

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. F100650

LONNIE RICHARDSON, EMPLOYEE	CLAIMANT
ELDRIDGE TIRE & WHEEL, EMPLOYER	RESPONDENT
ARKANSAS PROPERTY & CASUALTY GUARANTY FUND, INSURANCE CARRIER/TPA	RESPONDENT

OPINION FILED AUGUST 3, 2006

Hearing before Chief Administrative Law Judge David Greenbaum on June 30, 2006, at Forrest City, St. Francis County, Arkansas.

Claimant represented by Mr. Kristofer E. Richardson, Attorney-at-Law, Jonesboro, Arkansas.

Respondents represented by Mr. Jeremy Swearingen, Attorney-at-Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

A hearing was conducted June 30, 2006, to determine whether the claimant was entitled to additional workers' compensation benefits.

A prehearing conference was conducted in this claim on May 17, 2006, and a Prehearing Order was filed on said date. At the hearing, the parties announced that the stipulations, issues, as well as their respective contentions were properly set out in the Prehearing Order, subject to further clarification, set out below. A copy of the Prehearing Order was introduced as "Commission's Exhibit 1" without objection.

This claim has been the subject of prior proceedings, including a prior hearing. The parties agreed that the decision by the Full Workers' Compensation

Commission filed March 12, 2004, was a final decision and the law of the case. The parties stipulated that the claimant sustained a compensable injury on December 20, 2000; that the claimant's healing period ended January 7, 2002; that respondents have paid the thirty-five percent (35%) permanent disability award pursuant to the Full Commission Opinion filed March 12, 2004, which was comprised of a ten percent (10%) whole body impairment and a twenty-five percent (25%) wage-loss disability; that respondents paid all medical and related treatment through the last date that the claimant saw Dr. Moacir Schnapp; and that respondent has specifically controverted additional medical treatment after August 14, 2005.

By agreement of the parties, the sole issue presented for determination concerned claimant's entitlement to additional medical treatment after August 14, 2005. Various related, corollary issues must also be addressed. One corollary issue is whether or not several hospitalizations for emergency treatment after August 14, 2005, were causally related to the December 20, 2000, admitted injury. If related, respondents have raised an affirmative defense that the treatment was unauthorized. Another related issue is whether respondents were responsible for additional medical treatment by authorized treating physicians after August 14, 2005, specifically, continuing treatment by Dr. Schnapp.

At the prehearing conference, claimant contended, in summary, that respondents wrongfully and unilaterally terminated all medical treatment; that the

treatment he continues to receive is reasonably necessary, as well as related to the admitted back injury and should be paid by the respondents. At the hearing, claimant contended that all of his treatment was reasonably necessary, and related to the injury. Specifically, the claimant maintained that respondents should be held responsible for various hospitalizations for diskitis. The claimant also requested general, on-going maintenance care of his admitted injury by Dr. Schnapp or any valid referrals by Dr. Schnapp.

The respondents contended that all additional medical treatment was not reasonably necessary in relation to the compensable injury. At the hearing, respondents also raised the defense that the treatment after August 14, 2005, was unauthorized treatment, pointing out that the claimant actually underwent approximately five (5) different hospitalizations, including a lengthy period of antibiotic treatment which was paid, in part, by Medicare, and that said treatment was both unauthorized and unrelated to claimant's injury.

The claimant, Lonnie Richardson, and his wife, Shirley Richardson, were the only lay witnesses to testify. The record is composed of the transcript of the June 30, 2006, hearing containing numerous exhibits, including a one hundred-one (101) page, comprehensive medical exhibit introduced as "Joint Exhibit A," as well as the discovery depositions of both the claimant and his wife which were introduced without objection as "Claimant's Exhibit 1" and "Claimant's Exhibit 2," respectively, and retained in the Commission file in bound form. At the request of the parties, the

transcript of the prior hearing conducted April 4, 2003, as well as the Opinions filed of record, one by the Administrative Law Judge which was subsequently modified by the Full Workers' Compensation Commission, Opinion filed March 12, 2004, were incorporated by reference and made a part of the record herein.

