

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. E914051

SCHENIA D. MANUEL,  
EMPLOYEE

CLAIMANT

ARKANSAS CHILDREN'S HOSPITAL,  
EMPLOYER

RESPONDENT

CROCKETT ADJUSTMENT,  
INSURANCE CARRIER/TPA

RESPONDENT

OPINION FILED SEPTEMBER 17, 2003

Upon review before the FULL COMMISSION in Little Rock,  
Pulaski County, Arkansas.

Claimant represented by HONORABLE CHRISTOPHER GOMLICKER,  
Attorney at Law, Little Rock, Arkansas.

Respondents represented by HONORABLE BETTY J. DEMORY,  
Attorney at Law, Little Rock, Arkansas.

Decision of the Administrative Law Judge: Reversed.

OPINION AND ORDER

The respondents appeal an administrative law judge's opinion filed November 26, 2002. The administrative law judge found that the claimant sustained a compensable "electrical shock injury" on November 17, 1999. After reviewing the entire record *de novo*, the Full Commission finds that the claimant failed to prove by a preponderance of the evidence that she sustained such an injury. We therefore reverse the opinion of the administrative law judge.

I. HISTORY

The parties stipulated that the employment relationship existed on November 17, 1999. Schenia Manuel, age 42, testified on direct examination:

Q. And can you tell me what happened on November the 17<sup>th</sup> of 1999?

A. Yes, I was working at Children's Hospital, and I went into Room 4701, space two, to strip the bed to get it ready for the next patient. When I came up on the bed and I pulled the spread off the bed, I got a shock, which I thought was static. It popped real hard, and I just kind of rubbed my hands together and thought, you know, "Oh, that hurt." I went back to pull the sheet off, and I got another pop, and thinking that it's just static, you know. And so after I pulled the sheet up, and it hurt, there was a pail sitting in the middle of the bed with wet towels in it. So I picked up the pail, which was wet under the bottom, I guess from sweat from the wet of the towels, and I took it over to the sink and set it down. I came back and walked around the bed to take off the fitted sheet, and at that time the call light was tied to the rail on the bed, so I leaned over to untie the call light from the rail. As soon as I reached the rail with the call light, I just got like a shock, just something just hit me. I kind of like stumbled backwards, lost my balance a little bit, and I was about to fall. I had a linen barrel right beside me, so I leaned over with my right elbow and caught myself on the linen barrel so I didn't fall down....

The claimant testified that she felt a "tingling and burning" in her arm following the accident. Judy Seal, a registered nurse and the claimant's supervisor at the time, testified that she saw the claimant "walking down the hall,

and I called out to her, and she didn't respond. So, you know, I went up to her and shook her and said, 'Schenia, what's going on? What happened?' She said that her arm was burning really bad."

The claimant received emergency treatment on November 17, 1999:

This is a 39 year old hospital employee who picked up a TV remote control in a patient's bedroom upstairs and had an electrical shock. The shock made her loose (sic) her balance and she landed against a Metal trash can following the shock. She has had numbness of her left hand, arm, and some soreness of her left arm and left shoulder. There was no loss of consciousness. She did not fall. She denies palpitations....

She has diffuse tenderness along her entire left arm and shoulder, but no bony tenderness. She has full range of motion of her fingers, elbow, and shoulder. There is no exit wound on her skin.

**Labs:** EKG was performed and it was normal. Dip stick UA was also normal.

The impression of Dr. Laura James was "Electrical injury." Dr. James prescribed Ibuprofen and instructed the claimant to return for further problems. The respondents initially accepted compensability.

Melba Wilson testified that she had known the claimant since November 1995, and that the claimant began living in her home in January 1999. Ms. Wilson testified regarding the events of November 17, 1999, "I think it was when her

shift ended, we picked her up and took her home. The pain had already began, and her arm had already began to swell." The claimant testified that her arm did not begin swelling until the next morning on November 18, 1999. Alfred McGee, supervisor of the respondents' electronics department, testified that he examined the hospital room on November 18, 1999 and found no electrical problems or malfunctioning with the equipment or bed.

The claimant testified that the problems with her arm worsened. On November 19, 1999, the claimant complained that she had "picked up a call light at work and reports that she was shocked." Raquel Nestlehut, APN, reported, "moderate swelling of the left hand especially the fingers though her hand has been wrapped in an ACE bandage. VERY tender over the dorsum of the hand ..." Ms. Nestlehut assessed "electric shock."

