

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. F905825

RALPH CRAFTON,
EMPLOYEE

CLAIMANT

DELAPLAINE FARM CENTER,
EMPLOYER

RESPONDENT

AG-COMP SIF,
TPA

RESPONDENT

OPINION FILED AUGUST 19, 2010

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

Claimant represented by the HONORABLE KRISTOFER E.
RICHARDSON, Attorney at Law, Jonesboro, Arkansas.

Respondent represented by the HONORABLE GUY ALTON WADE,
Attorney at Law, Little Rock, Arkansas.

Decision of Administrative Law Judge: Affirmed.

OPINION AND ORDER

The respondents appeal an administrative law judge's
opinion filed March 18, 2010. The administrative law judge
the claimant proved he sustained injuries arising out of and
in the course of his employment on June 26, 2009. After
reviewing the entire record *de novo*, the Full Commission
affirms the administrative law judge's finding. The Full

Commission finds that the claimant proved he sustained a compensable injury on June 26, 2009.

I. HISTORY

Ralph Melvin Crafton, age 62, testified that he worked for the respondent-employer as a truck driver and mechanic. The parties stipulated that an employment relationship existed at all pertinent times, including June 26, 2009.

The claimant testified on direct examination:

Q. Do you remember what the weather was like that week?

A. It was warm. It was hot....We had good, clear weather - good, hot summertime weather....

Q. And what happened to you that happened - what time of the day?

A. Around four o'clock. I can't remember exactly, I think it was close to that time....

Q. Now, four o'clock, when this happened, what - when you - did you take - well, you said you didn't take a break - did you take a lunch?

A. No.

Q. Had you eaten anything?

A. No, sir.

Q. What about drinking - did you drink something?

A. I drank water and Gatorade....

Q. Did you feel like you were, you know, one way or the other, whether you were dehydrated or ...

A. I don't think I was dehydrated cause I was sweating too much....

Q. How did you feel?

A. Well, I felt tired, hot, bothered - you know, what brought it on, I believe - the loader truck that I was loading carries fuel for the airplanes and he was out of fuel, so he had to stop, go back to Okane, and get more fuel....So, I'm sitting in the truck and, like I say, it's hot, and I'm sitting on the shady side, and you're just sitting there sweating, drinking water, Gatorade, whatever, and just waiting for him to get back - and you can doze off, even in that hot a condition, but I wasn't asleep. I saw him come in, come back - he has a yellow truck, and it's very easily recognizable. And I turned to get out of the truck, and that's when it happened....

Q. What, exactly, do you remember about what happened?

A. I don't remember getting out of the truck. I don't remember falling. I remember going around the end of the truck and turning my auger on because he was backing up to it to load....I twisted like that (indicating) to open it, and it started hurting real bad, and I went to my knees. And what was amazing to me, I didn't have the strength to pull myself up....

Q. When was the first time you had realized that you had fallen?

A. When I looked at the back of my hand, I had gravel marks on it. That's the only time - well, what did I do there, you know. And then, it just came to me, I must have fallen....

Q. All right. Go from there. You're down on your knees, you can't get yourself back up, what happens next?

A. Well, I couldn't get myself back up; my back was hurting. I just laid down on the ground. I didn't know what was wrong....We were there about, maybe, 30 minutes....The helicopter arrived, they transferred me over to the helicopter. We flew to Memphis, and that's when it started....

The record contains a Patient Care Report from Medic-One Arkansas, date of service June 26, 2009:

Unit 12 dispatcher per Randolph Co. 911 to Hwy. 304 across from Delaplaine Grain for male pt who has fallen off of an auger truck. We responded immediately. En route to scene hospital wing was called to see if they could fly due to mechanism of injury. Upon our arrival we saw a male pt lying supine on the ground. The pt's head was lying on towels with small stream of dried blood at the corner of his mouth. Pt had small laceration on the top of his head and small lacerations to his right arm and left hand. Bystanders on scene stated that the pt fell out of the cab of the truck and walked around the side of the truck to offload the material and then he slumped over to the ground. Pt stated he did not remember falling or walking around the side of the truck. Pt's pupils were both reactive and sluggish. Pt had strong SMC's in hands but stated he could not move his legs or feet. Pt also had sharp pain in the middle of his back. Pt was placed in cervical collar and manual c-spine was held by EMT....After further evaluation of pt decision was made to stay on scene and await arrival of hospital wing due to extended transport time by ground to nearest medical facility. Pt care was given to Hospital Wing unit 1 and unit 12 was returned to service.

