

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION**

**CLAIM NO. F711156**

**WILLANTHA JOHNSON**

**CLAIMANT**

**WASHINGTON REGIONAL MEDICAL CENTER  
(SELF-INSURED)**

**RESPONDENT EMPLOYER**

**ORDER AND OPINION FILED FEBRUARY 26, 2008**

Hearing before Administrative Law JUDGE LINDA K. MARSHALL.

Claimant represented by the HONORABLE EVELYN BROOKS, Attorney at Law, Fayetteville, Arkansas.

Respondents represented by the HONORABLE TOD C. BASSETT, Attorney at Law, Fayetteville, Arkansas.

**STATEMENT OF THE CASE**

The above claim came on for a hearing in Springdale, Arkansas on January 29, 2008. A prehearing conference was held on December 4, 2007 and a prehearing order was filed on December 5, 2007. A copy of the prehearing order was marked as Commission Exhibit No. 1 and introduced into evidence without objection.

At the prehearing conference, the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. On all pertinent dates, the relationship of employee-employer-carrier existed between the parties.
3. The compensation rates are \$226/170.

The claimant contends that she sustained a gradual onset carpal tunnel injury in the course and scope of her employment. The claimant contends she is entitled to medical benefits.

Respondents deny the claimant's bilateral carpal tunnel syndrome arose out of or occurred during the course of her employment with the respondent employer.

Respondents contend the claimant's condition predated her employment with respondent and that the medical evidence reflects that the cause is non-specific and not related to work. The claim has been controverted in its entirety.

### **ISSUES TO BE LITIGATED**

1. Compensability of gradual onset carpal tunnel syndrome.
2. Medical benefits.

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 of this claim.
2. On all pertinent dates, the relationship of employee-employer-carrier existed between the parties.
3. The compensation rates are \$226/170.
4. The claimant has failed to prove by a preponderance of the evidence that she sustained carpal tunnel syndrome arising out of and in the course of her employment.

## DISCUSSION

The claimant, 40 years old, began her employment with the respondent employer in October 2005, as a reprocessing sterilization tech. The claimant worked in decontamination and peel pack of instruments. The claimant also picked up instruments from other departments to sterilize. The claimant's hands were in water with a disinfectant where she used a brush to clean the instruments first and then place them in a sterilizing machine. Half of the claimant's day was spent in decontamination and the other half was spent in peel pack. The instruments were placed in plastic bags and these were sealed with a machine.

The claimant started having problems with tingling and numbness with her hands in January 2007. The claimant did not report the problems at that time and she testified that she had not had problems with her hands before this.

Under cross examination, the claimant confirmed that she sought some medical treatment at the St. Francis Community Clinic on October 13, 2005. The claimant verified that the medical report from that visit showed "eyes tearing and sore and carpal tunnel syndrome." The claimant testified that she had no knowledge of why carpal tunnel syndrome was on the report. The claimant confirmed that she did not report a problem with her hands during the two year period she worked for the respondent employer. The claimant confirmed that she left her employment with the respondent under bad terms on September 21, 2007, and that she filed a claim for workers' compensation benefits on September 27, 2007. The claimant also confirmed that she has a condition of Graves' disease, hypothyroidism and she contends this condition has nothing to do with carpal tunnel syndrome.

The claimant confirmed that she had a compensable fall over a stool and she hit her head on a cabinet and the wall. The claimant also had another compensable injury to her left hand on April 5, 2006 and medical was paid on that claim. The claimant had a low back injury on January 7, 2006 and she received some physical therapy and medical expenses. On August 20, 2007, the claimant reported a second injury to her low back. The claimant also confirmed that in January 2007, that her hand started hurting. She further confirmed that because of her prior work injuries, she was aware of the need to report an injury and how to do so.

### **ADJUDICATION**

Ark. Code Ann. §11-9-102(4)(A) defines “compensable injury”:

(ii) An injury causing internal or external physical harm to the body and arising out of and in the course of employment if it is not caused by a specified incident or is not identifiable by time and place of occurrence, if the injury is:

(a) Caused by rapid repetitive motion. Carpal tunnel syndrome is specifically categorized as a compensable injury falling within this definition.

A compensable injury must be established by medical evidence supported by objective findings. Ark. Code Ann. §11-9-102(4)(D). The claimant’s burden of proof shall be by a preponderance of the evidence, and the resultant condition is compensable only if the alleged compensable injury is the major cause of the disability or need for treatment. Ark. Code Ann. §11-9-102(4)(E)(ii).

In the present case, I find the claimant has failed to prove by a preponderance of the evidence that she sustained compensable carpal tunnel syndrome in the course and scope of her employment. The claimant presented testimony that her job at the

hospital was hand intensive and that her problems began in early 2007; however, no report was made to the employer. The claimant first reported the hand problems after she was terminated from the employer for reasons unrelated to her alleged work injury.

The medical evidence introduced into evidence provides that the claimant sought treatment at the Community Clinic at St. Francis House on October 13, 2005 and the history is noted as: "eyes tearing sore, carpal tunnel syndrome, hx HBP, last Pap in N.O. this year." Resp. Exh. No. 3. On August 6, 2007, the claimant was seeking treatment at the Performance Physical Therapy Center following a different compensable injury following a fall over a stool. On August 6, 2007, the claimant mentioned problems she was having with her hands that included pain. A September 10, 2007, nerve conduction/EMG study documents bilateral carpal tunnel syndrome, left greater than right. Dr. Michael Morse ordered this study while he was following the claimant regarding her fall injury. Once the claim for carpal tunnel was filed, Dr. Morse was asked his opinion about the etiology of the claimant's carpal tunnel condition. On January 4, 2008, Dr. Morse opined in a letter that the claimant's trip and fall on May 22, 2007, was not the cause of the claimant's carpal tunnel syndrome. Dr. Morse also opined that the type job the claimant performed at the hospital as a reprocess/sterilization tech is not a job associated with the development of carpal tunnel syndrome. He further stated that "Carpal tunnel syndrome typically develops after high intensity, high repetitive pinching and grasping over a significant period of time." Resp. Exh. No. 1, p. 12. Dr. Morse opined that the claimant's hypothyroidism was a possibility for her condition but he also opined that carpal tunnel syndrome can be idiopathic for people who are not performing high repetitive pinching/grasping type jobs. Dr. Morse

opined without hesitation that he did not find the claimant's carpal tunnel condition was in any way related to her employment at the hospital.

The claimant had several previous work injuries with this employer during her two-year employment and did not report her hand condition until after she was terminated. When the late reporting is considered along with the medical evidence stating the claimant's conditions prior to her employment at the hospital included carpal tunnel syndrome as well as hypertension and other conditions, I find the preponderance of the evidence is not supporting the claimant's contention of work-related carpal tunnel syndrome. Dr. Morse finally provided a medical opinion that stated that the claimant's condition was not related to her employment. All these factors combined are overwhelming evidence that is difficult to overcome for the claimant. The medical evidence does provide that the claimant has carpal tunnel syndrome; however, I find the claimant has failed to prove by a preponderance of the evidence that her condition is causally related to her employment.

### **ORDER**

The claimant has failed to prove by a preponderance of the evidence that she sustained carpal tunnel syndrome arising out of and in the course of her employment. The claim for benefits is respectfully denied and dismissed.

**IT IS SO ORDERED.**

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**LINDA K. MARSHALL  
ADMINISTRATIVE LAW JUDGE**