

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. F502800

TIM HENNIE, EMPLOYEE

CLAIMANT

INTERSTATE GROUP LLC, EMPLOYER

RESPONDENT NO. 1

CHARTER OAK FIRE INS. CO., CARRIER/TPA

RESPONDENT NO. 1

SAFECO INSURANCE COMPANIES

RESPONDENT NO. 2

OPINION FILED SEPTEMBER 2, 2008

Hearing before Administrative Law Judge O. Milton Fine II on June 18, 2008, in Conway, Faulkner County, Arkansas.

Claimant *pro se*.

Respondents No. 1 represented by Mr. Phillip Cuffman, Attorney at Law, Little Rock, Arkansas.

Respondent No. 2 represented by Mr. Guy Alton Wade, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On June 18, 2008, the above-captioned claim was heard in Conway, Arkansas. A prehearing conference took place on May 12, 2008. A prehearing order entered that same day pursuant to the conference was admitted without objection as Commission Exhibit 1. At the hearing, the parties confirmed that the stipulations, issues, and respective contentions, as amended, were properly set forth in the order.

Stipulations

At the hearing, the parties discussed the stipulations set forth in Commission Exhibit

1. They are the following three, which I accept:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. The Claimant suffered a compensable injury to his right knee on or about March 1, 2005 and that medical benefits were paid for a no lost time injury.
3. Respondent No. 2 provided coverage beginning September 1, 2005 and continuing to the present.

Issues

At the hearing, the parties discussed the issues set forth in Commission Exhibit 1.

The following were litigated:

1. Whether Claimant sustained a compensable injury to his knee on July 25, 2006.
2. Whether Claimant is entitled to reasonable and necessary medical care.
3. Whether the Claimant's present problems with his knee are in the nature of a recurrent injury or represent either a new injury or aggravation of a preexisting condition.

Contentions

Claimant:

1. Claimant sustained a compensable injury on July 25, 2006, and is entitled to reasonable and necessary medical care.

Respondents No. 1:

1. Respondents contend that the Claimant has suffered either a new injury or the aggravation of a preexisting condition that is not the responsibility of Respondent carrier Travelers.

Respondent No. 2:

1. Respondent No. 2 contends that the Claimant did not sustain a new injury and/or an aggravation entitling Claimant to benefits from them during their coverage period. Claimant's complaints are a recurrence of an injury sustained while Respondents No. 1 provided coverage and should be responsible for payment of any benefits.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record as a whole, including 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, I hereby make the following findings of fact and conclusions of law in accordance with Ark. Code Ann. § 11-9-704 (Repl. 2002):

1. The Arkansas Workers' Compensation Commission has jurisdiction over these claims.
2. The stipulations set forth above are reasonable and are hereby accepted.
3. Claimant's July/August 2006 right knee condition was proven by a preponderance of the evidence to be a recurrence of his compensable March 1, 2005 injury.
4. Claimant proved by a preponderance of the evidence that he is entitled to reasonable and necessary medical treatment of his right knee, to include his September 22, 2006 right knee MRI, by Respondents No. 1.

CASE IN CHIEF**Summary of Evidence**

_____ Claimant and James Baker testified at the hearing. In addition to the pre-hearing order discussed above, the exhibits admitted into evidence in this case consist of the following: Claimant's Exhibit 1, his September 21, 2006 record from the emergency room of Conway Regional Hospital, along with his First Report, consisting of two unnumbered pages; Respondents No. 1 Exhibit 1, Claimant's medical records, consisting of 11 numbered pages; Respondents No. 1 Exhibit 2, the transcript of Claimant's deposition taken January 9, 2008, consisting of 47 numbered pages plus 12 pages of exhibits; and Respondent No. 2 Exhibit 1, Claimant's medical records, consisting of one index page and eight numbered pages thereafter.

Testimony-Hearing

Tim Hennie. Because of Claimant's *pro se* status, I initiated his questioning. He testified that he is 48 years old. Claimant works for Respondent Interstate Group LLC (hereinafter "Interstate"), a manufacturer of cargo trailers, in the yard, where he is in charge of all incoming freight and supervises the finished product. At the time of his compensable right knee injury of March 1, 2005, he had similar duties, but no supervisory responsibility. When asked to recount what happened in the 2005 incident, he stated that he was climbing off of a forklift when he felt a "pop" in his knee. He could barely walk or put any weight on it. He added that he had never felt a sharp pain like this before, which he rated as 8/10. The doctor prescribed Ibuprofen, recommended a knee brace, and placed him on limited duty. Claimant stated that he wore the brace for three weeks, while on limited duty, but ceased using it because he did not feel it was helping—he was still experiencing

pain. He went for a follow-up visit to the doctor and was released. Because the mobility in his knee improved, he went back to regular duty. Claimant stated that at this point, he still felt pain in the knee, but “worked through it” because he did not want to complain and did not feel anything could be done about it. He took aspirin.