Nerve conduction studies were carried out on November 24, 1999, with the following impression:

1. The motor and sensory conduction studies of the left median and ulnar nerves were well within the normal limits.
2. Electromyography of selected muscles of the left upper extremity revealed no definite evidence of motor nerve root compression, neuropathy or myopathy.

Ms. Nestlehut reported on November 30, 1999, "minimal pain with use of her left arm, slight tenderness to palpation of the palm of the hand, grip somewhat weaker on the left." It was noted, "NCS was negative," and "will release back to work." Ms. Nestlehut assessed "electric shock."

The respondents apparently controverted the claim after November 30, 1999. The claimant testified that she spoke with a carrier's representative. "I called her, and she told me that my case had been closed....And I didn't know anything else to do. So when she said it was closed, I left it alone."

The claimant testified that she took "zero base" with the respondent-employer, meaning that she worked one day a month for six months. The claimant agreed that she traveled to Indiana to assist Melba Wilson in caring for Ms. Wilson's mother. The claimant then returned to full-time work with the respondents.

The claimant agreed that she did not again seek medical treatment until January 11, 2001. It was noted on January 11, 2001, "c/o swollen left hand 1 yr ago electric shock." Dr. Hal Hedges assessed "RSDS vs shock induced neuropathy" on January 11, 2001. Following her visit with Dr. Hedges,

the claimant did not again seek medical treatment until September 2001. The claimant presented on her own to Dr. William E. Ackerman, III, a pain medicine specialist, on September 14, 2001:

In 1999 the patient was working at Children's Hospital as a nursing technician. She had emptied a bedpan and her hands were wet. She grabbed a call light with her left hand and apparently sustained an electrical injury. She was thrown back and hit a wall with her left arm. She had been complaining of a burning pain, edema, hyperhidrosis, and hair and nail changes since her original injury....

She has missed work as a result of her pain. She relates that her employer told her that her injury should have healed by now and has denied her Workman's Compensation claim. She has not retained legal counsel....

Her current job involves holding and rocking babies. She must do total care with some adults with cerebral palsy. Her pain became so severe that she had to quit her occupation for a time. She now has returned back to work....

*Peripheral vascular:* Her skin surface temperature about the hand is 2 degrees colder when compared to the right hand using a skin surface temperature infrared monitor. She has hyperhidrosis noted in the left upper extremity. The hair pattern is less in the left upper extremity when compared to the right upper extremity....

**ASSESSMENT:**

It should be noted that electric current can cause a spectrum of acute and chronic health effects, and it usually results in multi-organ system manifestations. Injury in electric exposure can result in a direct effect on the nervous system including the skin and deep tissues. Effects can

include vascular damage and degenerative neurologic symptoms. Occupational electrical injuries occur in many different workplace settings. The settings can include the use of faulty power tools, or electric outlets and connectors. Risk factors for injuries include contact with moisture, with wet or perspiration covered hands. The wetness lowers the resistance to electricity passing through the body. The tissue damage produced by electricity is proportional to the intensity of the current that passes through the body....This patient has a neuropathic/reflex sympathetic dystrophy-like syndrome. It is my medical opinion that her current injury was caused by an electrical current.

Dr. Ackerman planned, "The patient's injury will be treated as neuropathic pain....It is my opinion that a laser Doppler study is indicated to determine if indeed she has reflex sympathetic dystrophy and if she does to stage this entity."

Dr. Ackerman noted on December 7, 2001, "Skin surface temperature symmetric in both upper extremities. She does have edema and hyperhidrosis in the left upper extremity." Dr. Ackerman assessed "Electrical injury with persistent pain in her left upper extremity." Also on December 7, 2001, Dr. Ackerman performed a diagnostic procedure using a "Red laser helium/neon Doppler." Dr. Ackerman wrote, "The patient appears to have the minimal if any sympathetic activity in the left upper extremity. It appears that she

does have a reflex sympathetic dystrophy effecting her upper extremity."

Dr. Ackerman noted on January 8, 2002, "The skin surface temperature is symmetric in both upper extremities. Some edema is appreciated over the dorsum of her left hand and fingers." Dr. Ackerman assessed "Status post electrical injury with neuropathic pain." Dr. Ackerman noted on February 5, 2002, "Overall, her pain is getting worse. She is developing pain in her right upper extremity." Dr. Ackerman assessed "Status post electrical injury with new onset of signs and symptoms of meralgia paresthetica."