From a review of the record as a whole, to include medical reports, documents and other matters properly before the Commission, and having had an opportunity to hear the testimony of the witnesses and to observe their demeanor, the following findings of fact and conclusions of law are made in accordance with Ark. Code Ann. §11-9-704:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. The stipulations of the parties are hereby accepted as fact.
3. The claimant has proven, by a preponderance of the evidence, that he is entitled to continued medical treatment in the form of prescription medications and/or pain therapy for his recurrent back pain to be provided by his authorized treating physician, Dr. Moacir Schnapp.
4. A preponderance of the credible evidence reflects that respondents were not justified in terminating all medical treatment on August 14, 2005.
5. The claimant has failed to prove, by a preponderance of the evidence, that his hospitalizations and treatment beginning and after December 31, 2005,

were causally related to the December 20, 2000, injury. Rather, a preponderance of the evidence reflects that the claimant's hospitalization and treatment was for a staph infection of undetermined etiology. Further, in view of this finding, the change of physician rules and the unauthorized nature of the treatment is a moot issue because I specifically find that said treatment is not reasonably necessary and related to the admitted, December 20, 2000, injury.

DISCUSSION

The relevant facts in this claim are basically undisputed. As reflected by the stipulations, the claimant sustained a compensable injury on December 20, 2000. The claimant has not returned to gainful employment since that time. Following a lengthy course of failed conservative treatment, the claimant ultimately underwent low back surgery on September 17, 2001, which revealed free fragment disc herniations at both L3 and L4. Claimant's surgery was performed by Dr. K. Dewayne Eubanks, a neurosurgeon in Jonesboro, Arkansas. Further, as reflected by the stipulations, claimant's healing period ended January 7, 2002.

A hearing was conducted April 4, 2003, to determine various issues, including the extent of claimant's permanent disability. An Opinion was filed June 18, 2003, awarding the claimant a sixty percent (60%) permanent disability. Following an appeal, the Full Workers' Compensation Commission, by Opinion filed March 12, 2004, affirmed as modified the decision of the Administrative Law Judge,

specifically, awarding a twenty-five percent (25%) wage-loss disability in addition to the claimant's permanent impairment. Respondents have since paid the thirty-five percent (35%) disability award. In addition, respondents exercised good faith in meeting its obligations under our workers' compensation laws by accepting and paying follow-up, reasonable, necessary medical treatment, including, but not limited to treatment by Dr. Moacir Schnapp, a pain and rehabilitation specialist in Memphis, Tennessee.

The claimant was referred to Dr. Schnapp by Dr. Eubanks following a December 9, 2003, neurosurgical consultation. The record reflects that Dr. Schnapp first examined the claimant on January 26, 2004. Again, respondents accepted and paid for all treatment by Dr. Schnapp through May 31, 2005. As will be set out further below, respondents terminated all medical treatment based upon its interpretation of responses to specific questions formulated by respondents' attorney in a letter dated June 28, 2005, which Dr. Schnapp answered on August 14, 2005. A review of the record as a whole, including the credible testimony of the claimant, as well as a thorough analysis of Dr. Schnapp's reports, reflects respondents were not justified in unilaterally terminating all medical treatment, including maintenance care, based upon an ambiguous letter response to a creative inquiry.

As previously noted, this claim was the subject of a prior hearing conducted on April 4, 2003. Although the primary issue at the prior hearing concerned claimant's entitlement to wage-loss disability, additional issues concerned whether

the Second Injury Fund had liability in the claim, and whether the employer and its insurance carrier had controverted additional medical treatment. The prior record reflects that the claimant had sustained injuries prior to the December 20, 2000, admitted injury. In addition, the record of the previous hearing reflected that the claimant had pre-existing high blood pressure, gout, as well as degenerative disc disease. Nevertheless, the prior Opinion found that the claimant's permanent disability was attributable solely to the December 20, 2000, admitted injury. In addition to the award of wage-loss disability, the within respondent was held responsible for all medical and related expenses, together with continued, reasonably necessary medical treatment. At the time of the prior hearing, respondents had not controverted reasonably necessary medical treatment. Also, as previously noted, the claimant's primary treating physician and surgeon was Dr. Dewayne Eubanks, a neurosurgeon in Jonesboro, Arkansas. It is clear from Dr. Eubanks' December 9, 2003, report that following surgery, the claimant continued to experience chronic, severe low back pain. It is also apparent that Dr. Eubanks felt that the claimant's maintenance care could more appropriately be handled by the claimant's family physician or a pain clinic, as reflected by his final report set out, in part, below:

Neurological: His quadriceps on the left is slightly weaker than it is on the right, but it is certainly not as weak as it was before his L4 root decompression. His sensation is decreased in a stocking distribution, as noted above. Reflexes are trace only. The knee jerk on the left is actually a letter better than the knee jerk on the right.

