

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. F408476

SANDRA ERWIN

CLAIMANT

RIVERSIDE FURNITURE CORPORATION
SELF INSURED

RESPONDENT

OPINION FILED MARCH 31, 2005

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

Claimant represented by STEPHEN SHARUM, Attorney, Fort Smith, Arkansas.

Respondents represented by DIANE GRAHAM, Attorney, Fort Smith, Arkansas.

STATEMENT OF THE CASE

A hearing was held in the above styled claim on January 4, 2005, in Fort Smith, Arkansas. The deposition of Dr. Tonya Phillips was taken on December 29, 2004, and was subsequently admitted after the hearing as a Joint Exhibit.

A pre-hearing order was entered in this case on November 3, 2004. This pre-hearing order set out the stipulations offered by the parties and outlined the issues to be litigated and resolved at the present time. Immediately prior to the commencement of the hearing, the parties announced their agreement concerning the appropriate weekly compensation rates. The fifth stipulation was also withdrawn and an issue added concerning the claimant's entitlement to temporary total disability benefits between January 5, 2004 and September 20, 2004. There was also an issue added concerning the question of whether the claimant had sustained a "compensable injury" to her left leg on September 10, 2003, and another issue was expanded to reflect that the claimant was seeking the payment of temporary total disability benefits and medical expenses for both her alleged RSD and an alleged physical injury sustained actually to her left leg (i.e. an addition to the admittedly compensable injury to her left ankle/foot). A copy of the pre-hearing order with these extensive amendments noted thereon, was made Commission's Exhibit No. 1 to the hearing.

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

1. On September 10, 2003, the relationship of employee-self insured employer existed between the parties.
2. The appropriate weekly compensation rates are \$250.00 for total disability and \$188.00 for permanent partial disability.
3. On September 10, 2003, the claimant sustained a compensable injury to her left ankle.
4. All authorized medical expenses incurred for treatment of Dr. Clark by the claimant's compensable left ankle injury have been paid.
5. Since September 20, 2004, the claimant has received short term group disability benefits, which would be subject to the provisions of Ark. Code Ann. §11-9-411.
6. The claimant's medical expenses for the chiropractic care and for doctors at Cooper Clinic have also been paid under a group insurance policy through the respondent.

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

1. Whether the claimant also sustained a compensable injury to her low back or lumbar spine in the employment related incident of September 10, 2003.
2. The claimant's entitlement to the payment of medical expenses and temporary total disability benefits attributable to her lower back or lumbar spine difficulties.
3. The claimant's entitlement to temporary total disability benefits for the weeks of January 5, 2004 through January 9, 2004, March 8, 2004 through March 12, 2004, March 15, 2004 through March 19, 2004,

March 29, 2004 through April 2, 2004, May 3, 2004 through May 7, 2004, May 10, 2004 through May 14, 2004, May 24, 2004 through May 28, 2004, May 31, 2004 through June 4, 2004, June 21, 2004 through June 25, 2004, June 28, 2004 through July 2, 2004, July 5, 2004 through July 9, 2004, July 26, 2004 through July 30, 2004, August 9, 2004 through August 13, 2004, August 16, 2004 through August 20, 2004, August 23, 2004 through August 27, 2004, August 30, 2004 through September 3, 2004, September 6, 2004 through September 10, 2004, September 13, 2004 through September 17, 2004, and September 20, 2004 through a date yet to be determined, as a result of her compensable left ankle injury.

4. Whether the claimant has experienced reflex sympathetic dystrophy (RSD) as a compensable consequence of the compensable injury to her left ankle.
5. Whether the claimant sustained a compensable injury to her left leg on September 10, 2003 (other than to her ankle/foot).
6. The claimant's entitlement to the payment of medical expenses and temporary total disability benefits for this alleged RSD and/or left leg injury.
7. The claimant's entitlement to the payment of medical expenses, incurred for treatment by Dr. Wolfe and Dr. Phillips.
8. Appropriate attorney's fees.