Dr. Ackerman referred the claimant to Dr. Lon Burba, who wrote on February 13, 2002:

As you know, this is a 41-year-old female who presents with pain in her left thigh since 11/17/99 and numbness and tingling in her left hand. She had an electric shock injury at work (Children's Hospital when she picked up a pair of wet towels and reached over and touched the metal rails on the bed.

Dr. Burba examined the claimant's spine/extremities and noted, "Without clubbing, cyanosis or edema." Motor exam was normal. Dr. Burba's impression was "L3 radiculitis versus meralgia paresthesia," and he discussed:

Thank you for referring this obese female who has numbness in the thigh not unlike meralgia paresthetica. However, it is a little bit

atypical in that is (sic) extends below the knee and she has a hypesthesia in the lateral aspect of the left leg as well. Her ankle jerk is reduced on the right side and I suspect she has some degenerative disc disease so I don't know if this is an L3 radiculitis or related to degenerative disc disease or meralgia paresthetica secondary to obesity. We are going to work her up with an MRI of the back and an EMG. We will place her on Neurontin to try to down-regulate the pain and we greatly appreciate this referral.

(Dorland's Illustrated Medical Dictionary, 28<sup>th</sup> Ed., defines "meralgia paresthetica" as "a disease marked by paresthesia, pain, and numbness in the outer surface of the thigh, in the region supplied by the lateral femoral cutaneous nerve, due to entrapment of the nerve at the inguinal ligament.")

The claimant testified that Dr. Burba's treatment was not causally related to her claim. The claimant testified that she was discharged from employment with the respondents on May 1, 2002, because a physician's lifting restriction had purportedly been imposed, and she was "unable to lift 50 pounds." The claimant testified, "my arm swells, you know, my arm swells and my finger swells. I can't actually lift my arm over my head for a period of time to like curl my hair and things like that."

The claimant contended that she sustained a compensable "electrical shock injury" on November 17, 1999. The

claimant contended that she was entitled to reasonably necessary medical treatment. The respondents controverted the claim.

The administrative law judge found, "The claimant has established, by a preponderance of the evidence, that she sustained an electrical shock injury as the result of a specific incident identifiable in time and place of occurrence on November 17, 1999, which arose out of and during the course of her employment with Arkansas Children's Hospital and which caused physical harm to her body, requiring medical services as reflected by medical evidence supported by objective findings." The ALJ awarded reasonably necessary medical treatment.

The respondents appeal to the Full Commission.

## II. ADJUDICATION

The claimant contends that she sustained a compensable injury on November 17, 1999. The claimant must prove by a preponderance of the evidence that she sustained a compensable injury. Dalton v. Allen Eng'g Co., 66 Ark. App. 201, 989 S.W.3d 543 (1999). Act 796 of 1993, as codified at Ark. Code Ann. § 11-9-102(4)(A), defines "compensable injury":

(i) An accidental injury causing internal or external physical harm to the body or accidental injury to prosthetic appliances, including eyeglasses, contact lenses, or hearing aids, 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); Ark. Code Ann. §11-9-102(16).

The determination of the credibility of the witnesses and the weight to be given their testimony are matters exclusively within the province of the Commission. Cooper v. Hiland Dairy, 69 Ark. App. 200, 11 S.W.3d 5 (2000). An administrative law judge's findings on credibility are not binding on the Full Commission. Roberts v. Leo Levi Hospital, 8 Ark. App. 184, 649 S.W.2d 402 (1983). In the present matter, the Full Commission initially finds that the claimant was not a credible witness. On November 17, 1999, the claimant testified, she "got a shock, which I thought was static" while pulling on a bed spread. The claimant then testified that there was a pail of wet towels in the middle of the bed, which she moved, and that she then was again shocked after grabbing a call light. The claimant testified that she stumbled backwards and caught herself

with a linen barrel. The claimant's supervisor testified that the claimant complained of her arm burning, but that the claimant didn't really know what had happened.