His clinical exam from a neurologic standpoint would seem to indicate that he

improved in terms of his neurologic injury. Nonetheless, he has chronic severe low back pain. He was very reluctant to undergo his first surgery and actually was in quite severe pain before he decided that he did want to undergo surgery. Now he states very emphatically that he never wants to have surgery again.

That being the case, I think the most appropriate thing would be a referral to the pain clinic to see if they could help him through some means. In the meantime, I have given him samples of Bextra. If he is able to tolerate this without GI bleeding or gastric upset, then I told him that he could get back with Dr. Kumar (him family physician) for further prescriptions.

I told him that if he ever did develop problems that he thought were severe enough he would undergo surgery, I would be happy to see him back. (Jt. Ex. A, p.3)

The record reflects that the claimant was next referred to the Mays & Schnapp Pain and Rehabilitation Clinic in Memphis, Tennessee. Dr. Moacir Schnapp has been the claimant's primary treating physician since evaluating the claimant on January 6, 2004. Dr. Schnapp noted a history of low back pain, left groin and left lower extremity pain for three (3) years which was related to the admitted injury. Dr. Schnapp made multiple diagnoses, including lumbar spondylosis, sacroillitis, and degenerative disc disease, as well as sleep apnea. He recommended a sleep study which was covered by claimant's Medicare as opposed to workers' compensation benefits. In addition, the claimant was treated with lumbar facet blocks for his work-related back problems. Again, respondents exercised good faith in accepting and paying for Dr. Schnapp's treatment beginning January 26, 2004, through May 31, 2005. Throughout Dr. Schnapp's various medical reports, he attributed the claimant's chronic low back pain as a recurrence of the admitted, compensable injury and surgery. Dr. Schnapp treated the claimant

primarily with facet injections and medications. As reflected in his April 19, 2005, report, Dr. Schnapp noted that since the medication, Bextra, had been taken off the market, claimant's symptomatology had increased. Dr. Schnapp agreed to put the claimant on hydrocodone provided there was no misuse or abuse, while also pointing out that the claimant preferred not to have further blocks because he was phobic of needles even though the lumbar facet blocks had improved his symptoms. The claimant returned to Dr. Schnapp on May 31, 2005, with increased pain. I feel compelled to point out that, in addition to the low back pain, the claimant, for the first time, was complaining of radiating pain into the thoracic and even cervical areas. It must further be noted that the claimant was placed on a CPAP machine to help him with his sleep apnea and that the claimant had not been utilizing this machine. Dr. Schnapp attempted to explain the importance of sleep to the claimant while pointing out that he preferred not to use any sleep sedatives until the claimant resumed using his sleep aid machine. Dr. Schnapp continued to control the claimant's pain with medications. However, respondents unilaterally terminated all treatment, including medications on August 14, 2005, which was apparently the date Dr. Schnapp responded to a June 28, 2005, letter from respondents' attorney addressing five (5) questions to Dr. Schnapp. Despite respondents' conclusion that the answers to the questions justified the termination of all medical treatment, I respectfully disagree with respondents' determination for a number of reasons.

A review of the letter, the specific questions asked, as well as the responses

are instructive. It is set out, in part, below:

Dear Dr. Schnapp:

Please recall that my office represents the Arkansas Property & Casualty Insurance Guaranty Fund in a workers' compensation claim filed by your patient, Lonnie Richardson.

I have written you numerous times in the past few months (on 5-25-05, 6-8-05 and 6-28-05, respectively), with several questions about Mr. Richardson's current condition, the causation of his symptoms and his need for treatment. Your office sent me your 4-19-05 clinic note, but I have not received any additional response than that.

The parties in this matter would like to resolve it soon, but we need information from you in response to the questions below. I have again re-printed those questions again for your benefit:

1. Is there any way you can state, without resorting to speculation or conjecture, that Mr. Richardson's current back problems and need for treatment are due to his 2000 back injury at work versus: (a) chronic degenerative changes; (b) complications from his morbid obesity; (c) complications from inactivity and deconditioning; or (d) any combination of (a) through (c)?

