

**BEFORE THE ARKANSAS WORKERS' COMPENSATION
COMMISSION**

CLAIM NO. F302620

DENNIS CARTER, EMPLOYEE

CLAIMANT

**GEORGIA-PACIFIC CORPORATION,
EMPLOYER**

RESPONDENT

**SELF-INSURED (SEDGWICK CLAIMS
MANAGEMENT, INC., TPA),
INSURANCE CARRIER**

RESPONDENT

OPINION FILED MAY 26, 2005

Hearing before Administrative Law Judge Cynthia Estes Rogers on February 25, 2005, in Pine Bluff, Jefferson County, Arkansas.

Claimant represented by Mr. Silas H. Brewer, Attorney at Law, Little Rock, Arkansas.

Respondents represented by Mr. Mike Roberts, Attorney at Law, Little Rock, Arkansas.

A hearing was held on February 25, 2005, to determine whether the extent of claimant's alleged injuries are compensable and to determine claimant's entitlement to additional benefits.

The parties stipulated that respondents accepted a claim for a head laceration that occurred on February 28, 2003, when, while working, claimant was struck in the right side of his head by a piece of metal, weighing approximately ten pounds, that had broken off a machine. It was further stipulated that the claimant's earnings were sufficient to entitle him to weekly indemnity benefits of \$440.00 for temporary total

disability and \$330.00 for permanent partial disability benefits. The parties additionally stipulated at the hearing that an independent medical evaluation (IME) had been ordered by the previously-presiding ALJ at the request of both parties, and that Dr. John Wilson had been appointed to render said impartial evaluation of the claimant's claim for an injury to his left shoulder.

Claimant contends that he is entitled to additional temporary total disability indemnity benefits, as well as medical benefits, subsequent to September 28, 2003, when his benefits were ceased by respondents, and continuing through a date yet to be determined, due to other injuries he sustained as a result of his compensable injury of February 28, 2003, but that were belatedly diagnosed. Specifically, claimant contends that in addition to his head laceration on February 28, 2003, he also sustained a superior labral tear and secondary cyst in the left shoulder, as well as a brachial plexus injury, causing denervation and impairment of the right arm.¹ Claimant contends that after the case was controverted, he saw Dr. Barry Thompson on his own for his left shoulder injury. Claimant seeks additional benefits and attorney's fees.

Respondents contend that claimant cannot prove entitlement to additional temporary total disability benefits for any of his alleged injuries to his left shoulder

¹The prehearing order of December 20, 2004, includes a contention by claimant that he suffered, additionally, a neck injury. This injury was neither addressed nor argued at the full hearing on this matter or by counsel for claimant in post-hearing briefs. It is assumed, therefore, that claimant has abandoned his claim for a neck injury and same will not be addressed herein.

or right arm. Respondents further contend that specific notice of the claimant being released to work was not relayed to respondent, and that if the claimant was released to return to work in a light-duty capacity, that no light-duty work is or was available to be provided to the claimant. Respondents further contend that claimant is not entitled to a change of physician to Dr. Barry Thompson, as that treatment has already been provided by Dr. Thompson and that said treatment is for alleged injuries which are currently being controverted by respondents.

STATEMENT OF THE CASE

Claimant is a forty-five-year-old male who testified that he has been employed with respondent-employer for fifteen years. He was injured on February 28, 2003, when he and members of his winder crew were attempting to rethread a paper machine for respondent-employer. Claimant testified that he was working as the “fifth hand” on the crew on the number two paper machine. He testified that he had started out as a “sixth hand” in 1994, but had moved up in job classification to the “fifth hand” at some point.

It is undisputed that on the date of injury, a large metal object, weighing approximately ten pounds, separated from a piece of equipment that the winder crew was working on and that, while rapidly rotating, it was thrown from the machine at a high rate of speed high into the air and came down to hit claimant in the right side

of his head. He staggered and fell to the ground. Evidence reveals that he was knocked unconscious for approximately three to five minutes.

Co-workers of claimant, Edward Dean “Buddy” Harrod, who worked at the time as the “sixth hand,” and Johnny Everett, who was working the control panel, both testified, as did claimant, that claimant grabbed for the rung of a ladder as he fell. Testimony revealed that Johnny Everett grabbed claimant on his descent and helped him to the ground. Respondents do not dispute that claimant sustained a head laceration that did not require sutures. He was treated by Dr. Ken Walsh in the emergency room of Ashley County Memorial Hospital and released the same day. Respondents do, however, dispute the mechanism of claimant’s fall. Respondents dispute that claimant grabbed the rung of a ladder on his descent with his left hand.