As for the alleged incident of July 25, 2006, he testified:

I was doing the same yard duties and climbing on and off a forklift, just [sic] I had an increasing amount of pain, and I couldn't tolerate it. And it finally got to the point that I couldn't do my duties, so I went back to Occumed . . . [t]here was something—it was more than, I felt, just a knee strain.

He elaborated that nothing happened at time “that I could ever put my finger on exactly. It was at work, the activities that I do at work seemed to aggravate it, and it just got to the point I couldn't continue my duties at work.” Claimant stated that the only significance of July 25, 2006 was that it “was the date that I finally went and got attention to it again. I had had pain on and off with it since the first injury.” Swelling in the knee began that morning while at work, while he was engaged in his regular duties, which included climbing in and out of a forklift. He stated that there are two steps on the forklift, and are eight inches apart in height. The forklift has a gas pedal that requires use of the right leg. He testified that he was feeling discomfort in using the right leg to operate the pedal on July 25, but that it was no different than the day before. He added that on the 25th, he was doing a significant amount of walking, which is required because the plant is “huge.”

Claimant testified that he is seeking whatever treatment is necessary to correct his knee problem. His last treatment was a September 22, 2006 MRI; his follow-up visit was denied because of the dispute between the Respondent carriers concerning responsibility. He does not have private health insurance. Claimant stated that he is not wearing the

knee brace. When asked to describe his current condition, he stated: "It's not any better but it's not any worse."

When questioned by Respondents No. 1, Claimant testified that the pain at the time of the March 1, 2005 accident was "extreme." While the pain improved greatly thereafter, it never completely left. Dr. Meador did not recommend an MRI, but returned him to work on light duty the same day. The light duty consisted of trying to sit on the forklift as much as possible. He returned to Dr. Meador on March 18, 2005 and told her that he felt the most discomfort when he sat "Indian-style" or tried to cross his legs. That day, she returned him to work without restrictions; and that was the last time Claimant saw her or any doctor in 2005. While his knee hurt occasionally after then, he did not miss any work. He did not see Dr. Meador again until August 1, 2006.

When asked what led to the visit, he confirmed his deposition testimony that "I was just doing my normal duties and felt a pop, but this time I got quite a bit of swelling in my knee." Asked to elaborate, he stated that he experienced a popping sensation "[l]ike the first incident." But he denied that his August 2006 swelling was noticeably more than in March 2005. Claimant corrected his testimony on direct examination to state that the knee brace and Ibuprofen were actually prescribed in August 2006. He also clarified that the MRI was taken during his last visit to the doctor, but that neither carrier authorized it and he "did it on [his] own." Following the August 1, 2006 doctor visit, Claimant returned to his regular job and wore the brace "for a few weeks." He stated that he slowed down on the job and delegated duties where possible. He has not missed work because of his knee since August 1, 2006, but added that his knee still gives him problems.

When questioned by Respondent No. 2, Claimant stated that he has worked for Respondent Interstate since 2002 or 2003. In 2005, he worked with James Baker in the yard. Later, Baker was promoted.

He testified that he had no problems with or treatment for his right knee prior to March 2005. At the time of the March 2005 incident, he actually felt two or three "pops" in his knee. He stated that the pain has come and gone, but that his knee has never been right since the accident. Claimant testified that he continued to have swelling since March 2005, and had difficulty walking on occasion. He has had to "baby" the knee since. The pain was such that he either had to call someone to help him or he had to take medication, and it has always been located on the left side of his right kneecap.

Claimant stated that he was able to restrict his activities, especially when he became supervisor. He stated that the promotion occurred around early 2006. Prior to that, however, he was exercising this responsibility as Baker's attention became more devoted to safety management.