The following history was provided in a Hospital Wing patient record dated June 26, 2009: "Reportedly pt fell about 10 ft off an auger truck. Initially no LOC. Pt got

up and walked around to front of truck and had + LOC and became unresponsive. EMS reports pt unable to move bil lower extremities on their arrival, but has since regained motor."

The claimant was treated at Regional Medical Center at Memphis on June 26, 2009, where it was noted that the claimant's past medical history included "Htn." It was noted that the claimant had fallen from a truck. The claimant was admitted to Regional Medical Center on June 27, 2009. Dr. Shelly D. Timmons saw the claimant on June 30, 2009:

He is a 61-year-old man who fell and sustained a T4 compression fracture with pedicle fracture and joint facet, and right T3 and 4 transverse process fractures. This is described by Dr. Broadway as more a Chance fracture and he has reviewed his films with Dr. Muhlbauer and they plan to do surgery on the patient on 07/06/2009. He does also have acute renal insufficiency and his creatinine was as high as 6, but is now down to 3. Hopefully this will be cleared up before his surgery. It is unknown what has caused this at present. The patient himself indicates that they contacted Dr. Roger Troxel, who is his primary care physician in Walnut Ridge, Arkansas and happens to be his wife's cousin. He reported that his last physical exam included normal labs. As for renal function, says this was an acute event. Perhaps superimposed on some mild chronic renal insufficiency. He did also have a component of epidural hematoma per Dr. Broadway....

Dr. Timmons noted on July 2, 2009, "His creatinine is better, down to 1.7 today."

The claimant underwent the following operation on July 6, 2009:

1. Internal segmental fixation, T2 to T7 with Legacy screws.
2. Smith-Peterson osteotomy T4.
3. T4 with reduction of kyphos from 40 degrees to 20 degrees across T3-T4, T4-T5 segment.
4. Posterior fusion with local bone autograft, bone morphogenetic protein(BMP) and 120 cc of crushed cancellous bone from T2 to T7.
5. Fluoroscopy.

The claimant was discharged from Regional Medical Center on July 9, 2009, at which time Dr. Martin Croce reported:

This is a 61-year-old white male status post approximately 5 foot fall, positive loss of consciousness, initially reports that he could not move or feel his bilateral lower extremities. Upon questioning, the patient reports no allergies, no medications, no surgical history. He reports a medical history consistent with hypertension and chronic kidney disease. Reports medicines of HCTZ....Admits a 1-1/2 pack smoking habit and admits to alcohol use, but denies drugs....

ADMISSION LABS: Showed a sodium of 141, potassium of 7.4, chloride 101, CO2 24, BUN of 61, creatinine 7.8, glucose 123, white count of 3.9, hematocrit 34, platelets 186. Upon his imaging studies, his CT of his chest demonstrated a T4 burst fracture and a left rib fracture of the third and fourth ribs and CT of abdomen and pelvis showed no traumatic findings.

Neurosurgery was consulted. The patient was admitted to the intensive care unit. While in the ICU, the patient had a relatively uneventful course. Most care was focused upon his chronic kidney disease and lowering his creatinine initially which was 7.9. The patient was also given local wound care. Renal services were consulted as well....During this ICU course, his condition continued to improve as his abrasions healed and the patient's creatinine slowly improved as did the rest of his kidney function parameters....On 07/06/2009, the patient went to the operating room with general surgery where T2 to T7 six segment fixation was done. Also, an osteotomy was performed at T4 as well as a reduction of kyphosis of T3, T4, and T5 to 20 degrees. Fusion of T2 to T7 was also performed....Postoperatively, the renal team continued to follow the patient and manage his chronic kidney disease as well as some overlying acute renal failure. With renal's help, the patient's condition continued to improve....On 07/09/2009, the patient had met all of his PT and OT goals. He was doing well in his TLSO brace and was deemed stable for discharge....

