

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. F603156

RICARDO RAMIREZ, EMPLOYEE	CLAIMANT
TODD CHRISTEN CONSTRUCTION CO., INC., EMPLOYER	RESPONDENT NO. 1
COMMERCE & INDUSTRY INS. CO. C/O AIG CLAIMS SERVICE, CARRIER/TPA	RESPONDENT NO. 1
SECOND INJURY FUND	RESPONDENT NO. 2

OPINION FILED AUGUST 27, 2008

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

Claimant represented by Mr. Steven McNeely, Attorney at Law, Little Rock, Arkansas.

Respondents represented by Mr. Jarrod Parrish, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On June 18, 2008, the above-captioned claim was heard in Conway, Arkansas. The Respondent Second Injury Fund was excused from participation because no issues that were litigated impacted the Fund. A pre-hearing conference took place on April 14, 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. The parties agreed to the withdrawal of the stipulation concerning Claimant's average weekly wage. The remaining four, which I accept, are the following:

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. The employee/employer/carrier relationship existed on or about March 13, 2006, when Claimant suffered compensable injuries to his right arm and shoulder, along with both hips.
3. Respondents accepted this claim as to the above-described injuries and paid benefits.
4. Claimant has received a full-duty release as of October 13, 2006, and no permanent impairment has been assigned associated with his work-related injury. Dr. Hasan has assigned a zero percent (0%) rating.

Issues

At the hearing, the parties discussed the issues set forth in Commission Exhibit 1. Claimant clarified that he is reserving all issues in connection with permanency. The following were litigated:

1. Whether Claimant sustained a compensable injury to his back.
2. Whether Claimant is entitled to additional medical treatment on his hips and right upper extremity.

Contentions

Claimant:

1. Claimant contends that on March 13, 2006, he sustained compensable injuries to his right arm, hips and back. This claim was accepted and Claimant received temporary total disability benefits and medical treatment from UAMS by Dr. Syed Hasan for his arm and Dr. Johannes Gruenwald for his hip.

2. Claimant contends that he is entitled to additional medical treatment from both doctors, including therapy and prescription prescribed by Dr. Gruenwald, along with out-of-pocket expenses and mileage.
3. These issues have been controverted. However, for purposes of attorney's fees, they are medical only.
4. Claimant reserves the issue of permanency on these injuries.

Respondents No. 1:

1. Respondents No. 1 contend that all appropriate benefits have been paid with regard to this matter. No benefits have been controverted, except that Respondents No. 1 contend that Claimant did not sustain a compensable injury to his back on or about March 13, 2006. Claimant has not been assigned a permanent partial impairment rating by his treating physician. Respondents are not liable for approving additional medical treatment solely for the purpose of assigning an impairment rating. That is not reasonable and necessary medical treatment. All appropriate benefits have been paid and nothing has been controverted in this matter.

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 Claimant/witness and to observe his 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 has not proven by a preponderance of the evidence that he sustained a compensable injury to his back because he did not prove that the injury thereto required medical services.
4. Claimant has not proven by a preponderance of the evidence that he is entitled to additional medical treatment.

CASE IN CHIEF

Summary of Evidence

_____ Claimant was the sole witness at the hearing. In addition to the prehearing order discussed above, also admitted into evidence in this case were Claimant's Exhibit 1, non-medical records of Claimant including a mileage sheet, medical bills, and two prescriptions, consisting of one index page and four unnumbered pages thereafter; Claimant's Exhibit 2, medical records of Claimant, consisting of two index pages and 45 numbered pages thereafter; and Respondents' Exhibit 1, medical records of Claimant, consisting of two index pages and 24 numbered pages thereafter.