With respect to the August 2006 incident, Claimant testified that he could not recall a specific event that caused the pain and swelling in his knee to occur. He was performing his regular job duties. His knee had become swollen to the point where he could not do his job, and he felt he had to seek medical attention. He denied a gradual progression to this point, and stated that he had simply had good and bad days. Claimant stated that prior to returning to the doctor, he had been in constant pain for a few weeks and went to Baker and told him that he could not tolerate the pain any longer. He did not describe any event to Baker as causing the constant pain to arise, and he had not varied his activities.

Claimant testified that had he suffered another injury in July or August 2006 had occurred, he would have reported it to Baker as his supervisor.

Shown the Forms AR-N and C that are in evidence, Claimant identified them as bearing his signature dated, respectively, August 1 and 21, 2006. He listed in each that the date of the accident was March 2, 2005, and did not describe any event as taking place in August 2006. He also related a similar history prior to undergoing the MRI. Claimant stated that he believes his problem stems from the March 2005 accident. When shown Dr. Meador's note of the August 1, 2006 visit, Claimant disputed the statement that his March 2005 pain "resolved completely" thereafter. He confirmed that he related in the patient history that his knee had been sore off and on since Dr. Meador last saw him in March 2005, and that he did not tell Meador about any new event that caused knee trauma.

In follow-up questioning by me, Claimant stated that his testimony on direct was incorrect when he said that he was prescribed a brace when he saw Dr. Meador following the March 2005 incident. However he was prescribed Ibuprofen both in March 2005 and in August 2006. Other than the MRI, has not received any additional treatment on his right knee.

James Baker. Called by Respondent No. 2, Baker testified that he has worked for Respondent Interstate since March 22, 2004, and Claimant was hired in June 2004. The two of them worked together in the yard until around January 1, 2006. Baker was the one to whom Claimant reported his knee injury in March 2005. Prior to then, Claimant never told him of any problems with his right knee. Baker stated that up until the point that he left to take the safety manager position, he was in a position to observe Claimant's condition.

He stated that Claimant would tell him that he was having knee pain, or that he needed to go and take medication. He stated that Claimant would have good days and bad days with his knee. Baker would not describe Claimant as someone who would complain more than other individuals, or who would exaggerate an injury. In fact, he stated that Claimant would “[p]lay it down more than” others would.

In July and August of 2006, Baker had contact with Claimant every day at work, but the two were not together all day as before. He stated that Claimant as supervisor in the yard would have been able to obtain assistance from other workers if he were having trouble with his knee. However, he did not witness Claimant doing that exceptionally often. Baker testified that in August 2006, he had an opportunity to visit with Claimant about his knee complaints. Claimant did not speak of any recent incident or activity causing the injury. He simply stated that he felt his knee was worsening, and that he related it to his continuous activity at work. Baker asked Claimant to tell him when he needed to go to the doctor. He also testified that to his knowledge, Claimant has not had an event or incident since the March 2005 injury that caused this or other complaints with his knee. Baker added that as the safety manager, he is the one to whom such a report would be made.

Under questioning from Respondents No. 1, Baker testified that Claimant never told him that he had injured his knee again.

Testimony-Deposition

Tim Hennie. Claimant was deposed on January 9, 2008 (the preamble incorrectly reflects that the deposition was taken in 2007). The transcript thereof was admitted as Respondents No. 1 Exhibit 2. Claimant’s deposition testimony was generally along the lines of his hearing testimony. Under questioning by these respondents, Claimant testified

that his job at Respondent Interstate requires a lot of lifting, bending and walking. He uses the forklift extensively. Claimant testified that the job is physically demanding. He stated that on March 1, 2005, he felt a "pop" in his knee after he jumped off the forklift. Claimant testified that he reported the injury the same day, and was seen by Dr. Sharon Meador. However, when shown the record of Dr. Meador's visit, which relates that his knee had popped two or three times three weeks before and then he felt a sudden "pop" on March 1 while walking in the work yard, he stated that the March 1 incident was the first time he ever had knee problems, and that it occurred after he climbed down from the forklift. When Claimant returned to Meador on March 18, 2006, he reported that his knee was better, and she released him with no restrictions. In describing how his knee did after the release, he testified:

It was good, but I would feel the same pain every now and then and just have to baby it. I really don't feel like it got 100 percent better, but I didn't want to be a crybaby in the yard and keep asking to go back to the doctor. It would get better; but when I'd walk certain ways or climb off the forklift wrong, I'd get a sharp pain in my leg. Then it would seem to resolve on its own.