The first medical record included none of this recited history. The November 17, 1999 report instead indicated that the claimant was shocked after reaching for a television remote control. We note Melba Wilson's testimony that the claimant's arm had begun swelling on the evening of November 17, 1999, whereas the claimant testified that she did not experience such swelling until the next morning, November 18, 1999. In any event, Dr. Ackerman reported in September 2001 that the claimant was actually emptying a bed pan and was then shocked after grabbing a call light. Finally, Dr. Burba stated in February 2002 that the claimant had injured her thigh after moving wet towels and touching metal bed rails.

The claimant's varied and conflicting testimony does not comport with the other evidence of record. On the other hand, the Full Commission notes Mr. McGee's credible testimony that there was no malfunctioning electrical current when he inspected the hospital room on November 18, 1999. Because the record shows that the claimant was not a credible witness with regard to the alleged specific

incident, the Full Commission finds that the claimant failed to prove by a preponderance of the evidence that she sustained an accidental injury arising out of and in the course of employment on November 17, 1999.

Even if the Full Commission did find that the claimant credibly described an accidental injury which caused physical harm and arose out of and in the course of employment, which we do not find, the alleged accidental injury was not established by medical evidence supported by objective findings. We recognize that Dr. James' impression on November 17, 1999 was "Electrical injury." The record shows that this impression was based on the claimant's history rather than any objective medical findings. There were no objective medical findings shown in the initial medical report. There was no swelling, no exit wound, and a normal EKG.

An employee health nurse testified regarding swelling she observed on or about November 18, 1999:

Q. Did you do any type of physical examination on Ms. Manuel?

A. I did look at her arm. She did have an Ace bandage on it. It was quite tight. She had started at the elbow and come to the wrist, and her fingers were swollen. And the first thing I did was take that off and say - we correctly wrapped it, coming - actually, I think that day I

actually just took it off. I didn't see why she had that on there. That's not a normal - normally we don't use an Ace bandage, and it does oftentimes, if put on incorrectly, cause more swelling. So I told her to take it off, to elevate the arm, ice, and that if she continued to have problems with it - she had an ER form with her from the ER physician. The ER physician said she should have trouble for about 48 hours. So I told her to elevate it, ice it, and if after that point in time she continued to have problems, that we would get some additional medical help.

Q. After you removed the Ace bandage, what happened to her hand?

A. Her hand got better. We sat and talked for a period of time, and some of the swelling at that point in time - we did elevate it and did ice it, and it did improve.

The record therefore indicates that the swelling seen in the claimant's fingers on or about November 18, 2001 was the result of improper application of a bandage, not a work-related accidental injury. Additional electro-diagnostic testing on November 24, 1999 was normal. The claimant was released to return to work on November 30, 1999.

Nor are the reports of Dr. Ackerman in September 2001 and following indicative of objective medical findings of a specific incident on November 17, 1999. We recognize that the claimant's skin surface temperature in her left hand in November 2001 was two degrees colder than the right. Dr. Ackerman, a pain manager, opined, "This patient has a

neuropathic/reflex sympathetic dystrophy-like syndrome. It is my medical opinion that her current injury was caused by an electrical current." When compared to the claimant's incredible testimony, and the fact that these symptoms were reported in September 2001, nearly two years after the purported electric shock, Dr. Ackerman's opinion is entitled to minimal weight. We also find that Dr. Ackerman's suggestion of a soft tissue injury resulting from the November 17, 1999 event is entitled to no weight. Finally, Dr. Burba's report in February 2002 indicated that the claimant was not suffering the effects of an electrical shock at all. Dr. Burba instead assessed "left thigh pain" and diagnosed "L3 radiculitis versus meralgia paresthesia," a disease caused by entrapment of the nerve at the thigh. The instant record before the Commission does not establish a compensable injury supported by objective findings, as required by the provisions of Act 796 of 1993.

Based on our *de novo* review of the entire record, the Full Commission finds that the claimant failed to prove by a preponderance of the evidence that she sustained an accidental injury pursuant to Ark. Code Ann. § 11-9-102(4)(A)(i) and following. In addition, a compensable injury was not established by medical evidence supported by

objective findings, pursuant to Ark. Code Ann. § 11-9-102(4)(E). The decision of the administrative law judge is reversed, and this claim is respectfully denied and dismissed.

IT IS SO ORDERED.

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OLAN W. REEVES, Chairman

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JOE E. YATES, Commissioner

Commissioner Turner dissents.