In regard to these issues, the claimant contends:

"The claimant contends that she sustained a compensable injury during and within the scope of her employment on September 10, 2003. The claimant reported the injury to her supervisor and was sent to the Health Services Department of Riverside Furniture. The nurses' notes at Riverside Furniture report the cause of the injury was

"stepping upon a pallet and when she stepped down a board moved shoving foot onto the floor causing it to turn inward causing pain." The claimant has received medical treatment, including treatment for a low back injury and pain to the left extremity. The claimant has been put off work as of September 17, 2004, as a result of the compensable injury. The claimant contends she is entitled to temporary total disability benefits beginning on September 17, 2003 to a date yet to be determined and attorney's fees on all controverted indemnity payments. The claimant further is requesting additional medical treatment.

The claimant wishes to amend her contentions to include temporary total disability benefits prior to September 20, 2004. The claimant contends that she was off work as reflected in the employer's "Punch Detail" time records, which have been forwarded to you for introduction by the claimant. The records reflect periods of time from January 6, 2004 through September 14, 2004. There are 49 days that are listed as "absent" on the respondent's records. Each of these days are specifically absent days because of the claimant's injury to her left leg. These days total 49 days or 7 weeks of TTD. Additionally, the claimant contends that she is entitled to temporary total disability from September 17, 2004 to a date yet to be determined."

In regard to these issues, the respondent contends:

Respondent contends that claimant sustained a left ankle sprain on September 10, 2003. She was furnished medical treatment by the respondent and was released to return to work without restrictions on November 11, 2003. The claimant continued to work for respondent and respondent was unaware that she was seeking any kind of medical treatment until early March 2004 when she so advised Evan Breedlove. At that time, Mr. Breedlove questioned her whether she had had an injury and she advised not that that she knew of. A few days later, the claimant brought Riverside an off work slip from Dr. Bullington taking her off work from March 9, 2004 through March 14, 2004 for a herniated disc. The claimant was paid no temporary total disability benefits because no physician took her off work for her left ankle sprain.

Respondent denies that claimant is entitled to temporary total disability benefits as a result of her September 10, 2003 injury; denies that there is any objective evidence of RSD; denies that there is any objective evidence of an "aggravation to preexisting neuropathy"; denies that there is any objective evidence of a back injury resulting from the September 10, 2003 injury. The objective evidence

relating to claimant's back, specifically, a CT scan on April 24, 1998, A January and June, 2004 MRI are virtually identical. The claimant had a normal EMG of her lower left extremity. She had an abnormal nerve conduction study related to all her extremities symmetrically, upper and lower bilateral extremities. As a result, the physician has diagnosed neuropathy. Dr. Tonya Phillips has specifically testified under oath in her deposition that the neuropathy was not caused by trauma including the September 10, 2003 accident.

There is no evidence that the claimant is entitled to temporary total disability benefits at any time for her compensable left ankle injury and there is no evidence that the claimant needs additional medical treatment for that injury. Finally, the respondent has paid for all claimant's medical treatment through its group health insurance and has paid the claimant 13 weeks of short term disability benefits after she began medical leave on September 20, 2004."

DISCUSSION

I, LOW BACK OR LUMBAR SPINE INJURY

The first issue is the question of whether the claimant also sustained a "compensable injury" to her low back or lumbar spine in the specific employment related incident on September 10, 2003. The burden rests upon the claimant to prove all of the employments necessary to establish the occurrence of this "compensable injury."

In order to meet the definitional requirements for a "compensable injury," which are contained in Ark. Code Ann. §11-9-102(4)(A)(i), the claimant must prove five elements. These elements are:

- (1) That the physical injury arose out of and occurred in the course of the employment;
- (2) That the physical injury was caused by a specific incident;
- (3) That the physical injury is identifiable by time and place of occurrence;

- (4) That the physical injury caused internal or external physical harm to the claimant's body;
- (5) That the physical injury required medical services and resulted in disability.

After consideration of all the evidence presented, I find that the claimant has failed to prove that she sustained a physical injury to her low back or lumbar spine in the specific employment related incident on September 10, 2003. Thus, she has failed to prove that, on that date, she sustained a physical injury to her low back or lumbar spine that satisfies all of the statutory elements of a "compensable injury" as set out in Ark. Code Ann. §11-9-102(4)(A)(i).