The final discharge diagnosis was "T4 burst fracture and left third and fourth rib fractures."

Dr. William Greenman provided a Medical Opinion Report on August 9, 2009:

I have reviewed the available medical records of Ralph Crafton. He allegedly fell from a truck and sustained a burst fracture of T4, fractures of T2-3 transverse processes, and a bilateral fracture of the 1st, 2nd, and 3rd ribs. Specific details regarding this fall are not present in the available record. The exact timing of his fall in relationship to the time of admission (13:45 hours on 6/27/09) is not found in the available records.

Records from the ambulance carrier are not included.

At the time of admission, he was relatively hypotensive with a blood pressure of 99/49, but he was not tachycardic. Within 15 minutes, at 20:00 hours, his blood pressure was normal at 107/61. His creatinine on admission was 7.8. His CPK on admission was 1032. Subsequently, he underwent treatment for renal failure with conservative measures only and required surgery for his thoracic fracture injury.

By the time he was discharged, his creatinine had normalized at 1.1. Outside records dated 9/3/08 reveal a normal baseline creatinine of 1.1. A renal ultrasound in the hospital revealed normally sized kidneys making chronic renal failure an unlikely underlying diagnosis.

There is little doubt that he had acute renal failure. The available record does not support a diagnosis of chronic renal failure. What is in question is the mechanism of his acute renal failure. Although the renal consultant comments that the diagnosis is acute renal failure due to rhabdomyolysis, no record of myoglobin levels is present. However, the CPK was very high at 1032, supporting this diagnosis. Presuming normal pre-existing renal function, acute renal failure by any mechanism would require 3-4 days for the creatinine to climb from 1.1 up to 7.8. This simply does not happen within a few hours or even a whole day.

If, in fact, there is documentation that the injury occurred immediately prior to admission to the hospital, then there had to have been an incident or circumstance which occurred in the time frame of 3-4 days before the report of injury which was actually the underlying cause of the renal failure.

In my opinion, there must be part of the story that has not been told. It is interesting that he has a prior history of alcohol abuse. It is not uncommon to see rhabdomyolysis with renal failure following alcohol induced unconsciousness.

Dr. Roger Troxel wrote on August 19, 2009:

Ralph Crafton has been a patient of mine for over 10 years, and has been in my family for 38 years. He has contacted me because of concerns over a Workman's Compensation claim that an accident that occurred in June of 2009 was due to a pre-existing condition with his kidneys. His lab findings from September 3, 2008 showed a BUN of 15 and a serum creatinine of 1.1. In all my years of providing him care, prior to his injury he never had any evidence of renal disease. He does have a history of well controlled hypertension, which certainly can cause renal impairment over time, but his pressures were always noted acceptable and his compliance with medical treatment was always outstanding. Certainly a fall with a resultant fracture in an otherwise healthy man is not related to any pre-existing condition.

Mr. Crafton suffered a fall on 6/26/09 which resulted in a T4 vertebral body fracture with associated rib and pedicle fractures. As a result of the fall and associated muscle injury, Mr. Crafton's creatinine rose to a level of 7.8 indicating a NEW CONDITION, Rhabdomyolysis, unrelated to any previous conditions. Mr. Crafton was monitored closely and hydrated, which resulted in the creatinine levels returning to normal and underwent spinal surgery on 7/6/9. He did well with surgery, and continues to do well after surgery with continued acceptable renal function.

None of the events from this injury are related to a hypothesized pre-existing renal condition. This injury resulted in muscle damage which resulted in renal impairment which was treated with hydration

and time and resulted in return of normal renal function....

The claimant testified on cross-examination that he returned to work on or about September 8, 2009.

A pre-hearing order was filed on November 30, 2009. The claimant contended that he sustained a compensable injury on June 25, 2009, when he broke some of his ribs and crushed a vertebra necessitating back surgery. The claimant contended that he was entitled to reasonably necessary medical treatment and temporary total disability benefits. The respondents contended that the claimant did not sustain a compensable injury. The respondents contended that the claimant's complaints and the cause for any injuries were the result of an idiopathic event completely unrelated to the claimant's work.