DISSENTING OPINION

\_\_\_\_\_ I must respectfully dissent from the majority opinion, which reverses the decision of the Administrative Law Judge that claimant experienced a compensable injury on November 17, 1999.

The claimant testified that on November 17, 1999, she was working for respondent employer as a patient care technician. She testified that on that date, she went into a patient room, to "strip the bed and get it ready for the next patient." *T. at 8.* She testified that when she "came up on the bed" and "pulled the spread off the bed," she was shocked. *Id.* Claimant testified that initially she thought it was static electricity, but that she "went back to pull

the sheet off," and was shocked again. *Id.* She indicated that "after she pulled the sheet up," she saw a pail filled with wet towels in the middle of the bed. *Id.* Claimant stated that she then made another attempt to take off the fitted sheet, and she noticed that the "call light" was tied to the rail on the bed. She testified that she leaned over to untie the call light from the bed rail. *Id.* Claimant indicated that "as soon as [she] reached the rail with the call light, [she] just got like a shock, just something just hit [her]. *Id.* Claimant testified that she "stumbled backwards, lost [her] balance a little bit, and ... was about to fall."

Claimant testified that after being shocked, she had a "burning" and "tingling" feeling in her arm. *Id.*, page 9. Claimant testified that she saw Judy, the charge nurse, go by, and she screamed for her attention. Claimant testified that she and Judy filled out an incident report, and that Judy then took her to the emergency room. *Id.*

Claimant testified that since the November 17, 1999 shock injury, she has had continuing problems with her left arm. She indicated that her left arm and fingers swell, and that she can't lift her arm over her head for a

period of time. *Id.*, page 12. She testified that she currently is taking medications for her arm. *Id.*, page 14.

Ms. Judy Seal, the charge nurse who assisted claimant after her shock injury, also testified. Ms. Seal testified that she saw the claimant in the hall on the day in question, and called for her, but that the claimant did not respond. *Id.*, page 36. Ms. Seal indicated that she then went up to claimant, shook her, and said, "Schenia, what's going on?" *Id.* She testified that claimant told her that her arm was burning, and that the claimant appeared dazed and a little disoriented. *Id.* Essentially, Ms. Seal's testimony perfectly corroborated the claimant's testimony as to what happened once Ms. Seal discovered claimant. Ms. Seal also testified that she had never previously heard or known of claimant's having any problems with her left arm. *Id.*, page 37.

The claimant also called Ms. Melba Wilson, a personal friend of claimant's with whom the claimant lives. She testified that she picked the claimant up at work on the day in question, and that she noticed that her left hand was swollen. *Id.*, page 44. Ms. Wilson testified that the left hand began to swell immediately on the night of the November 17<sup>th</sup> and increased the next day. *Id.*, page 47.

It appears that the majority has reached its decision in this case on two alternative bases. First, the majority generally concludes that the claimant "was not a credible witness." Initially, I am somewhat at a loss to understand how this case turns on the claimant's credibility. The actual occurrence of the work injury was convincingly established by evidence independent of claimant's testimony. Most importantly, Ms. Judy Seal, the claimant's supervisor, testified that she discovered claimant in the hall on the day in question in a disoriented state, and that the claimant related to her that she had been shocked. She further testified that she then sent claimant to the emergency room. By all indications, Ms. Seal is a completely disinterested witness in this matter. As such, I find that her testimony conclusively establishes the occurrence of the shock incident as claimant alleges.

Furthermore, even if this case were to turn on credibility, I must respectfully assert that the majority's conclusion that claimant is not a credible witness is not supported by the evidence in the record. Essentially, the majority concludes that the claimant is not a credible witness because the record contains versions of the shock incident which are not identical. I find it much more

likely that these rather minor variances in the different accounts of the incident are attributable to either imprecise reporting on the part of the person taking the history from the claimant, or possibly to the understandable inability of the claimant to recall such minute details after significant time had passed since the incident.

The claimant testified at hearing that there was a pail of wet towels on the bed she was changing, and that she was shocked when she grabbed a call light. It is true that the ER record from the day of the incident states that the claimant was shocked after reaching for a remote control instead of a call light. I find it much more likely that this discrepancy is attributable to the ER physician's misreporting what claimant related, rather than any dishonesty on the part of claimant. It is also true that Dr. Ackerman's September 2001 clinic note indicates that the claimant was shocked after having wet hands from emptying a bed pan, and that she was shocked when she grabbed a call light. Again, I find this minor discrepancy to in no way indicate dishonesty on the part of claimant.