First, the greater weight of the evidence does not show any reasonably close temporal relationship between the employment related incident of September 10, 2003, and the initial onset of any symptoms or difficulties involving the claimant's low back or lumbar spine that would be indicative of the occurrence of a physical injury to this portion of her body. Although the testimony of Bennie D. Robinette (one of the claimant's supervisors) implied an onset of back symptoms that was contemporaneous with the occurrence of the employment related incident of September 10, 2003, all of the other evidence, (including the claimant's own testimony) is to the contrary. The claimant testified that immediately following the accident her only symptoms and complaints involved her left ankle and foot. She further testified that, during her entire course of treatment by Dr. Clark, her symptoms and complaints continued to involve only her left ankle and foot. No mention is made in the initial nurse's records or the records of Dr. Clark concerning any complaints involving either the claimant's low back or radicular complaints from her low back into her left leg. The first mention of any low back difficulties or radicular symptoms involving the claimant's left leg is mentioned in the November 3, 2004 narrative report of Dr. Roger

Bullington. In this report, he stated that the claimant consulted him with lower back and radicular symptoms involving her left lower extremity on October 15, 2003, at which time the claimant gave a history of the onset of these symptoms three weeks following the fall on September 10, 2003. No actual records generated at the time of this visit have been introduced. If the claimant had, in fact, sustained a physical injury to her low back or lumbar spine in the employment related incident of September 10, 2003, one would reasonably expect an initial manifestation of symptoms indicative of such an injury well within three weeks following the accident and the trauma it produced.

The claimant's testimony shows that even she is skeptical that the accident of September 10, 2003, was the direct cause of her back complaints. In her testimony, she stated that it was her opinion that these complaints were the result of an altered gait caused by the compensable injury to her left ankle that occurred on September 10, 2003, rather than any direct trauma produced by the incident.

The evidence shows that the claimant has had difficulties and complaints with her lower back for a substantial period of time. As a result of an employment related injury in 1990, the claimant received a 12% permanent physical impairment to her lumbar spine and a 7% impairment to the thoracic spine. In 1998, she was noted to have various neurological symptoms involving both the right and left side of her body. Degenerative changes were noted, at that time, involving her lumbar spine, including disc bulging at the L3-4, L4-5, and particularly at the L5-S1 level. These are essentially the same degenerative changes noted on the various MRI's following the incident of September 10, 2003. In her testimony, the claimant indicates that she had received continuous chiropractic care from Dr. Bullington for a significant period of time period prior to the employment related incident of September 10, 2003. She stated that she was seeing Dr. Bullington at least twice a week in order to keep her

spine "in alignment."

In this report of November 3, 2004, Dr. Bullington stated that he recorded a history of an increase in back complaints three weeks following the fall, on October 15, 2003, visit. However, no actual reports concerning this visit have been introduced. Dr. Bullington also failed to note he was already treating the claimant two times a week prior to this visit. He also failed to relate that when the claimant returned to him on March 9, 2004, the history she gives was one of longstanding complaints involving her lower back and left leg with a "insidious" onset some one and a half years prior that had worsened over the past four months. No mention was made in this history of the employment related incident of September 10, 2003.

The evidence further shows that the claimants' actual difficulties with her lower back have apparently waxed and waned both prior to and after the employment related incident of September 10, 2003, The chiropractic and medical records show significant improvement or resolution of the claimant's actual back complaints. Throughout the claimant's extensive course of treatment and evaluation, there has been a paucity of objective findings to support any substantial ongoing or continuing injury involving her lower back or lumbar spine.

After consideration of all the evidence presented, it is my opinion that the claimant has failed to prove by the greater weight of the credible evidence that the specific employment related incident or accident on September 10, 2003, caused any actual physical injury or damage to her lower back or lumbar spine. Therefore, she has failed to satisfy the requirements for a "compensable injury" to this portion of her anatomy as set out in Ark. Code Ann. §11-9-102(4)(A)(i). The greater weight of the evidence shows only a continuation of the periodic episodes of waxing and waning of subjective back complaints that has been going on for years prior to the incident on September 10, 2003.

II. ALLEGED COMPENSABLE INJURY TO THE CLAIMANT'S LEFT LEG

The next issue to be addressed concerns the question of whether the claimant sustained a compensable physical injury to portions of her left leg, other than her left ankle/foot, in the employment related incident on September 10, 2003. Again, the burden rests upon the claimant to prove all of the elements necessary to establish such a "compensable injury."