Testimony

Ricardo James Ramirez. Claimant testified that he is 33 years old, is a high school graduate, and attended one year of college. He became a professional boxer in 1985. He fought 33 times, including title bouts. His timeline was confusing in that he stated that he did not move to Arkansas until June 2006, whereupon he went to work for Arkansas Entergy as a contractor in Wal-Mart locations, installing lighting and other fixtures. However, the parties stipulated, and he testified, that he was employed by Respondent Todd Christen Construction Company on March 13, 2006 when he was injured. He stated that he had only been employed by the Respondent company for three days as a framer

when he was directed to help “felt the paper” on the roof of the structure that was being built. The rear of the structure had a garage at the bottom. Claimant testified that his feet slipped on the sawdust and he slid down the roof on that side. When he struck the two-by-four that was attached to the edge, it caused him to “flip,” and he fell to the ground. The impact knocked him out “for a quick second,” and he lay there for 15 minutes, assessing his condition. He discovered that his right arm was broken when the construction crew attempted to lift him. It was also discovered that he had fallen on his hammer that was attached to his tool belt, and that the hammer was embedded into the ground. Claimant stated that the lower center of his back landed on the hammer.

He first went to HealthSouth, and from there went to UAMS for additional treatment. He underwent surgery by Dr. Hasan on his right arm, which still has a large metal plate in it. After the fall, he had pain his crotch area and in his low back in the morning. Dr. Gruenwald treated his hips; but Claimant stated that he “walked around on fractured hips” for two weeks before he had treatment on them.

Claimant testified that he still has problems with his hips. He is continuing to have pain in his crotch area, especially on the left. Claimant has noticed that he is now wearing out the bottoms of his shoes rapidly and unevenly. His stance has changed. In addition, he described having a tingling sensation in the middle of his palm when he grips things.

According to Claimant, prior to the March 13, 2006 incident he never had any problems with his hips, low back, groin or right arm. After the accident, he did not have an accident that would have caused his hip problems.

When he returned to Dr. Gruenwald in 2007, Claimant was prescribed therapy. He stated that he attended the sessions, and that they provided some relief. His hips felt

better when he walked. However, Claimant stopped the treatment because no one was paying for it. Gruenwald prescribed Celebrex and Naproxen for his hips and back.

Claimant returned to work in June 2007 as a maintenance worker. He stated that he is able to do this job.

Under cross-examination, Claimant testified that the type of fracture he suffered to his hips was such that they could not be treated with a cast or brace. He did not undergo surgery on them. Instead, he was placed in a wheelchair for two and a half months. Changes in temperature bother his hips. The soreness in the area that he feels in the morning lessens when he begins moving around and is gone by lunchtime. Some mornings, it does not appear at all. On most days, the pain does not reappear until Claimant goes to bed. But he added that he sometimes feels a sharp pain when walking. He admitted that during a particular visit to Dr. Gruenwald's office in September 2007, he described his pain as 0/10. Claimant testified that Gruenwald never told him that he would have occasional pain for awhile after he released him. However, one of Gruenwald's associates did state that he would possibly have arthritis, and that the weather would affect that condition. One also stated that he would have to have a hip replacement by the time he turned 40. There is no fracture remaining in his hips. Claimant also admitted that he has no problem using his right arm.

With respect to his low back, Claimant testified that at his deposition he described having pain "in [his] crotch area towards [his] back back there." He stated that he told Dr. Gruenwald's associates about having low back pain. Claimant testified:

I did spoke to Mr.—his associate to Gruenwald, and they would always ask me how I felt, and I told them I was having pain, I feel like a 75-year-old guy getting up in the morning in my crotch area, and I told them I get a sharp pain

that goes through my crotch area, and I told them I get a sharp pain that goes through my crotch area and to my back, about right here (indicating). I don't know if that is considered lower back or part of my hips.

Claimant stated that he saw a chiropractor in Iowa a few months before the hearing, and that the chiropractor "decompressed" him. The treatment made him feel better. However, he did not introduce any records of the chiropractor.

He has been working again since June 2006. On the visit preceding his release, Claimant reported having no pain in his hips and that he was ready to go back to work. When he was released from physical therapy on June 12, his therapy was complete, and he had normal range of motion in his arm. Claimant first went to work installing appliances. While he stated that he was the "lead installer" and only had light duty, he added that he later began lifting the appliances. Thereafter, he has worked without interruption in building maintenance and repair. He has been physically capable of performing all of these jobs. Claimant is working to obtain an HVAC license. While he can play golf, he stated that he has not returned to boxing; he has not punched a bag or underwent similar training. He has run very little because of the problem in his crotch area.