Respondents accepted the claimant’s head injury as compensable and paid temporary total disability and medical benefits through September 28, 2003. Claimant alleges that he suffered two additional injuries as a result of the accident described above, both of which respondents have denied are compensable. First, claimant alleges that he suffered an injury to his right arm – a brachial plexus injury causing numbness and loss of nerve function along the distribution path of the right ulnar nerve. Claimant contends this pressure causes loss of feeling in the fingers and palm of his right hand. Second, claimant contends that he suffered an injury to his left shoulder – a glenoid labral tear, with formation of a cyst above the interior glenoid,

formation of a ganglion secondary to the labral tear, all of which cause direct pressure on the suprascapular nerve.

Claimant testified that he saw Dr. Walsh a couple of times after his initial injury and that Dr. Walsh ordered an MRI. Claimant was then informed through Clyde Baker, a representative of respondents who would accompany claimant to his doctor visits, that he was to see Dr. Jim Moore, a neurosurgeon. Claimant first saw Dr. Moore on March 20, 2003. Dr. Moore's notes of March 20, 2003, state that claimant was, at that time, complaining of blurred vision from the right eye, tingling of the right hand and sometimes left, and depth perception problems, among other things, that he had begun experiencing since his February 28, 2003, injury.

Dr. Moore found that claimant had sustained a cerebral concussion and a right brachial plexus injury when the falling peice of metal struck the upper right side of his head, causing his head and upper body to be twisted sharply to the left.

Q. Okay, and you mentioned due to a stretching component?

A. Well, yes. I think the blow that he had probably stretched-stressed his head, angling it off. Yeah.

...

Q. Okay. And he was struck on the right side of his head.

A. Yeah.

Q. Is that right?

A. Yeah.

Q. And the lower brachial plexus injury is to the right side, is that right?

A. That would all be consistent.

Q. Okay. So, if he was hit by the object on the right –

A. He would have stretched over to the left.

Q. He would have stretched over to the left.

A. Yeah.

Q. Okay.

A. And that would have put the stress on the brachial plexus on the right side.

Moore Depo. at 11-12.

Dr. Moore noted that claimant complained of some nerve numbness in the ulnar nerve distribution, as well as trapezius pain with activity such as vacuuming, this being on the left. Dr. Moore ordered an EMG/nerve velocity study to diagnose the origin of these symptoms. He found objective evidence of EMG changes relating to trauma sustained in the lower brachial plexus area.

Dr. Moore opined in his file note of May 13, 2003:

In view of the EMG changes, I believe that the problem is related to trauma that was sustained in the lower brachial plexus. I do not have any recommendations so far as his ongoing shoulder complaints other than an additional orthopedic assessment. So far as the numbness in the fingers are concerned this would be a

great part of determination as to when he can return to work and he tells me his particular job is such that this would be a critical concern as I have discussed with Mr. Baker, the patient, and his wife. I will see the patient on call in the future on an as needed basis.

Dr. Moore, likewise, testified in his deposition that the blow to claimant's head caused the brachial plexus injury, which in turn caused the numbness that claimant was experiencing in the distribution of the right ulnar nerve. Dr. Moore further testified that claimant's problems were related to the trauma he sustained in the brachial plexus at the time of the February 28, 2003, injury. He further testified that amelioration of the numbness in the fingers of the claimant's right hand, which resulted from sensory loss along the ulnar nerve distribution caused by the brachial plexus injury, would be the critical factor in determining when claimant could return to his regular employment.

Dr. Moore, in fact, stated as follows in his deposition:

The patient's numbness was such that he could have injured himself further in his type of work. And I'm not going to go into his type of work, but that basically was my concern and his concern, that if his fingers were numb would he hurt himself doing his particular job.

Finally, Dr. Moore testified that his best estimate of the *normal* period of time required for return to normal nerve function caused by such an injury might be eighteen months. As noted above, Dr. Moore recommended additional orthopedic assessment in regard to claimant's left shoulder problems.