He stated that "about a year later, the same thing happened again; and that's when I went to the emergency room." Claimant saw Dr. Meador, who provided him with a knee brace, prescribed Ibuprofen, and scheduled him for a follow-up visit in two weeks. However, he was later told that she could not see him because the claim had been denied. When asked what led to the visit, Claimant testified that "I was just doing my normal duties and felt a pop, but this time I got quite a bit of swelling on my knee." He stated that the swelling came quickly after the "pop." Again, he described it as being "like the first injury." Claimant first stated that he did not see Dr. Meador that day because she had refused to see him

on his follow-up visit, he went to the emergency room instead. He then corrected himself and stated, "I did go to see her on 8-1. I'm sorry." Apparently, he confused the initial and follow-up visits. He went to the emergency room to obtain an MRI, which he stated Meadors recommended, because the carrier would not pay for it. No one has yet paid for it. The September 22, 2006 MRI showed that he had a torn meniscus in his right knee.

He testified that his knee since then has been as follows:

It's still the same. It'll be good for a while. Then if I twist a certain way or something, I'll be in quite a bit of pain for a while. The pain will subside and it'll be like nothing has happened. Then it'll pop up again in a few weeks. It definitely hasn't gotten better, but it's not pain 24/7.

Claimant added that he still experiences swelling in his knee, but that occurrences are rare.

With respect to his job duties, Claimant stated that still he has to do the walking, lifting, and ascending and descending the forklift that he had to do in 2005.

When questioned by Respondent No. 2, Claimant stated that after he was injured in March 2005, no one at Occumed discussed with him the possibility of his having a ligament tear or of his undergoing an MRI. After Claimant stated that his pain would "just pop out of the blue" since the March 2005 incident, he explained that by "pop," he meant that the pain would appear suddenly. He could not tell if it was due to his twisting his leg when climbing off the forklift, but it usually happened when he performed that maneuver. Swelling always coincided with these events. In describing what occurred on August 1, 2006, Claimant testified:

Well, I'd had a constant pain for a few weeks, and I finally went to the Safety Manager because the pain hadn't gone away like it did previously. I couldn't take the pain anymore, and I told him something had to be done; and that's when he suggested going back to Occumed. I had been in pain for about three weeks at the time.

The swelling on that occasion was in the same area it always had been, according to Claimant: on the inside of the left side of his kneecap. Asked whether there had been some particular event or something he had done that was different than he had done, he answered in the negative. Claimant stated that he did not relate this occurrence to anything other than the March 2005 accident.

Under further questioning from Respondents No. 1, Claimant reiterated that there was a popping episode in his knee that was followed by swelling and which led him to go to the doctor on August 1, 2006. Up to that point, he did not feel that he needed medical attention. But when questioned again by Respondent No. 2, Claimant added that the August 2006 event described above was not unusual or different than what had been occurring since March 2005. He stated that the condition "just keeps recurring." When asked once again to explain "popping," he stated, "I say pop because when I get off the lift, it's like something pops and I instantly feel pain in it." The condition appeared again and again and got to the point where he felt he needed medical attention.

Records-Medical

The medical records of Claimant that were introduced at the hearing and are part of Claimant's Exhibit 1, Respondents No. 1 Exhibit 1, and Respondent No. 2 Exhibit 1 reflect the following:

On March 1, 2005, Claimant presented to Dr. Sharon Meador of Occumed with a painful right knee. In relating his history, he stated that about three weeks before, after unloading materials, his right knee popped two or three times, and has not been "right" since. He also stated that he was working in the work yard the date of the examination and felt a "sudden pop" in the medial right knee, associated with pain. Claimant related that

he has swelling medially and posteriorly, and discomfort with pivoting on the knee. Meador assessed him as having a “Left [sic] knee strain, possible internal derangement.” She placed him on modified duty as of March 2, 2005, prescribed Ibuprofen, and instructed him to return in seven days. She In addition, she recommended “R.I.C.E.”—rest, ice, compression and elevation. When he came back on March 18, 2005, Claimant reported that the only time his right knee hurt was when he sits “Indian style” or crosses his legs. Dr. Meador noted that Claimant had reached maximum medical improvement on March 18, 2005, and she released him without restrictions.