As of October 2006, Claimant stated that he was experiencing the tingling he discussed earlier. But he added he had no reason to dispute the lack of such a complaint from that period in his medical records. Dr. Hasan released him without restrictions on October 13, 2006, but told him that he could not return to boxing. Hasan saw him again the next month. Claimant did not agree with the doctor's note that he was still doing great, although he asserted that he told him about the tingling them. Gruenwald released him to full duty on October 16, 2006. Neither Gruenwald or Hasan scheduled any follow-up appointments at that time, but told Claimant to return as needed. Claimant agreed that he

did not treat with either Hasan or Gruenwald from March 2007 to September 12, 2007, and admitted that he had private health insurance during this period. In fact, he has been insured, either through his wife's employment or his own, ever since he left Respondent Todd Christen.

Under further questioning by his counsel, Claimant stated that while did not have treatment from March-September of 2007, he had samples of Celebrex to take, which gave him relief from his hip and groin problems. However, the prescription for Naproxen he received in September 2007 was not approved. He stated that prior to the March 13, 2006 accident, he never had arthritis in his hips, never had hardware in his right arm, and never had been diagnosed with an L-5 fracture or any other spine problems. After the fall, he had a large bump on his back where he hit the hammer. Claimant testified that he would like to be pain-free. While Dr. Gruenwald later sent him back for additional therapy, he stopped going because Respondents No. 1 would not pay for it. Claimant is attempting to follow up with his family physician, Dr. Zelk, who has referred him to Dr. Hefley.

Claimant testified under recross-examination that if he had had back symptoms, he would have reported them to Dr. Gruenwald. But he added that no one told him about his back findings. He admitted that during his deposition, he did not mention having any acute pain in his lower back. After his release from therapy, he was given home exercises to perform, and he did them.

When questioned by me, Claimant testified that the house he fell off of was actually three and one-half stories in height. The front had three stories, and the rear had underground parking that added a half-story. The hammer that injured him is a framing hammer, a large claw hammer. The portion that actually struck his back was the top of the

hammer—where the top of the handle is visible. He was never told that he had a back injury, and is not aware of having any puncture injury as a result.

Claimant stated that he is requesting additional hip therapy through Dr. Gruenwald, as well as payment of his bills in his Exhibit 1 plus the Naproxen prescription and the mileage listed in the exhibit 1, which he asserted was for therapy visits. However, in examining the listings on the document, he admitted that the mileage was also for visits to UAMS and to pharmacies.

Respondents No. 1 called no witnesses.

Records-Medical

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

On March 13, 2006, Claimant presented to the emergency room at the University of Arkansas for Medical Sciences with a right arm fracture and a contusion at the back of his head that occurred as a result of a two-story fall. He was also noted to have fallen on his hammer. Claimant was x-rayed and shown to have a right comminuted humeral fracture with lateral angulation and mild lateral displacement of the distal fragment. His chest x-ray was normal. The arm was splinted, and non-operative management was selected for the present time. On March 17, 2006, Dr. Hasan of UAMS wrote that Claimant related that the arm break was due to a 30-foot fall on the job, and that "he is having some tailbone pain." Claimant denied having pain in his legs or elsewhere. However, when the angulation and displacement of fracture fragments did not change, and Hasan instructed him that there was a significant probability that a nonunion might be formed, Claimant elected to undergo surgery. On March 23, 2006, he underwent an open reduction internal

fixation. A plate was screwed to Claimant's right humerus, and a bone graft was applied to the site of the fracture.

Claimant underwent CT scans of the spine and left hip on March 22, 2006. They showed bilateral fractures through the anterior columns of both acetabula, a fracture through the transverse process of the right side of L-5, and mild diastasis of the right sacroiliac joint. The CT of the cervical spine showed a straightening of the curvature, but no evidence of fracture or dislocation. Dr. Johannes Gruenwald on March 29, 2006 noted that x-rays showed only a left acetabular fracture. He noted that while the right SI joint might be "mildly wide," no "true disruption" was present. Gruenwald elected to treat Claimant non-operatively, with no weightbearing on his left lower extremity for four weeks, and on the right only as tolerated. Claimant did not present with any groin pain during his examination.