Over the course of time since claimant's injury, four different physicians have seen, evaluated, or treated claimant for his left shoulder injury. Claimant has seen, chronologically, Dr. Norris Knight, an orthopedic surgeon in Texarkana, Texas; Dr. Charles Pearce, an orthopedic specialist in Little Rock; Dr. John Wilson, an orthopedic specialist in Little Rock (per the IME order); and Dr. Barry Thompson, a general practitioner in Crossett, Arkansas.

Claimant first saw Dr. Knight on May 27, 2003. Dr. Knight ordered an MRI, which was performed at Ashley County Medical Center in Crossett on June 3, 2003. The radiologist who interpreted the MRI films, Dr. Charles Wagoner, reported "findings suggestive of a superior labral tear with resultant suprascapular nerve entrapment due to rather extensive perilabral cyst development." Dr. Knight opined in a clinic note of December 9, 2003, that claimant's injuries were "clearly related to his [workers' compensation] injury when he fell."

Dr. Knight further testified by deposition as follows:

Q. Now, if [the claimant's] history is correct, could you testify with a . . . reasonable degree . . . of medical certainty that that fall of that type caused this man's labral tear?

A. Yes. . . . I thought from the whole history as the mechanism of the injury on the job followed by pain, unresolved for quite some period of time with the MRI finding, I thought the sequence of events was the injury to the shoulder, the labral tear, and the development of the secondary ganglion which was pressing on the suprascapular nerve. I thought that was the sequence.

Knight Depo. at 21.

Dr. Knight further testified on cross-examination as follows:

A. [Y]ou take the history, take the physical exam, take the findings on the MRI, particularly with the ganglion, and you come to the probability of the overall clinical appearance that that's what happened. But you don't know for sure, and the MRI is the way it is. It's a possibility on the MRI, put together with the clinical appearance, the ganglion, and the possibility on the MRI leads to a probability on the overall clinical appearance.

Id. at 26.

Dr. Knight testified on redirect examination that the MRI findings of a possibility of a labral tear and clear evidence of a ganglion both constitute objective findings. Dr. Knight recommended to claimant that he been seen by a fellowship-trained shoulder surgeon.

In accordance with this recommendation by Dr. Knight, respondents arranged for claimant to be seen by Dr. Charles Pearce. Claimant was first seen by Dr. Pearce on July 8, 2003, at which time Dr. Pearce determined that claimant was unable to work. Dr. Pearce ordered a second MRI. On July 14, 2003, a second MRI was administered, and the radiologist who administered it, Dr. Robert Laakman, interpreted the study to demonstrate a "large perilabral cyst associated with a labral tear involving the posteriosuperior glenoid labrum." This was basically the same interpretation as the first MRI, ordered by Dr. Knight.

Based upon the MRI findings, Dr. Pearce advised Susan Strand, of respondent-carrier, that claimant's diagnosis was "superior labral tear and secondary cyst which occurred secondary to injury and then cyst formation." Dr. Pearce advised that he was contemplating aspirating the cyst and possibly performing arthroscopy. Dr. Pearce advised Ms. Strand that claimant was incapable of performing even light duty, due to his shoulder condition.

In a report of August 21, 2003, Dr. Pearce recommended claimant submit to a nerve study to rule out suprascapular nerve compression. Dr. Pearce further recommended aspiration of the large perilabral cyst under CT guidance and advised claimant to continue the therapy he had previously prescribed.

It was at this point that both parties requested an IME, as stipulated above, which was ordered by the then-presiding ALJ and was conducted by Dr. John Wilson. After reviewing claimant's history and previous medical records, including MRI studies, Dr. Wilson opined in a letter dated April 22, 2004, that he interpreted the MRI study of the shoulder to reveal a cyst of the inferior glenoid and that the MRI arthrogram revealed a tear in the labrum. Dr. Wilson further opined that these abnormal findings were caused by claimant's work-related accident of February 28, 2003.

Although Dr. Pearce, in a later deposition in September of 2004, concluded that he could not give an opinion one way or the other regarding the cause of the

labrum and cyst abnormality in the present case, he did acknowledge that the radiologist who performed the MRI on July 14, 2003, which Dr. Pearce ordered, thought there was probably a labral tear, and that a history of an axial pulling mechanism in the circumstances of claimant's accidental fall, with apparent witnesses, would be more consistent with a labral tear. With respect to further medical treatment for claimant, Dr. Pearce stated in his deposition that he wanted to do additional nerve studies, as well as aspiration of the cyst by a bone radiologist to rule out other possible causes of the claimant's symptoms.