On August 1, 2006, Claimant returned to Dr. Meador and stated that his right knee has been sore “off and on” since he was seen in March 2005. Meador noted that “[a]t that time, he hadn’t sustained any particular event.” Claimant described his condition as feeling if bone is rubbing against bone. The doctor assessed him as having a left knee strain, with a probable meniscal tear. She again noted that “[t]he primary cause of his is unclear, since he really sustained no particular trauma to his knee.” Meador recommended an MRI of the knee, along with a knee sleeve, R.I.C.E., and Ibuprofen. The MRI, conducted on September 22, 2006, showed significant joint effusion and a tear of the body and posterior horn of the medial meniscus.

Records-Non-medical

Claimant’s Exhibit 1, Respondents No. 1 Exhibit 2, and Respondent No. 2 Exhibit 1 contain various documents filed by Claimant, including a Form AR-N, a Form AR-C, a First Report, a Conway Regional Health System Accident Report, and Claimant’s prehearing questionnaire response. In these documents, he has consistently attributed his knee problems of July/August 2005 to his compensable March 1, 2005 injury.

ADJUDICATION**A. Aggravation Versus Recurrence**

It is important to note at the outset that the parties have stipulated that Claimant sustained a compensable right knee injury on March 1, 2005. Moreover, neither set of Respondents is taking the position that Claimant's right meniscal tear, diagnosed in the September 22, 2006 MRI, is not a compensable injury. This is shown by the following colloquy:

JUDGE FINE: Let me ask the parties, and just getting a sense of looking at the contentions of the parties, and also your questioning today: Based upon the medicals that I've seen here and I've seen in review of Mr. Hennie's September '06 MRI that reflects a meniscal tear, we do have the threshold issue that was listed in the Prehearing is whether he sustained a compensable injury, just so I'm clear, what I'm hearing mostly from y'all, it's obviously an aggravation versus recurrence, that you're arguing either that this injury came about, that it was an recurrent injury that was originally suffered in March of '05, from Mr. Wade's standpoint, and from you, Mr. Cuffman, that this is either a new injury or this was some kind of aggravation of some kind of preexisting injury, preexisting March of '05. Is that an accurate assessment of your positions?

MR. CUFFMAN: Yes, sir.

MR. WADE: Yes, Your Honor.

JUDGE FINE: Are either of you taking the position that, regardless of the role of liability of Respondents 1 or Respondents [*sic*] 2, that the meniscal tear is not compensable in and of itself, regardless of who might be responsible? That's the threshold issue in this case. Are y'all taking the—either side adopting the position that this somehow didn't arise in the course and scope of Mr. Hennie's employment at Interstate? Because I haven't heard that today and I'm not seeing it in the contentions. I just want to be clear on that.

MR. WADE: We just believe it was all Mr. Cuffman's, Your Honor.

MR. CUFFMAN: And us the same, too.

JUDGE FINE: All right. I just want to be clear on that. Okay.

To determine whether a subsequent episode is an aggravation or a recurrence has taken place, the test is whether the subsequent episode was a natural and probable result of the first injury or if it was precipitated by an independent intervening cause. *Georgia-Pacific Corp. v. Carter*, 62 Ark. App. 162, 969 S.W.2d 677 (1998)(citing *Bearden Lumber Co. v. Bond*, 7 Ark. App. 65, 644 S.W.2d 321 (1983)). If a causal connection between the primary and subsequent disability exists, there is no independent intervening cause unless the subsequent disability is triggered by activity on the part of the claimant that is unreasonable under the circumstances. *Guidry v. J&R Eads Const. Co.*, 11 Ark. App. 219, 669 S.W.2d 483 (1984). Because an aggravation is a new injury with an independent cause, it must meet the requirements for a compensable injury. *Ford v. Chemipulp Process, Inc.*, 63 Ark. App. 260, 977 S.W.2d 5 (1998).

Pursuant to Ark. Code Ann. § 11-9-705(a)(3) (Repl. 2002), whether Claimant's July/August 2006 condition is an aggravation or a recurrence of his admittedly compensable March 1, 2005 injury must be established by a preponderance of the evidence. This standard means the evidence having greater weight or convincing force. *Metropolitan Nat'l Bank v. La Sher Oil Co.*, 81 Ark. App. 269, 101 S.W.3d 252 (2003)(citing *Smith v. Magnet Cove Barium Corp.*, 212 Ark. 491, 206 S.W.2d 442 (1947)).

