical Center.

Clearly, the services provided the claimant by Dr. Paulino and the Western Arizona Medical Center appear to be directed solely toward her mental or emotional difficulties diagnosed as “stress and anxiety”. As the claimant has failed to prove that these mental or emotional difficulties represent a “compensable mental injury or illness”, as defined by Ark. Code Ann. §11-9-113, she can not be awarded any benefits for these mental or emotional difficulties. This includes the payment of medical expenses incurred for the treatment of these difficulties, under Ark. Code Ann. §11-9-505.

It further appears that the services rendered the claimant by and at the direction of Dr. Jacobson were directed toward the evaluation and treatment of cardiac complaints. There is no evidence that the claimant sustained a “compensable” cardiac or cardiovascular injury, as defined by Ark. Code Ann. §11-9-114, or that these complaints are in any way otherwise “compensable”. Thus, any medical services rendered for these complaints would not represent “reasonable necessary medical services” for the claimant’s compensable injuries. The expense of these services cannot be imposed on the respondent herein, under Ark. Code Ann. §11-9-508.

The services provided the claimant by and at the direction of Dr. Stamper may be related to her compensable left shoulder injury and to some extent, may also be related to her compensable “tail bone” or lumbosacral injury. However, Dr. Stamper is clearly an “unauthorized” physician, under Ark. Code Ann. §11-9-514.

The evidence also fails to show that his services would represent “emergency treatment,” within the meaning of Ark. Code Ann. §11-9-514. The claimant was well aware of her obligations under Ark. Code Ann. §11-9-514, the actions necessary to obtain a change of physicians (having previously obtained such a change). Yet she sought and obtained the services of Dr. Stamper without the authorization of the respondent or this Commission.

Even if the claimant had timely sought the authorization of this Commission, such authorization could not have been given. Under Ark. Code Ann. §11-9-514, this Commission only has the limited authority to authorize a change to a physician. First, it may do so only one time. Secondly, it may grant such a change only to a physician that is the respondent’s certified MCO (or if the respondent has no certified MCO, then to a physician, who is in an MCO certified by this Commission) or to the claimant’s “regular treating physician.”

In the present case the claimant has already been granted one change of physicians by this Commission. There is also no evidence that Dr. Stamper is enrolled in the respondent’s certified MCO or in any MCO certified by this Commission and it is highly unlikely that he would be. There is also no evidence that Dr. Stamper is the claimant’s “regular treating physician” (i.e. that he had a bona fide doctor-patient relationship demonstrated by a history of regular treatment prior to the onset of the claimant’s compensable injuries). Again, the existence of such a relationship is highly unlikely.

As the services provided the claimant by Dr. Stamper were “unauthorized”, within the meaning of Ark. Code Ann. §11-9-514, liability for the expenses of his services cannot

be imposed upon the respondent. Thus, it becomes immaterial whether these services would otherwise constitute “reasonably necessary” within the meaning of Ark. Code Ann. §11-9-508.

## II. TEMPORARY TOTAL DISABILITY BENEFITS

The final issue to be addressed concerns the claimant’s entitlement to additional temporary total disability benefits from November 16, 2002, through a date yet to be determined. The burden again rests upon the claimant to prove her entitlement to these benefits. In order to meet this burden, the claimant must prove by the greater weight of the credible evidence that she has continued within her healing period from the effects of her compensable physical injuries and has been totally disabled from performing regular gainful employment as a result of these compensable injuries.

The issue of the healing period is solely a medical question, which must be resolved upon the basis of the greater weight of the credible medical evidence presented. The healing period continued until the claimant has achieved the maximum benefit of time and medical treatment, in regard to the resolution or stabilization of the actual physical damage caused by the compensable injury. Once this underlying physical damage has resolved or at least stabilized, then the healing period has ended. The mere continuation of chronic symptoms is not sufficient, in and of itself, to extend the healing period, Mad Butcher, Inc. v. Parker, 4 Ark. App. 124, 628 S.W. 2<sup>nd</sup> 582 (1982).

In the present case, the greater weight of the medical evidence clearly shows that the claimant’s healing period from the effects of her compensable right thumb injury ended long before November 16, 2002. Thus, this compensable “schedule injury” would not form a basis for her entitlement to additional temporary total disability benefits on and after November 16, 2002.