Yes No
2. Is it equally or more likely probable that Mr. Richardson's current back problems or need for treatment are due to factors (a) through (c) above, than due to his work-related back injury from five years ago?

Yes No I don't know
3. Would the 5-year passage of time since his 2000 back injury tend to increase the probability that Mr. Richardson's co-morbid factors (a) through (c) above are the more likely cause of his current problems and need for treatment than his 200 [sic] back injury:

Yes No
4. When do you anticipate Mr. Richardson being able to be released from your care regardless of the etiology of his current problems?

Has presently reached MMI

5. Are your answers to these questions stated to a reasonable degree of medical certainty?

X Yes No

(Jt. Ex. A, pp.15-16)

I feel compelled to state that the questions posed by respondents' counsel lack probative value. I liken the questions to a partisan political poll in which the responses achieve a desired result because of the narrow choices offered by the question. This is apparent both by a careful analysis of the questions, as well as the responses by Dr. Schnapp. In Dr. Schnapp's defense, the restrictions imposed by the questions did not afford him the opportunity for a narrative response. Despite answering "no" to question #1, Dr. Schnapp candidly acknowledged that he could not address, with any probability the need for claimant's medical treatment, despite the fact the this determination has previously been made by this Commission. The Commission previously determined that the claimant's healing period ended on January 7, 2002. Reaching maximum medical improvement does not preclude entitlement to ongoing medical treatment. In fact, the claimant was awarded continued, reasonably necessary medical treatment. Dr. Schnapp's treatment was by referral of an authorized treating physician specifically to treat claimant's compensable injury.

The Workers' Compensation Act requires employers to provide such medical services as may be reasonably necessary in connection with an employee's injury. A.C.A. §11-9-508; *American Greeting Corp. v. Garey*, 61 Ark. App. 18, 963 S.W.2d

613 (1998). What constitutes reasonably necessary medical treatment under A.C.A. §11-9-508 is a question of fact for the Commission. *Gansky v. Hi-Tech Engineering*, 325 Ark. 163, 924 S.W.2d 790 (1996); *Geo Specialty Chem., Inc. v. Clingan*, 69 Ark. App. 369, 13 S.W.3d 218 (2000). Medical treatment which is required to stabilize and maintain an injured worker's status remains the responsibility of the employer. *Artex Hydroponics, Inc. v. Pippin*, 8 Ark. App. 200, 649 S.W.2d 845 (1983).

The Commission need not base a decision on how the medical profession may characterize a given condition, but, rather, primarily on factors germane to the purposes of workers' compensation law. *Tyson Foods, Inc., v. Watkins*, 31 Ark. App. 230, 792 S.W.2d 348 (1990). As our Supreme Court has stated:

The Commission has never been limited to medical evidence only in arriving at its decision as to the amount or extent of claimant's injury. Rather, we wrote that the Commission should consider all competent evidence, including medical, as well as lay testimony and the testimony of the claimant himself. Further ... while medical opinions are admissible and frequently helpful in workers' compensation cases, they are not conclusive.

A. G. Weldon v. Pierce Brothers' Construction, 54 Ark. App. 344, 925 S.W.2d 179 (1996).

The Commission has the authority to accept or reject medical opinion and the authority to determine its medical soundness and probative force. *Green Bay Packing v. Bartlett*, 67 Ark. App. 332, 999 S.W.2d 692 (1999); *Hill v. Baptist Med. Ctr.* 74 Ark. App. 250, 57 S.W. 3d 735 (2001). The claimant's credible testimony,

together with the testimony of his corroborating witness, reflects that he has, at all times since his injury and surgery, required ongoing maintenance care and treatment. The claimant has previously proven that he is entitled to continued, reasonably necessary medical treatment. The burden of justifying the termination of claimant's medical treatment rests with respondents. Respondents have failed to prove that maintenance care is no longer reasonably necessary. As conceded by Dr. Schnapp, it would require sheer speculation and conjecture to determine that claimant's need for continuing medical treatment was related to a combination of factors rather than due to the claimant's 2000 admitted back injury and surgery. Conjecture and speculation, however plausible, cannot be permitted to supply the place of proof. *Dena Construction Company v. Hearndon*, 264 Ark. 791, 575 S.W.2d 155 (1979); *Arkansas Methodist Hospital v. Adams*, 43 Ark. App. 1, 858 S.W.2d 125 (1993).