Dr. Pearce did admit that the results of the additional tests he recommends would not, alone, confirm the cause of any abnormality shown by the tests. However, those test results would provide objective proof, according to Dr. Pearce, of the nature and extent of claimant's shoulder abnormalities, and a determination of the cause of those abnormalities would obviously require analysis of the claimant's history in relation to the nature and extent of those shoulder abnormalities.

Claimant testified, and the medical records reflect, that he told his doctors that he had never before had shoulder problems. Further, no medical records or testimony was offered to aver otherwise.

Claimant testified that after his benefits were ceased by respondents and his case was controverted, he then, on his own, sought treatment from Dr. Barry Thompson in May of 2004. Claimant testified that respondents told him to file it on

his group health insurance and if, in the end, respondents were found to be liable for claimant's injuries, then the group health would be reimbursed; however, claimant testified that his group health insurance would not pay on a pending workers' compensation claim. Therefore, he was on his own with Dr. Thompson.

Dr. Thompson's history of claimant's injury was a blow to the head by a falling object that knocked claimant to the left; it then described that claimant grabbed hold of a ladder in such a way as to cause his left shoulder injury. Dr. Thompson's notes mention that claimant has never before had trouble with his left shoulder prior to this incident of February 28, 2003. Dr. Thompson reviewed all of claimant's medical records and concluded that all of his injuries, including his head, left shoulder, and right arm, were related to his accident on the job on February 28, 2003.

Claimant testified that the treatment he received from Dr. Thompson has helped his right arm some but that he still experiences limited mobility in his left shoulder and "great pain" if forced to use that shoulder. Claimant testified that he wants to be able to go back to work. He testified that his annual salary with respondent-employer was \$50,000.00. He testified that since his injury, he has been receiving \$2,031.12 per month from an independent long-term disability policy that he had. Further, he testified that he filed for unemployment benefits for six months because his employer would not allow him to return, as no light duty was available. He testified that he told the unemployment office that he could only do light-duty

work and testified that he tried to find employment during that period of time he was receiving unemployment benefits. He testified that he applied with banks, insurance agencies, the credit union, Wal-Mart, grocery stores, and for secretarial positions with a construction company.

David Johnson testified for respondents that in November of 2003 he observed claimant and his stepson in a boat on the Ouachita River. Mr. Johnson testified that he works as a security manager for respondent and that one of his duties is to perform investigations of purported injuries. Mr. Johnson testified that he witnessed the claimant using both hands to lift his boat motor, but he was unable to state which hand claimant used to operate the boat. Mr. Johnson further testified that he witnessed claimant taking off his coveralls and that claimant did not seem to have any trouble.

Claimant had admitted, prior to Mr. Johnson's testimony, in claimant's case-in-chief that he has used both hands on occasion to lift his boat motor – a twenty-five horsepower Mercury – and that he has lifted Christmas decorations and minor other things on occasion, but that he limits his use and it causes him great pain when he does use his left shoulder. Claimant testified that he has a ten-pound lifting restriction above his head.

Respondents questioned Buddy Harrod about his motives in testifying on claimant's behalf. As noted above, Mr. Harrod was the "sixth man" on the winder crew of the number two paper machine on the date of claimant's injury. Mr. Harrod

admitted that he had filed a previous workers' compensation claim against respondent-employer and that he considers claimant a friend at work; however, Mr. Harrod denies that he and claimant are "social friends" and, in fact, stated that testifying for claimant was actually *against* his own interest because, since claimant's injury, Mr. Harrod was allowed to move up to "fifth man" classification and, if claimant returns to his old job, Mr. Harrod will be demoted.

FINDINGS OF FACT

1. All stipulations agreed to by the parties herein are accepted as fact;
2. Claimant has proven by a preponderance of the evidence that he sustained a compensable left shoulder injury on February 28, 2003;
3. Claimant has proven by a preponderance of the evidence that he sustained a compensable right arm injury on February 28, 2003;
4. Claimant is entitled to temporary total disability indemnity benefits from the date of injury and continuing through a date yet to be determined for each of his injuries to his head, left shoulder, and right arm;
5. Claimant is entitled to all medical benefits, both past and future, for each of his compensable injuries, including the treatment he received from Dr. Barry Thompson on his own, as claimant began seeing Dr. Thompson only after the case was controverted;

6. Respondents are entitled to a credit for temporary total disability indemnity benefits previously paid;
7. Respondents are entitled to a setoff for any, if any, medical benefits paid by the claimant's group health insurance carrier and for any and all short-term or long-term disability benefits and/or unemployment benefits received by claimant;
8. Respondents have controverted the compensability of claimant's left shoulder and right arm injuries and all entitlement by claimant to additional temporary total disability benefits and additional medical benefits.