An administrative law judge scheduled a hearing on the issues of compensability, temporary total disability benefits from June 26, 2009 until September 8, 2009, medical benefits, and fees for legal services.

Dr. Greenman provided another Medical Opinion on January 24, 2010:

I have reviewed the additional information provided by Dr. Troxel. There is no evidence to

support anything other than acute renal insufficiency.

Rhabdomyolysis is an acute or subacute condition which can be caused by trauma but is usually related to prolonged pressure on muscle tissue such as occurs when unconscious or otherwise immobilized. Muscle enzyme elevation can be present within hours.

His blood pressure levels would not be relevant to rhabdomyolysis. Potassium elevation usually occurs later in the course of rhabdomyolysis and would be somewhat dependent on what the baseline was prior to the injury.

As stated in my previous report, I think that it is very clear that his problems pre-existed the accident. For a creatinine level to climb from a normal 1.1 up to 7.8 takes at least 3-4 days to happen. I don't think that the evidence of peripheral vascular disease with aortic calcific and coronary calcification and microvascular changes have anything to do with the accident. They are incidental.

After a hearing, an administrative law judge filed an opinion on March 18, 2010. The administrative law judge found that the claimant sustained injuries arising out of and in the course of his employment on June 26, 2009. The administrative law judge found that the claimant was entitled to temporary total disability benefits and reasonably necessary medical treatment. The respondents appeal to the Full Commission

II. ADJUDICATIONA. Compensability

Ark. Code Ann. §11-9-102 (Repl. 2002) provides:

(4) (A) "Compensable injury" means:
(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). "Objective findings" are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. §11-9-102(16) (A) (i).

The employee's burden of proof shall be a preponderance of the evidence. Ark. Code Ann. §11-9-102(4) (E) (i). Preponderance of the evidence means the evidence having greater weight or convincing force. *Smith v. Magnet Cove Barium Corp.*, 212 Ark. 491, 206 S.W.2d 442 (1947).

The Full Commission finds that the instant claimant proved he sustained a compensable injury. The claimant testified that he was performing his employment services as a truck driver for the respondent-employer on the afternoon of June 26, 2009. The claimant described the weather as

hot, that he was drinking water and Gatorade, and that he was sweating. The claimant testified that he felt "tired, hot, bothered." The claimant testified that he did not remember falling from the truck on which he was working, but that he did remember walking to the end of the truck, turning on an auger, and falling to his knees. The medical evidence before the Commission corroborates the claimant's testimony. A Patient Care Report from Medic-One Arkansas, dated June 26, 2009, indicated, "Bystanders on scene stated that the pt fell out of the cab of the truck and walked around the side of the truck to offload the material and then he slumped over to the ground." Another treatment record on June 26, 2009 indicated, "Reportedly pt fell about 10 ft off an auger truck. Initially no LOC. Pt got up and walked around to front of truck and had + LOC and became unresponsive."

The claimant was treated at Regional Medical Center beginning June 26, 2009. Dr. Timmons noted on June 30, 2009 that the claimant had sustained injuries including fractures at T3-4. Dr. Timmons further noted, "He does also have acute renal insufficiency and his creatinine was as high as 6, but is now down to 3. Hopefully this will be cleared up

before his surgery. It is unknown what has caused this at present." The claimant underwent surgery to his thoracic spine on July 6, 2009. The claimant was discharged from Regional Medical Center on July 9, 2009. Dr. Croce noted that the claimant had a history of chronic kidney disease but also reported, "During this ICU course, his condition continued to improve as his abrasions healed and the patient's creatinine slowly improved as did the rest of his kidney function parameters....With renal's help, the patient's condition continued to improve."