The medical evidence contains a multitude of potential diagnoses for the claimant's various symptoms and complaints involving the claimant's left leg (other than her ankle/foot). Almost all of these potential diagnoses have been eliminated by the extensive battery of tests and specialist evaluations. The potential diagnosis of a radicular cause for these complaints has been effectively eliminated by MRI studies that showed no impingement of the claimant's spinal cord or exiting nerve roots and a nerve conduction study that showed no evidence of a radiculopathy. Dr. Wolfe's diagnosis of trochanteric bursitis of the claimant's left hip does not appear to be supported by any "objective findings." It would further appear from subsequent medical records and reports that Dr. Wolfe has since abandoned this diagnosis. The only diagnosed abnormality affecting the claimant's left leg (other than her ankle/foot) that is supported by "objective findings" is a sensory neuropathy. The existence of this condition has been shown by abnormalities noted on objective electroneurological studies (NCV) and absent reflexes.

In her deposition, Dr. Tonya Phillips, a neurologist, testified that the claimant suffers from a bilateral sensory axonal neuropathy that affects both of the claimant's lower extremities. She also stated that this condition was in no way caused by any trauma from the employment related incident of September 10, 2003. In this deposition, Dr. Phillips did state that it was "possible" that this incident could have some way aggravated the neuropathy in the left lower extremity. However, she gave

no indication that it was her opinion that this aggravation was likely or probable. Her statement that such a causal relationship is only possible fails to satisfy the requirements of Ark. Code Ann. §11-9-102(16)(B). Dr. Phillips also offered no reasonable or rational explanation as to how the relatively minor trauma to the claimant's left leg resulting from the employment related accident on September 10, 2003, could have produced such an aggravation. It should also be noted that the medical evidence shows that the claimant had previously experienced sensory or neurological difficulties involving her left leg and, in fact, the entire left side of her body, prior to September 10, 2003, with no particular precipitating accident or event.

After consideration of all the evidence presented, it is my opinion that the claimant has once again failed to prove the existence of such a causal relationship between the employment related incident or accident of September 10, 2003, and any objectively supported physical injury or damage involving her left leg, specifically her sensory axonal neuropathy. Clearly, this conclusion excludes the physical injury or damage involving the claimant's left ankle/foot. It further excludes the diagnosis of reflex sympathetic dystrophy, which will be subsequently addressed in this Opinion. Therefore, I find that the claimant has failed to prove the occurrence of any "compensable injury" to her left leg, other than her ankle/foot.

III. REFLEX SYMPATHETIC DYSTROPHY

The next issue to be addressed concerns the question of whether the claimant has experienced a "compensable injury" or "compensable consequence" in the form of reflex sympathetic dystrophy of her left lower extremity. Again, the burden rests upon the claimant to prove all of the elements necessary to establish this alleged compensable injury or consequence.

Reflex sympathetic dystrophy (RSD) or as it is now more frequently termed complex regional pain syndrome (CRPS), is a manifestation of both subjective and

objective symptoms that can sometimes occur following trauma to one of the extremities. It is generally attributed to a malfunction of the autonomic nervous system in response to this trauma. The trauma is generally in the form of a fracture or substantial laceration, including surgery.

In the present case, both Dr. Wolfe and Dr. Phillips tentatively diagnosed this condition as a possible cause for the claimant's continuing lower extremity symptoms. Although Dr. Wolfe appears to maintain this diagnosis, Dr. Phillips has subsequently effectively abandoned this diagnosis. In her deposition, Dr. Phillips testified that, on her clinical examinations, she observed no clinical findings that would be particularly indicative of the presence of RSD. I would note that there is also no mention of any objective findings in any of the other physicians' records that would be particularly indicative of the presence of RSD. There is no observed temperature difference between the claimant's lower extremities, no atrophy of the claimant's left lower extremity, no evidence of any in blood flow through the claimant's left lower extremity, and no observed blueish or white discoloration or other skin changes in the claimant's left lower extremity that are specially associated with RSD. Dr. Phillips also noted that the triple phase bone scan of the claimant's lower extremity, one of the most common tests for RSD, was in no way supportive of the existence of RSD. Dr. Phillips did note that she had observed some stasis dermatitis changes in the claimant's left lower extremity. However, she stated that while these changes could be caused by RSD, they could be caused by other factors and were not particularly indicative of the presence of RSD. On her clinical examination, she also observed some erythema and peripheral edema in both of the claimant's lower extremities with no significant difference between the two. She stated that she did observe some swelling in the claimant's right ankle or foot. Again, this finding is not particularly associated with the presence of RSD and would more likely be simply the result of the

compensable left ankle/foot injury.