DISCUSSION

In order to prove compensability of a claim, a claimant must prove by a preponderance of the evidence that: (1) the injury arose out of and in the course of his employment; (2) the injury caused internal or external physical harm to the body which required medical services or resulted in disability or death; (3) the injury was a major cause of the disability or need for treatment; and (4) the injury must be established by medical evidence supported by objective findings. *See* Ark Code Ann. § 11-9-102(4)(A)(ii)(a) and 11-9-102(4)(E)(ii); *West v. Arkansas Electric Cooperative Corp.*, CA 03-1450 (September 15, 2004); *Crudup v. Regal Ware, Inc.*, 341 Ark. 804, 20 S.W.3d 900 (2000); *Kildow v. Baldwin Piano*, 333 Ark. 335, 969 S.W.2d 190

(1998). In addition to satisfying the “major cause” requirement, however, a claimant must also prove a causal connection between his employment and the injury. *Id.* Causation remains an essential element to be proven by a claimant in order to establish a claim of compensability.

Objective findings are those that cannot come under the voluntary control of the claimant. Ark. Code Ann. § 11-9-102(16)(A)(I). Medical opinions addressing compensability must be stated within a reasonable degree of medical certainty. Ark. Code Ann. § 11-9-102(16)(B); *Smith-Blair, Inc. v. Jones*, 77 Ark. App. 273, 72 S.W.3d 560 (2002). Speculation and conjecture cannot substitute for credible evidence. *Id.* Further, the Commission has the authority to accept or reject medical opinions, and its resolution of the medical evidence has the force and effect of a jury verdict. *Jim Walter Homes Travelers Ins. v. Beard*, 82 Ark. App. 607, 120 S.W.3d 160 (2003).

Questions of credibility and the weight and sufficiency to be given evidence are matters within the province of the Commission. *See Smith-Blair, Inc. v. Jones, supra; Swift-Eckrich, Inc. v. Brock*, 63 Ark. App. 188, 975 S.W.2d 857 (1998). 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 it deems worthy of belief. *Smith-Blair, Inc. v. Jones, supra; Arnold v. Tyson Foods, Inc.*, 64 Ark. App. 245, 983 S.W.2d 444 (1998). Furthermore, it is well

established that it is within the Commission's province to weigh all the medical evidence and to determine what is most credible. *Minnesota Mining & Mfg. v. Baker*, 337 Ark. 94, 989 S.W.2d 151 (1999). The Commission is entitled to review the basis for a doctor's opinion in deciding the weight and credibility of the opinion and medical evidence. *Smith-Blair, Inc. v. Jones, supra; Maverick Transp. v. Buzzard*, 69 Ark. App. 128, 10 S.W.3d 467 (2000).

In regard to claimant's right arm injury, the brachial plexus injury, Dr. Moore's opinion was clear that the blow to claimant's head on February 28, 2003, caused his right brachial plexus injury, which in turn caused the numbness that claimant was experiencing in the distribution of the right ulnar nerve. Further, while Dr. Moore testified that the *normal* period of time required for return to normal nerve function caused by such a injury *might be* eighteen months, no determination exists in the medical records that claimant has, in fact, returned to normal nerve function or that he has been released from treatment for that injury. In this examiner's opinion, claimant has proven by a preponderance of the credible evidence that he sustained a compensable right brachial plexus injury on February 28, 2003, and is entitled to all benefits for said injury, as a result.

In this case, in relation to claimant's left shoulder problems, three of the four physicians claimant saw for this injury have opined that claimant's left shoulder injury is job-related. Dr. Knight, Dr. Thompson, and Dr. Wilson, whose opinion was

pursuant to an IME at the request of both parties, all determined that claimant's left shoulder injury resulted from his February 28, 2003, work-related injury. Only Dr. Pearce could not give an opinion one way or the other, but even he recommended additional tests in order to make the determination.