Claimant returned to Dr. Hasan concerning his right arm on May 9, 2006. X-rays showed good position of the hardware on the humerus. However, Hasan noted that "[t]here does not appear to be complete bony healing at the fracture site." Dr. Hasan opined that Claimant was doing well, but that he was going to keep him on light duty, with no lifting, for another month. His record from HealthSouth for June 12, 2006 reflects that he exhibited a good prognosis at time of discharge from skilled rehabilitative therapy in conjunction with a home exercise program.

In another visit on June 13, 2006, Hasan noted that there was "a small persistent area of radiolucency." He returned him to light duty for four weeks. On August 4, 2006, Claimant reported to Hasan that he is moving appliances for Metro Builders. He is lifting large appliances with another worker. While he stated that he does have some aching

pains in his right arm, he is doing relatively well. Claimant was concerned about when he could return to boxing and training other boxers. Hasan noted that the x-rays showed the humerus to be essentially healed, but asked that he hold off on boxing or heavy lifting for six more weeks. The x-rays also showed the humerus to have progressive calcification since the last set were taken. On September 7, 2006, Hasan wrote that Claimant was temporarily totally disabled. However, on October 13, 2006, he released him to full duty with no restrictions. On that day, Claimant had no complaints and x-rays showed the humeral fracture to be completely healed. Hasan asked only that Claimant wait a couple more months before resuming full boxing activities. The doctor assigned a zero percent (0%) impairment rating for the arm injury.

Claimant underwent x-rays of his pelvis on June 8, 2006 that were unremarkable, with no widening of the sacroiliac joints, no diastasis of the pubic symphysis, and no evidence of fracture or dislocation in his hips. He saw Dr. Gruenwald that day and reported that he had been placing weight on his left leg although he had been instructed not to do so. Claimant reported having no pain around the hips, and that he is ready to return to work. Gruenwald allowed him to bear weight on his leg and increase range of motion as tolerated, and stated that he would see him in a follow-up appointment in three months as needed. X-rays of the pelvis on September 7, 2006 were unremarkable. A CT scan confirmed that he had an undisplaced fracture of the anterior column of the right hip. Dr. Gruenwald on October 16, 2006 wrote that Claimant was doing well, with x-rays showed the acetabulum fracture to be completely healed and Claimant showing no limitation in range of motion and reporting good strength in his lower extremities. He released him to full duty.

Claimant on November 7, 2007 went to Orthopedic Rehabilitation and Specialty Center for hip therapy. He was referred by Dr. Gruenwald. Claimant was noted to have increased lordosis. On November 20 and 27, 2007, he reported left groin pain. Claimant reported having right groin pain on December 18, 2007. He was discharged from therapy on January 18, 2008, having undergone five sessions and missing eight.

Records-Non-medical

The non-medical records of Claimant that were introduced at the hearing and are part of Claimant's Exhibit 1 reflect the following:

Claimant is seeking mileage reimbursement for the following entries, which I found to be difficult to read from the exhibit:

<u>Date</u>	<u>Place Visited</u>	<u>M i l e s Claimed</u>
11-27-07	Ortho Rehab and Specialty Centers	30 Miles
8-07-07	Ortho Rehab and Specialty Centers	45 Miles
11-14-07	Ortho Rehab and Specialty Centers	45 Miles
11-20-07	Ortho Rehab and Specialty Centers	45 Miles
12-18-07	Ortho Rehab and Specialty Centers	45 Miles
11-07-07	Medicine Shoppe	3 Miles
10-24-07	UAMS Dr. Hasan	20 Miles
10-20-07	UAMS Dr. Gruenwald	20 Miles
10-26-07	Medicine Shoppe	3 Miles
11-10-07	Kroger	<u>3 Miles</u>
Total		259 Miles

Also, the exhibit contains bills from UAMS for an x-ray performed on October 24, 2007 and a visit to Dr. Hasan on October 26, 2007; a bill from Medicine Shoppe for Celebrex and Naproxen prescriptions filled on November 20, 2007, and a bill from Orthopedic Rehabilitation for procedures performed on November 7, 14, 20 and 27, 2007 and December 18, 2007.