After consideration of all the medical evidence presented, it is my opinion that the claimant has failed to prove by the greater weight of the credible medical evidence the actual existence of RSD involving her left lower extremity. She has also failed to prove the presence of "objective findings" to support the existence of RSD involving her left lower extremity. Thus, in regard to this condition she has failed to satisfy the requirement of "compensability" set out in Ark. Code Ann. §11-9-102(4)(D).

IV. BENEFITS

As the claimant has failed to prove that she sustained a compensable injury to her lower back, a compensable injury to her left leg (other than her left ankle/foot), and a compensable injury or consequence in the form of RSD, she cannot be awarded any benefits for these alleged injuries. However, she remains entitled to all appropriate benefits under the Act for the compensable injury to her left ankle/foot.

Since September 10, 2003, the claimant has made complaints involving portions of her anatomy other than her left ankle/foot. These symptoms appear to "come and go" and are clearly secondary to her continued complaints involving her left ankle/foot. Throughout this time, the claimant's difficulties with her left ankle/foot have consistently appeared to be the main focus of both her subjective complaints and continuing objectively demonstratable abnormalities. In her testimony at the hearing, the claimant attributed her continuing disability to the inability to stand or walk on her left ankle/foot. The complaints she described also involved essentially this same area. Unfortunately, after her release by Dr. Clark (the company physician) little attention appears to have been paid to this area by her subsequent medical and chiropractic doctors. I find this curious, in light of the fact, that the clinical examinations and testing performed by most of these physicians show persistent objective abnormalities involving the claimant's left ankle/foot.

While Dr. Clark is certainly a competent general practitioner, he is clearly not a specialist in the area of injuries to the ankle/foot. Except for plain x-rays, no specific testing was ordered by Dr. Clark on the claimant's left ankle/foot. Even though the claimant continued to complain of problems with this area, Dr. Clark released her on November 11, 2003. His release was based solely on his clinical evaluation that revealed no particular tenderness, noticeable edema, or discoloration involving this area.

Although many of the subsequent tests (performed on the claimant at the direction of her subsequent physicians), have revealed objective abnormalities in the area of the claimant's left ankle/foot, none of these tests were specifically directed toward the investigation of this area. None of the chiropractic physicians seen by the claimant have any expertise in the area of ankle/injuries. Dr. Samms and Dr. Chalfont are both general practitioners with no particular expertise associated with the diagnosis and treatment of ankle/foot injuries. Dr. Phillips is a neurosurgeon/neurologist and has no particular expertise associated with the diagnosis and treatment of ankle/foot injuries. Although Dr. Wolfe is an orthopaedic surgeon, the evaluation and treatment of ankle/foot injuries is far from a major portion of his practice. It must also be noted, as previously stated, that with the exception of Dr. Clark, none of these physicians have focused their attention on the claimant's left ankle/foot injury. Instead, the attention of these physicians was diverted toward the evaluation and treatment of the claimant's various other complaints.

In regard to the claimant's entitlement to medical services and temporary total disability benefits for her compensable left ankle/foot injury, one of the primary considerations is whether the claimant has continued within her healing period from the effects of this compensable injury. In this regard, the claimant's testimony

clearly shows continuous complaints with this portion of her body. The medical evidence also shows continued objectively demonstrated abnormalities or defects involving this portion of her body. The mere continuation of symptoms and complaints and the continued presence of objectively demonstrated defects are not sufficient, in and of themselves, to support a finding that the claimant has continued within her healing period from the effects of her compensable left ankle/foot injury. However, they are sufficient to warrant this Commission to order an evaluation of the claimant by an independent physician selected by this Commission and with particular expertise in the diagnosis and treated of ankle/foot injuries to determine whether the healing period has ended or whether further medical treatment would be reasonably appropriate for the claimant's compensable left ankle/foot injury.