The record as a whole reflects that the claimant has, at all times since his admitted injury, required medical treatment necessary to stabilize and maintain his ability to function on a daily basis. In view of the foregoing, it is herein concluded that the claimant has proven his entitlement to continued maintenance care by Dr. Schnapp. If Dr. Schnapp feels that a referral back to the claimant's treating surgeon is necessary, he can always refer the claimant back to Dr. Eubanks. In the event Dr. Schnapp believes that the only follow-up care that the claimant requires is prescription medications to treat his symptoms, he can either continue to see the

claimant on an as-needed basis, or refer the claimant to his general practitioner to dispense the medication needs. Clearly, this determination requires further development of the medical evidence. Nevertheless, respondents were not justified in terminating all medical treatment. Despite this conclusion, the claimant has failed to prove that his various hospitalizations and treatment beginning on or about December, 2005, were causally related or the compensable consequence of the claimant's December 20, 2000, injury and subsequent surgeries. Rather, by the claimant's own admission, he developed significant debilitating problems around Christmas, 2005, which were more severe than any symptoms he had previously experienced. The claimant attempted to make an appointment with Dr. Schnapp since his problems involved his entire spine and lower extremities. However, respondents had already terminated continued medical treatment by Dr. Schnapp. Dr. Schnapp's office refused to provide treatment without an authorization. As a result, the claimant ultimately required emergency hospitalization. Diagnostic studies during the hospitalizations determined that the primary source of claimant's symptomatology was a staph infection of undetermined etiology. A portion of the claimant's testimony is set out below:

Q Now, has your condition, since the last time we had a hearing, has it pretty well maintained that good day and bad day thing, or has it gotten worse, or –

A It's gotten worse. The doctor stated that I –

MR. SWEARINGEN: Objection, Your Honor, calls for hearsay.

JUDGE GREENBAUM: You can't – we've got a couple hundred pages of

medical hopefully containing the doctor's findings, but anything that a doctor might have told you would be considered hearsay because they are not here to be examined or cross-examined. So you can tell us what they did for you but nothing that they told you.

THE CLAIMANT: All right.

BY MR. RICHARDSON:

Q Do you understand that, that we can't say what the doctor said?

A Yes, sir.

Q What are the problems that you have right now?

A I'm just now recovering off a staph infection.

Q Okay.

A I had staph infection.

Q Well, before you had the staph infection, what were the problems that you were having with your back?

A On my lower back, the same place where he operated at.

Q What symptoms do you have?

A They operated on me and took part of my disk out.

Q All right, and when I say symptoms, what hurts?

A On the lower back of my back.

Q Any other symptoms or parts of your body that you have problems because of this?

A On my leg. I don't have the proper – well, what the word is, circulation in the leg. It loses the circulation on it, and I don't have no feeling in it as of now, yeah.

Q Would you describe that as like a numbness?

A It's a numbness. First it comes, you know, with partial pain, then it swells up, then it gets numb, then I can't walk on it.

Q Now, other than the hospitalization which I'm going to talk about in a minute, what – I'm trying to think of the best way to phrase this. Did you receive treatment before you had the staph infection? Did you receive ongoing treatment?

A Up to a point, but they cut me off.

Q Okay. Since the last time we had a hearing, what doctors have you seen for your back?

A Dr. – I guess his name –

Q Schnapp?

A Schnapp, yes, sir.

Q Is that pretty much the person you've seen for your back?

A That's the only one.

Q Okay. Now, we've introduced your deposition when Mr. Swearingen came to my office and you answered a bunch of questions, so we won't have to go into a whole lot of detail. But what were the problems you were having with the staph infection?

A I couldn't walk. I was mostly in a wheelchair.

Q All right. And this deposition, it won't reveal this, but when did this start?

A I believe, I'm not for sure, I think it was just before Christmas, I believe, in December, last part of December and the first of January, I believe.

JUDGE GREENBAUM: Of what year?

THE CLAIMANT: 2005.

JUDGE GREENBAUM: This past Christmas?

THE CLAIMANT: Yes, sir.

JUDGE GREENBAUM: Okay.

BY MR. RICHARDSON:

Q Can you, the best you can, describe the exact symptoms that you had with the staph infection, what was hurting?

A It started from the lower part of my back, and it came all the way up my spine on to the base of my neck. My neck was swole up out to here, and the side of my head went numb, and I lost my hearing.