Respondents assert that claimant's story has changed in regard to the mechanics of his fall on February 28, 2003, and that claimant did not, in fact, grab the rung of a ladder on his descent. However, it is evident that claimant's uncertainty about the circumstance of his injury is obviously a consequence of the fact that he was knocked unconscious by the blow to his head. Obviously, claimant's recollection of the mechanics of his fall would be vague. Further, two eye-witnesses to claimant's fall, Buddy Harrod and Johnny Everett, credibly described the mechanism of claimant's fall and stated that he attempted to grab a rung of the ladder.

Claimant testified that he has never before experienced left shoulder problems prior to this injury. Indeed, no medical records or evidence was offered to prove otherwise. Moreover, the Arkansas Court of Appeals has held that if a claimant's disability arises soon after the accident and is logically attributable to it, with nothing to suggest any other explanation for the employee's condition, there is no substantial evidence to sustain the Commission's refusal to make an award. *See Wentz v. Service Master*, 75 Ark. App. 296, 57 S.W.3d 753 (2001).

For all of these reasons, it is this examiner's opinion that claimant has proven by a preponderance of the credible evidence that he sustained a compensable left shoulder injury on February 28, 2003, and is entitled to all benefits for said injury, as a result.

With regard to claimant's treatment by Dr. Thompson, the Arkansas Court of Appeals has held that medical treatment intended to reduce pain or enable an injured worker to cope with chronic pain attributable to a compensable injury may constitute reasonably necessary medical treatment. *See generally, Georgia-Pacific Corp. v. Dickens*, 58 Ark. App. 266, 950 S.W.2d 463 (1997); *Artex Hydroponics, Inc. v. Pippin*, 8 Ark. App. 200, 649 S.W.2d 845 (1983); *Tiner v. Total Petroleum*, Full Workers' Compensation Commission, Opinion filed April 3, 2003 (W.C.C.F104990). In addition, an employer may remain liable for medical treatment reasonably necessary to maintain a claimant's condition after the healing period ends. *Artex Hydroponics, Inc. v. Pippin*, 8 Ark. App. 200, 649 S.W.2d 845 (1983). ("Medical treatments which are required so as to stabilize or maintain an injured worker are the responsibility of the employer.") A claimant, however, must prove that the additional treatment he desires is reasonable and necessary, in relation to his compensable injury.

In this case, claimant has so proven. Claimant remained in need of medical treatment, and his benefits from respondents had ceased and were controverted prior to claimant seeing Dr. Thompson. In this examiner's opinion, Dr. Thompson's

treatment of claimant was reasonable and necessary in relation to claimant's injuries found compensable herein.

Temporary total disability is that period within the healing period in which an employee suffers a total incapacity to earn wages; the healing period is that period for healing of an accidental injury that continues until the employee is as far restored as the permanent character of his injury will permit, and that ends when the underlying condition causing the disability has become stable and nothing in the way of treatment will improve that condition. *Poulan Weed Eater v. Marshall*, 79 Ark. App. 129, 84 S.W.3d 878 (2002); *Carroll Gen. Hosp. v. Green*, 54 Ark. App. 102, 923 S.W.2d 878 (1996). The Court of Appeals has held that the determination of when the healing period has ended is a factual determination for the Commission and will be affirmed on appeal if supported by substantial evidence. *Id.* These are matters of weight and credibility, and thus lie within the exclusive province of the Commission. *Farmers Coop. v. Biles*, 77 Ark. App. 1, 69 S.W.3d 899 (2002).

In this case, claimant clearly has neither been released for his left shoulder injury nor his right arm injury and has received no impairment ratings, although claimant did testify that the treatments for his right arm by Dr. Thompson were helping somewhat. As such, it is this examiner's opinion that he continues to be in a healing period for those injuries and, as such, he is entitled to temporary total

disability benefits from the date of injury until a date yet to be determined in the future.

AWARD

Respondents are directed to pay the claimant all benefits to which he is entitled in accordance with the findings of fact above.

Respondents are entitled to a credit for temporary total disability indemnity benefits previously paid.

Respondents are entitled to a setoff for any, if any, medical benefits paid by the claimant's group health insurance carrier and for any and all short-term or long-term disability benefits and/or unemployment benefits received by claimant.

Respondents are further directed to pay the claimant's attorney, Mr. Silas H. Brewer, the maximum attorney's fee on this award pursuant to Ark. Code Ann. § 11-9-715.

IT IS SO ORDERED.

CYNTHIA ESTES ROGERS
Administrative Law Judge