Therefore, I find that the claimant is entitled to receive, at the respondent's expense, an evaluation and any necessary testing at the University of Arkansas School for Medical Sciences by the physician currently heading the ankle/foot section of the Department of Orthopaedics. The purpose of this evaluation is to determine whether the claimant's healing period has ended or whether any further medical treatment would be reasonably necessary for the claimant's compensable left ankle/foot injury, together with the nature and extent of any such treatment. A decision on the claimant's entitlement to additional medical services and temporary total disability benefits should be reserved pending the outcome of this evaluation.

FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. On September 10, 2003, the relationship of employee-self insured employer existed between the parties.
3. On September 10, 2003, the claimant earned wages sufficient to entitle

her to weekly compensation benefits of \$250.00 for total disability and \$188.00 for permanent partial disability.

4. On September 10, 2003, the claimant sustained a compensable injury to her left ankle/foot.
5. The claimant has failed to prove by the greater weight of the credible evidence that she also sustained compensable injuries to her lower back and left leg (other than her left ankle/foot) on September 10, 2003. Specifically, the claimant has failed to prove by the greater weight of the credible evidence that she sustained any physical injury or harm to her low back or left leg (except fo her left ankle/foot) as a result of the specific employment related incident on September 10, 2003.
6. The claimant has failed to prove by the greater weight of the credible evidence that she sustained a compensable injury or compensable consequence in the form of reflex sympathetic dystrophy (RSD). Specifically, the claimant has failed to prove the actual existence of such a condition by the greater weight of the credible medical evidence and which is supported by "objective findings", as required by Ark. Code Ann. §11-9-102(4)(D).
7. There is no dispute over the claimant's entitlement to the reasonably necessary medical treatment provided her for her compensable left ankle/foot injury by and at the direction of Dr. Clark, and all such expenses have been paid.
8. Any medical expenses incurred by the claimant for medical services directed toward her lower back difficulties and her left lower extremity difficulties (except those involving her left ankle/foot), including any services directed toward a diagnosis of RSD, do not

constitute reasonably necessary medical services for a "compensable injury." Therefore, the respondent is not liable for the expense of these services.

9. An evaluation and testing by the physician heading the hand and foot section of the orthopaedic department of the University of Arkansas School for Medical Sciences constitutes reasonably necessary medical services for the claimant's admittedly compensable injury to her left ankle/foot. The greater weight of the evidence presented establishes that such an evaluation is necessary to insure an accurate diagnosis of the nature and extent of the claimant's compensable injury and to determine whether or not further medical treatment would be appropriate. This evaluation is required in order to adequately protect the rights and interests of all parties concerned.
10. Any decision on the claimant's entitlement to additional medical services or temporary total disability benefits should be reserved pending the outcome of this evaluation.
11. The respondent has denied the occurrence of any compensable injury to the claimant's lower back or any compensable injury to the claimant's left lower extremity (except for the admitted compensable injury to her left ankle/foot) including compensability of the alleged reflex sympathetic dystrophy (RSD). The respondent controverts the claimant's entitlement to any benefits attributable to these alleged compensable injuries and consequences. The respondent has also controverted the claimant's entitlement to any temporary total disability benefits on and after January 5, 2004, regardless of the condition producing such disability.
12. As no controverted benefits have herein been awarded, no controverted

attorney's fee can be awarded to claimant's attorney, at this time.

ORDER

For the reasons heretofore stated in this Opinion, any claim for benefits attributable to the alleged compensable injuries to the claimant's low back and left leg (excepting her left foot/ankle) and any benefits attributable to the alleged RSD must be and hereby are denied and dismissed.

The respondent shall be liable for all an evaluation and testing of the claimant for her admittedly compensable injury to her left ankle/foot by and at the direction of the head of the foot section of the orthopaedic department at the University of Arkansas School for Medical Sciences. The respondent shall also obtain from such a physician, following the evaluation, an opinion concerning the nature and extent of the claimant's compensable injury and any need for additional medical treatment for this compensable injury. The expense of these services should be governed by the medical fee schedule established by this Commission.

The issue of the claimant's entitlement to temporary total disability benefits on and after January 5, 2004, is reserved for future determination, pending the outcome of this evaluation.

IT IS SO ORDERED.

MICHAEL L. ELLIG
Administrative Law Judge