ADJUDICATION**A. Compensability of Back**

As the parties stipulated, Respondents No. 1 accepted Claimant's injuries of March 13, 2006 to his right arm and shoulder, along with both hips. However, they dispute the contention that he also suffered a compensable injury to his back as a result of the fall in question.

Arkansas Code Annotated § 11-9-102(4)(A)(i) (Repl. 2002), which the I find applies to the analysis of Claimant's alleged injury, defines "compensable injury":

(i) An accidental injury causing internal or external physical harm to the body . . . arising out of and in the course of employment and which requires medical services or results in disability or death. An injury is "accidental" only if it is caused by a specific incident and is identifiable by time and place of occurrence[.]

A compensable injury must be established by medical evidence supported by objective findings. Ark. Code Ann. § 11-9-102(4)(D) (Repl. 2002). "Objective findings" are those findings that cannot come under the voluntary control of the patient. *Id.* § 11-9-102(16). The element "arising out of . . . [the] employment" relates to the causal connection between the claimant's injury and his or her employment. *City of El Dorado v. Sartor*, 21 Ark. App. 143, 729 S.W.2d 430 (1987). An injury arises out of a claimant's employment "when a causal connection between work conditions and the injury is apparent to the rational mind." *Id.* If the claimant fails to establish by a preponderance of the evidence any of the requirements for establishing compensability, compensation must be denied. *Mikel v. Engineered Specialty Plastics*, 56 Ark. App. 126, 938 S.W.2d 876 (1997).

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.*

Claimant credibly testified that he slipped and fell off a roof of a three and one-half story building, landing on his back on the head of his framing hammer. He related this when he was examined at the UAMS emergency room on the date of the fall. He also reported having some tailbone pain on March 17, 2006, four days post-fall. On March 22, 2006, nine days after the fall, a CT scan showed a fracture through the transverse process of the right side of L-5. This is the objective finding of the fracture.

A causal relationship may be established between an employment-related incident and a subsequent physical injury based on the evidence that the injury manifested itself within a reasonable period of time following the incident, so that the injury is logically attributable to the incident, where there is no other reasonable explanation for the injury. *Hall v. Pittman Construction Co.*, 234 Ark. 104, 357 S.W.2d 263 (1962). I find Claimant has proven by a preponderance of the evidence that the L-5 fracture arose out of and in the course of his employment for Respondent Todd Christen Construction in that it was caused by the March 13, 2006 fall.

Respondents No. 1 argue that the injury is nonetheless not a compensable one because it did not require "medical services." Section 11-9-102(15) provides that "medical services" are "those services specified in § 11-9-508." While Claimant testified that Dr. Gruenwald prescribed Celebrex and Naproxen for his hips and back, nothing in the evidence at bar states that. He also stated that he had a large bump in the area where the hammer struck him. However, the medical evidence references neither that or treatment for it. The March 22, 2006 CT scan that diagnosed the L-5 fracture was certain a "medical

service,” nothing indicates that it was a “required” one for purposes of compensability. The scan, according to the report, was of the bony pelvis, and was apparently taken because of a suspected hip fracture—not a suspected back injury. It thus appears that the L-5 finding was secondary. Moreover, the record before me is devoid of any reference to this injury following the CT scan, let alone treatment for it. While I recognize that Claimant underwent therapy in November 2007 to address, inter alia, lordosis and a positive quadrant finding in his lumbar spine, that is too remote in time vis-a-vis the CT finding to relate it causally to the fall without resorting to speculation and conjecture. Speculation and conjecture cannot serve as a substitute for proof. *Dena Construction Co. v. Herndon*, 264 Ark. 791, 796, 575 S.W.2d 155 (1979). Because Claimant has not shown that the L-5 transverse process fracture required medical services, or resulted in disability or death, he has not proven by a preponderance of the evidence that the injury is compensable.

B. Reasonable and Necessary Medical Care

Claimant asserts that he is entitled to additional medical treatment related to his compensable right upper extremity and hip injuries. He contends that he is entitled to additional medical treatment from both Drs. Hasan and Gruenwald, including therapy and prescription prescribed by Gruenwald, plus out-of-pocket expenses and mileage. Respondents No. 1 counter that Claimant is not entitled to additional medical care.