Q Okay. Now, you went to the emergency room a couple of times. The medical records reveal that. The time that you went and were actually admitted and stayed for about a week, what do you remember about going when you went to the hospital?

A What I remember is my wife is contacting, you know, workmen's comp and they did not respond. They said they was going to call her back and they did not. Then I remember, you know, I was hurting so bad I was laying on the floor. Then my wife called Dr. Schnapp's office, and then they said they couldn't do nothing because of workmen's comp refusing to do anything.

Q Let me stop you. I'm talking about the day you actually went to the emergency room and were hospitalized for the staph infection. What do you remember as far as how you felt?

A I don't remember nothing then.

Q Okay. Were you just pretty well out of it?

A I was just – I was in pain. I wished I were dead. (Tr.14-18)

The record as a whole, including the testimony of the claimant and his wife, as well as the medical evidence, reflects that the claimant's multiple hospitalizations and near death experience were the result of a staph infection. Despite the claimant's sincere belief that the staph infection originated at the site of his prior back surgery, more than four (4) years have passed since the surgery and the

development of the staph infection. Staph is an infectious and systemic disease. Although it is possible that the disease was caused by the claimant's course of medical treatment, it could also be obtained through a number of environments, including contact with infectious and contagious individuals. It would require sheer speculation and conjecture to attribute the development of this infection to the claimant's compensable injury. Again, speculation and conjecture cannot supply the place of proof.

It is well-settled that claimant has the burden of proving the job-relatedness of any alleged injury, without the aid of any kind of presumption in his favor. *Pearson v. Faulkner Radio Service*, 220 Ark. 368, 247 S.W.2d 964 (1952); *Farmer v. L.H. Knight Company*, 220 Ark. 333, 248 S.W.2d 111 (1952). The burden of proof claimant must meet is preponderance of the evidence. *Voss v. Ward's Pulpwood Yard*, 248 Ark. 465, 425 S.W.2d 629 (1970). Under prior law, it was the duty of the Commission to draw every legitimate inference in favor of the claimant and to give claimant the benefit of the doubt in making factual determinations. However, current law requires that evidence regarding whether or not claimant has met his burden of proof be weighed impartially, without giving the benefit of the doubt to either party. Arkansas Code Annotated §11-9-704(c)(4); *Wade v. Mr. C.Cavanaugh's*, 298 Ark. 363, 768 S.W.2d 521 (1989); *Fowler v. McHenry*, 22 Ark. App. 196, 737 S.W.2d 663 (1987).

After reviewing the evidence in this case impartially, without giving the benefit

of the doubt to either party, I find that the claimant has failed to prove that his multiple hospitalizations and treatment beginning December 31, 2005, were causally related to the December 20, 2000, injury. Rather, I must conclude that said treatment was for a staph infection of undetermined etiology. The staph infection was an independent intervening cause which created the claimant's need for treatment beginning December 31, 2005. Accordingly, the claimant's request that the respondents be held responsible for various hospitalizations for alleged diskitis is hereby respectfully denied and dismissed.

The claimant has proven, by a preponderance of the credible evidence, that he is entitled to continued, reasonably necessary follow-up, maintenance care for his admitted injury by Dr. Moacir Schnapp. As previously pointed out, respondents terminated all medical treatment on August 14, 2005. The claimant has not returned to Dr. Schnapp since that time. The parties should communicate with Dr. Schnapp's office to authorize follow-up medical care and treatment.

I feel compelled to point out that the claimant's injury occurred prior to Act 1281 of 2001 and, therefore, respondents will be responsible for a statutory attorney's fee on additional medical treatment pursuant to Ark. Code Ann. §11-9-715 as amended. Because respondents have previously paid appropriate indemnity benefits, claimant's attorney is only entitled to one-half ($\frac{1}{2}$) of the statutory attorney's fee on any future medical treatment because there is no additional compensation payable to the claimant. Accordingly, I hereby make the following:

AWARD

Respondent, Arkansas Property & Casualty Guaranty Fund, is hereby directed and ordered to pay all reasonably necessary follow-up medical treatment required to stabilize and maintain the claimant's December 20, 2000, injury.

Additionally, claimant's attorney is prospectively entitled to the maximum statutory attorney's fee on this entire Award pursuant to, and limited by, A.C.A. §11-9-715.

IT IS SO ORDERED.

DAVID GREENBAUM
Chief Administrative Law Judge