The determination of a witness' credibility and how much weight to accord to that person's testimony are solely up to the Commission. *White v. Gregg Agricultural Ent.*, 72 Ark. App. 309, 37 S.W.3d 649 (2001). The Commission must sort through conflicting evidence and determine the true facts. *Id.* In so doing, the Commission is not required to believe the testimony of the claimant or any other witness, but may accept and translate

into findings of fact only those portions of the testimony that it deems worthy of belief. *Id.* Based upon my direct observation of Claimant at the hearing and my review of his deposition testimony, I find him to be a credible witness. While a few times during his testimony he became confused when recounting when a particular event occurred, he readily corrected himself. I also found John Baker to be credible.

Claimant credibly testified, and the medical evidence before me shows, that he was treated conservatively for a compensable right knee injury that occurred on March 1, 2005. Dr. Meador at Occumed prescribed Ibuprofen and returned him to work without restrictions on March 18, 2005. However, the knee did not improve. He stated that he would have good and bad days, and had to “baby” the knee. When his knee bothered him, it would “pop,” and he would experience sudden pain. Soon thereafter, the knee would swell. As it had in March 2005, the pain in July/August 2006 was on the left side of his kneecap on the inside. This condition continued to the point that Claimant could no longer tolerate it, and he told Jim Baker, his supervisor and the plant’s safety manager, about this. Baker told him to seek medical attention, and he corroborated Claimant’s testimony concerning this. While working with him at Respondent Interstate, Baker had heard Claimant complain about continuing to experience right knee pain after the March 18, 2005 release.

Claimant returned to Dr. Meador on August 1, 2006. She suspected a right meniscal tear, and referred him for an MRI, which on September 22, 2006 confirmed her assessment. Claimant testified that nothing new or different occurred to his knee in July or August of 2005. This included the day that he decided to seek additional treatment. No specific incident identifiable by time and place of occurrence had taken place that caused a new right knee injury. Rather, it was merely a continuation of his March 1, 2005

condition. This was Claimant's own belief also, as shown not only by his testimony but his attribution of his 2006 condition to his 2005 injury in multiple filings. Based upon my review of the evidence, I find that a preponderance of the credible evidence shows that Claimant's right knee condition of July/August 2006 is a recurrence of his March 1, 2005 compensable injury.

B. Additional Medical Treatment

Claimant contends that he is entitled to reasonable and necessary medical treatment of his right knee. He credibly testified that neither Respondents No. 1 or Respondent No. 2 paid for his treatment after he returned to Dr. Meador on August 1, 2006, and that he was denied a follow-up visit with her. No one paid for the September 22, 2006 MRI, which showed a showed significant joint effusion and a tear of the body and posterior horn of the medial meniscus.

Arkansas Code Annotated Section 11-9-508(a) (Repl. 2002) states that an employer shall provide for an injured employee such medical treatment as may be necessary in connection with the injury received by the employee. *Wal-Mart Stores, Inc. v. Brown*, 82 Ark. App. 600, 120 S.W.3d 153 (2003). But employers are liable only for such treatment and services as are deemed necessary for the treatment of the claimant's injuries. *DeBoard v. Colson Co.*, 20 Ark. App. 166, 725 S.W.2d 857 (1987). The claimant must prove by a preponderance of the evidence that medical treatment is reasonable and necessary for the treatment of a compensable injury. *Brown, supra*; *Geo Specialty Chem. v. Clingan*, 69 Ark. App. 369, 13 S.W.3d 218 (2000). What constitutes reasonable and necessary medical treatment is a question of fact for the Commission. *White Consolidated*

Indus. v. Galloway, 74 Ark. App. 13, 45 S.W.3d 396 (2001); *Wackenhut Corp. v. Jones*, 73 Ark. App. 158, 40 S.W.3d 333 (2001). “Medical treatments which are required so as to stabilize or maintain an injured worker are the responsibility of the employer.” *Artex Hydroponics, Inc. v. Pippin*, 8 Ark. App. 200, 649 S.W.2d 845 (1983).

Based upon my review of the evidence, I find that Respondents No. 1 are liable for reasonable and necessary medical treatment of Claimant’s right knee, to include the September 22, 2006 MRI.

CONCLUSION

I find that Claimant’s August 2006 right knee condition is a recurrence of his March 1, 2005 compensable injury, and that Respondents No. 1 are liable for reasonable and necessary treatment of the knee, to include the September 22, 2006 MRI Claimant underwent.

IT IS SO ORDERED.

Hon. O. Milton Fine II
Administrative Law Judge