Arkansas Code Annotated Section 11-9-508(a) provides 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). When the primary injury is shown to have arisen out of and in the course of employment, the employer is responsible for any natural consequence that flows from that injury. *Id.* The basic test is whether a causal connection between the two episodes exists. *Id.*

The Commission is authorized to accept or reject medical opinions. *Estridge v. Waste Management*, 343 Ark. 276, 33 S.W.3d 167 (2000). 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.*

Claimant testified that he wishes for Respondents No. 1 to pay for his Celebrex and Naproxen prescriptions, which he contends are for his compensable injuries. He testified that Dr. Gruenwald prescribed Celebrex and Naproxen for his hips and back. Initially, Gruenwald supplied him with Celebrex samples. Claimant's Exhibit 2 contains prescriptions from Dr. Gruenwald dated November 20, 2007 for these medications. I recognize that "[m]edical treatments which are required so as to stabilize or maintain an injured worker are the responsibility of the employer." *Artex Hydrophonics, Inc. v. Pippin*,

8 Ark. App. 200, 649 S.W.2d 845 (1983). But as noted above, his back injury is not compensable. And nothing in the medical records in this case indicate that these medications are for Claimant's hips. There are no records from Dr. Gruenwald's office contemporaneous with the prescriptions. Only through speculation and conjecture could I find that these medications are causally related to Claimant's compensable injuries.

Claimant is also requesting that Respondents No. 1 be directed to pay for his therapy. The bills he has received therefor are part of Claimant's Exhibit 1. He stated that when he returned to Dr. Gruenwald in 2007, he was prescribed therapy. Claimant testified that the sessions provided some relief for his hips, but that he ended the treatment because no one was paying for it. The therapy record reflects that Dr. Gruenwald made the referral, but nothing in the evidentiary record indicates the reason for the referral. The November 7, 2007 therapy evaluation reflects that a 35-foot fall off a house on March 11, 2006 was given as the mechanism of injury. Claimant testified that he still has problems with his hips. He stated that he has pain in his crotch, and that his stance has changed to the point where the bottoms of his shoes wear out rapidly and unevenly. But the records in evidence show that Dr. Gruenwald released Claimant to full duty more than a year before, on October 16, 2006. The record noted that his left acetabulum fracture had completely healed and, according to the x-ray, was now unremarkable. Gruenwald further noted that Claimant was doing "very well," and had "no limitation in range of motion." Claimant stated that he had "good strength in bilateral lower extremities." Moreover, he has since worked at a job involving the moving of appliances—obviously entailing at least some heavy lifting. In light of the foregoing, I cannot find that Claimant's therapy is causally related to the March 2006 fall without resorting to speculation and conjecture. Claimant has not proven entitlement to the treatment.

As for his compensable right arm injury, Claimant contends that he experiences tingling in his right hand when he grasps things. However, no evidence before me documents that such a condition exists; and furthermore, nothing causally connects it to the fracture of his humerus. Dr. Hasan released Claimant to full duty with no restrictions on October 13, 2006, and assigned him a zero percent (0%) impairment rating. Therefore, he has not proven that he should receive additional treatment on his right arm at the expense of Respondents No. 1.

As part of his Exhibit 1, Claimant has included a statement from UAMS for a October 24, 2007 visit to Dr. Henry Lile for an x-ray of his pelvis and an October 26, 2007 visit to Dr. Hasan (the purpose of which is not specified). No notes of these visits were admitted into evidence; and in light of the above, these have not been shown to be causally related to his compensable injuries.

As for the mileage listed in Claimant's Exhibit 1, the trips listed concern (1) five visits for therapy in 2007, three to the pharmacist in 2007, and the two visits to UAMS on October 24 and 26, 2007 discussed above. As already shown, Claimant has not proven that the therapy, medications, or visits are reasonable and necessary. Consequently, Claimant has not proven that he is entitled to reimbursement for any of this mileage.

CONCLUSION

As recounted above, I find that Claimant has not proven that he sustained a compensable injury to his back or that he is entitled to additional medical treatment. Hence, his claim is denied and dismissed.

IT IS SO ORDERED.

Hon. O. Milton Fine II
Administrative Law Judge