As previously noted the claimant has achieved the maximum benefit of conservative treatment in regard to her compensable shoulder injury. There is no longer any reasonable

expectation that further conservative treatment would improve the actual physical damage caused by her compensable injury. The surgical procedure recommended by Dr. Martimbeau is the only remaining medical treatment that, at this time, offers any reasonable expectation of improving the underlying physical damage caused by the claimant's compensable shoulder injury. Until the hearing, the claimant had refused this recommended treatment. Through her imposition of impractical and unreasonable restrictions on her current tentative agreement to now undergo this recommended treatment, the claimant continues to obstruct and implicitly refuse the recommended surgery.

Applicable case law clearly provides that a claimant cannot extend the healing period by refusing the only medical treatment that offers a reasonable possibility of improving the physical damage caused by the compensable injury, Thurman v. Clarke Industries, Inc., 45 Ark. App. 87, 872 S.W. 2<sup>nd</sup> 418(1994), Breakfield v. In and Out, Inc., 79 Ark. App. 402, 88 S.W. 3<sup>rd</sup> 861 (2002). Thus, by her refusal to submit to the surgical procedure recommended by Dr. Martimbeau, the claimant has effectively ended her healing period in regard to her compensable traumatic bursitis and impingement syndrome involving her left shoulder. Thus, this compensable injury cannot form the basis for an award of the additional temporary total disability benefits she now seeks.

In reaching this decision, I recognize that the medical evidence indicates that the claimant may have also experienced a tear of her rotator cuff in the employment related accident on March 30, 2002. However, the actual existence of such an injury has not been objectively established and remains speculative, at the present time. The evidence further shows that this test was necessary to objectively establish the existence of this injury and has been repeatedly offered to the claimant by the respondents prior to November 16, 2002. Once again, the claimant has expressly or implicitly refused to undergo this recommended testing.

I would also note that when and if this test is conducted and if this test reveals the presence of a tear to the claimant's rotator cuff, the only remaining treatment modality would again be surgical intervention. There is no indication that the claimant would be any more willing to undergo surgical repair of such a tear, than she has been to undergo the surgical procedure recommended by Dr. Martimbeau. Thus, there is substantial doubt that such further treatment would ever actually be performed, even if it was found to be necessary or appropriate.

If and when the claimant submits to the surgical procedure recommended by Dr. Martimbeau or to the surgical procedure, which might be recommended (should the MRI study reveal the presence of a rotator cuff tear), the claimant may once again re-enter her healing period from her compensable left shoulder injury. However, until that time, her initial healing period from the effects of her compensable left shoulder injury had effectively ended, prior to November 16, 2002. Thus, this injury cannot form the basis for an award of the additional temporary total disability benefits she now seeks.

The question of whether the claimant has continued within her healing period from the effects of her compensable "tail bone" or lumbosacral injury, on and after November 16, 2002, cannot be resolved with certainty, until she undergoes the recommended lumbar MRI. The medical evidence shows that, if the claimant's compensable "tail bone" or lumbosacral injury was only in the form of a contusion of her coccyx (her current diagnosis), then she achieved the maximum benefit of time and medical treatment for this type of injury, prior to November 16, 2002. However, if this test reveals that the claimant sustained some other form of injury to her lumbosacral spine in the employment related incident on March 30, 2002, then she may continue in need of further medical treatment and her healing period, in regard to such an injury, may not yet have ended.

Again, the actual existence of any compensable injury to the claimant's lumbosacral spine (other than a contusion of the coccyx) is, at present, only speculative. The claimant's

failure to receive this recommended test is again the result of her own conduct and actions. Under these circumstances, the fact that she has not received this recommended test is not sufficient to extend her healing period, in regard to her compensable "tail bone" or lumbosacral injury. Thus, this injury does not form a basis upon which to award the additional temporary total disability benefits she now seeks. However, should the claimant submit to the recommended testing, by or at the direction of an authorized treating physician, and should this testing reveal the presence of some other type of compensable physical injury to the claimant's lumbosacral spine that does require further medical treatment and should the claimant submit to treatment for such an injury, by and at the direction of authorized treating physicians, then she may re-enter her healing period from the effects of a compensable injury. At that point, such an injury could again form the basis upon which awarded additional temporary total disability could be awarded, provided the claimant could also prove the second element necessary for her entitlement to such benefits, i.e. that this injury is causing actual total disability.

In summary, based upon the evidence presented, I am constrained to find that the claimant has failed to prove that she has continued within the healing period from the effects of any of her compensable injuries, on and after November 16, 2002. Thus, she cannot be awarded the additional temporary total disability benefits she now seeks, Elk Roofing Company v. Pinson, 22 Ark. App. 191, 737 S.W. 2<sup>nd</sup> 661 (1987). As a result of this finding, it becomes unnecessary to address the question of whether or not the claimant has been rendered totally disabled by the effects of her compensable injuries on and after November 16, 2002.

#### FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. On March 30, 2002, the relationship of employee-self insured employer-third

party administrator existed between the parties.

3. On March 30, 2002, the claimant sustained compensable injuries to her tail bone, left shoulder, and right thumb.
4. The claimant has failed to prove that she has sustained a “compensable” mental injury or illness, as a result of her compensable physical injuries. Specifically, she has failed to prove that she has been diagnosed as suffering any mental injury or illness by a licensed psychiatrist or psychologist and that such a diagnosis conforms to the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders, as required by Ark. Code Ann. §11-9-113.
5. The respondents have accepted liability for and have paid all expenses, incurred to date, for medical services provided the claimant for her compensable physical injuries by and at the direction of her authorized treating physicians, which include Dr. Keith Holder, Dr. Michael Wolfe, Dr. Claude Martimbeau, and Dr. Michael Morse.
6. The claimant has failed to prove that any medical services provided her for any mental injury or illness represent reasonably necessary medical services for a “compensable injury”. Thus, the respondents would not be liable for any expense incurred for these services.
7. The medical services provided the claimant for her left shoulder and “tail bone” or lumbosacral complaints by and at the direction of physicians in Bull Head City, Arizona (particularly, a Dr. B. Stamper), represents “unauthorized medical services”, within the meaning of Ark. Code Ann. §11-9-514. Pursuant to the provisions of this subsection, liability for the expense of these services cannot be imposed on the respondents herein.
8. The medical services recommended by the claimant’s current authorized

treating physicians, in the form of an MRI study of her left shoulder and an MRI study of her lumbosacral spine, represent “reasonably necessary medical services” within the meaning of Ark. Code Ann. §11-9-508. Pursuant to the provisions of this subsection, the respondents are liable for the expense of such services, should these services be rendered by or at the direction of an authorized treating physician. This liability is limited to the medical fee schedule established by this Commission.

9. The medical services recommended by Dr. Claude Martimbeau, in the form of an acromioplasty of the claimant’s left shoulder also represents “reasonably necessary medical services” within the meaning of Ark. Code Ann. §11-9-508. The respondents are again liable for the expense of such services, should they be provided by an authorized treating physician. This liability is limited to the medical fee schedule established by this Commission.
10. The respondents have paid all appropriate temporary total disability benefits which have resulted from the claimant’s compensable physical injuries, to date.
11. The claimant has failed to prove by the greater weight of the credible evidence that she is entitled to additional temporary total disability benefits, as the result of her compensable physical injuries, on and after November 16, 2002. Specifically, the claimant has failed to prove that she continued within her “healing period” from the effects of any of her compensable physical injuries, on and after that date.
12. The respondents have controverted the claimant’s entitlement to any temporary disability benefits on and after November 16, 2002, and her entitlement to the payment of any expenses incurred for medical services

rendered her by and at the direction of any physicians other than her current authorized treating physicians (specifically, any medical services provided or recommended by physicians in Bull Head City, Arizona).

### ORDER

The respondents are liable for the expense of an MRI study of the claimant's left shoulder and lumbosacral spine, should such services be provided by authorized treating physicians. The respondents are further liable for the expenses incurred for an acromioplasty of the claimant's left shoulder, should such services be provided by or at the direction of Dr. Martimbeau. The liability for these expenses is subject to the medical fee schedule established by this Commission.

The respondents shall also be liable, subject to the medical fee schedule established by this Commission, for the expense of any additional authorized medical services, which may subsequently be shown to be "reasonably necessary" for the claimant's compensable physical injuries.

Based upon the claimant's failure to prove that she sustained a "compensable" mental injury or illness, under Ark. Code Ann. §11-9-113, her request for benefits attributable to any mental injury or illness (including both the payment of medical expenses and indemnity benefits for disability) must be denied and dismissed.

Based upon my finding that the medical services provided the claimant by and at the direction of Dr. B. Stamper, constitutes "unauthorized" medical services, the claimant's request for the payment of expenses incurred for these services must also be denied and dismissed.

All benefits herein awarded, which have heretofore accrued, are payable in a lump sum without discount.

This award shall bear the maximum legal rate of interest until paid.

IT IS SO ORDERED.

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MICHAEL L. ELLIG  
Administrative Law Judge