The majority also apparently concludes that the testimony of Mr. McGee, the electrical expert called by respondents, tends to indicate that claimant could not have

been shocked in the manner she describes. However, my review of Mr. McGee's testimony indicates that it stops far short of concluding that the claimant could not have experienced a shock injury as she alleges. Essentially, Mr. McGee's testimony can only be interpreted as a conclusion on his part that all of the electrical equipment in the room was within tolerable leakage limits. He conceded that even equipment within tolerable leakage limits can cause an electric shock given the right conditions. *Id.*, page 63. Furthermore, Mr. McGee conceded that the claimant could have experienced a shock from static electricity. *Id.*, page 55.

For these reasons, I must disagree with the majority's denial of claimant's claim on the ground that she is "not a credible witness."

As its second basis for reversing the decision of the Administrative Law Judge, the majority concludes that the claimant failed to prove the existence of compensable injury with objective medical findings. I must also respectfully disagree with this conclusion of the majority. Initially, the majority fails to discuss the fact that Ms. Melba Wilson testified that she observed swelling in the claimant's arm when she picked claimant up from work after the shock incident. Case law is clear that findings need

not be observed by a physician in order to constitute "objective medical findings" under A.C.A. § 11-9-102(4)(D). Estridge v. Waste Management, 343 Ark. 276, 33 S.W.3d 167 (2000). Rather, the courts have stated that an "objective medical finding" is *not* synonymous with an expert medical opinion. Continental Express, Inc. v. Freeman, 66 Ark. App. 102, 989 S.W.3d 538 (1999). The courts have further explained that "objective medical findings" are based upon observable criteria perceived *by someone other than the claimant*. Keller v. L.A. Darling Fixtures, 40 Ark.App. 94, 845 S.W.2d 15 (1992). In light of this case law, I find that claimant met her burden of proving the existence of injury with evidence of objective medical findings by the testimony of Ms. Wilson standing alone.

Furthermore, the claimant offered into evidence the reports of Dr. Ackerman. The majority acknowledges that Dr. Ackerman observed a temperature differential from the claimant's left hand to her right hand, and opined based upon his examination that the claimant's hand problems were caused by an electrical current. The majority concludes that Dr. Ackerman's opinion is not to be credited merely because he did not examine claimant until November 2001, nearly two years after the electric shock incident. I find

this fact to fall short of a legitimate basis for discrediting Dr. Ackerman's expert opinion. As indicated previously, I find insufficient evidence in the record that claimant related an inaccurate history of injury to Dr. Ackerman. Thus, Dr. Ackerman, given an accurate history of injury by claimant, examined the claimant and ultimately opined that she suffered from reflex sympathetic dystrophy attributable to the electric shock incident. He reached this diagnosis based both upon his initial examination and a Doppler laser study performed on December 7, 2001. Dr. Ackerman, a licensed physician, apparently did not believe, in his medical judgment, that the passage of nearly two years rendered him incapable of stating within a reasonable degree of medical certainty that the problems he observed were causally related to the shock incident. In the absence of any expert medical opinion to the contrary, there is simply no legitimate basis for discrediting Dr. Ackerman's expert opinion.

The majority concludes that Dr. Burba's February 2002 report indicated that the claimant "was not suffering the effects of an electrical shock at all." My review of Dr. Burba's report leads me to conclude that Dr. Burba's examination focused on the claimant's thigh problems, not

the hand problems she is asserting are attributable to the shock incident. While Dr. Burba's clinic note does recite the history of the shock incident, a review of the entire report indicates that his examination was geared entirely toward assessment of claimant's thigh complaints, not her arm complaints. The claimant is not even asserting that her thigh problems bear any causal relation to the shock incident. Therefore, Dr. Burba's report does not in any way contradict the expert medical opinion of Dr. Ackerman that claimant's upper extremity problems, objectively identified through his examination, were causally related to the shock incident.

For these reasons, I find that claimant proved by a preponderance of the evidence that she experienced a compensable electrical shock incident on November 17, 1999, and that she is entitled to related reasonably necessary medical treatment. Therefore, I respectfully dissent.

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SHELBY W. TURNER, Commissioner