An idiopathic injury is one whose cause is personal in nature, or peculiar to the individual. See *Kuhn v. Majestic Hotel*, 324 Ark. 21, 918 S.W.2d 158 (1996); *Little Rock Convention & Visitors Bur. v. Pack*, 60 Ark. App. 82, 959 S.W.2d 415 (1997). Injuries sustained due to an unexplained cause are different from injuries where the cause is idiopathic. *ERC Contractor Yard & Sales v. Robertson*, 335 Ark. 63, 977 S.W.2d 212 (1998). Where a claimant suffers an unexplained injury at work, it is generally compensable. *Little Rock Convention & Visitors Bur.*, *supra*. Because an idiopathic injury is not related to employment, it is generally not compensable unless conditions related to the

employment contribute to the risk of injury or aggravate the injury. *Id.* See also *Crawford v. Single Source Transp.*, 87 Ark. App. 216, 189 S.W.3d 507 (2004). Employment conditions can contribute to the risk or aggravate the injury by, for example, placing the employee in a position which increases the dangerous effect of a fall, such as on a height, near machinery or sharp corners, or in a moving vehicle. *Id.*

In the present matter, the Full Commission finds that the claimant's injuries on June 26, 2009 were due to an unexplained cause. The claimant testified that he did not know why he fell from the cab of his work truck on June 26, 2009, and the medical evidence corroborated the claimant's testimony. None of the hospital records before us explained why or how the claimant fell and sustained injuries on June 26, 2009. The evidence does not support the respondents' assertion on appeal that the claimant blacked out and fell from his truck as the result of "renal failure." We recognize Dr. Greenman's statement on August 9, 2009, to wit: "There is little doubt that he had acute renal failure." Yet we also note Dr. Troxel's conclusion on August 19, 2009, "None of the events from this injury are related to a hypothesized pre-existing renal condition."

The Commission has the duty of weighing medical evidence and, if the evidence is conflicting, its resolution is a question of fact for the Commission. *Green Bay Packaging v. Bartlett*, 67 Ark. App. 322, 999 S.W.2d 695 (1999). In the present matter, whether or not the claimant suffered from a pre-existing kidney or renal condition, the Full Commission finds that Dr. Troxel's opinion is entitled to more evidentiary weight than the opinion of Dr. Greenman. The evidence does not support a conclusion that the claimant's accident and injuries were caused by "renal failure" or a pre-existing kidney condition. Yet even if it was determined that the claimant's accident and injuries on June 26, 2009 resulted from an idiopathic cause, the record shows that the claimant's work on the auger truck increased the dangerous effect of the accident. *Crawford, supra*. Finally, there is no evidence of record supporting the respondents' alternate assertion that the June 26, 2009 accident was caused by alcohol consumption on the claimant's part.

The preponderance of evidence before the Commission demonstrates that the claimant's accident and injuries on June 26, 2009 were due to an unexplained cause and were

compensable. The claimant proved by a preponderance of the evidence that he sustained an accidental injury causing physical harm to the body. The accidental injury arose out of and in the course of employment, required medical services, and resulted in disability. The injury was caused by a specific incident and was identifiable by time and place of occurrence on June 26, 2009. The claimant established a compensable injury by medical evidence supported by objective findings, including but not limited to the thoracic fractures noted by the treating physicians.

Based on our *de novo* review of the entire record, the Full Commission affirms the administrative law judge's finding that the claimant proved he sustained a compensable injury on June 26, 2009. The claimant proved that all of the medical treatment of record was reasonably necessary in connection with the compensable injury, in accordance with Ark. Code Ann. §11-9-508(a) (Repl. 2002). The claimant proved that he was entitled to temporary total disability benefits from June 27, 2009 through September 7, 2009. See *Ark. State Hwy. Dept. v. Breshears*, 272 Ark. 244, 613 S.W.2d 392 (1981). The claimant's attorney is entitled to fees for legal services in accordance with Ark. Code Ann. §11-9-

715(Repl. 2002). For prevailing on appeal, the claimant's attorney is entitled to an additional fee of five hundred dollars (\$500), pursuant to Ark. Code Ann. §11-9-715(b) (Repl. 2002).

IT IS SO ORDERED.

A. WATSON BELL, Chairman

PHILIP A. HOOD, Commissioner

Commissioner McKinney dissents.

DISSENTING OPINION

I respectfully dissent from the majority's opinion finding that the claimant proved by a preponderance of the evidence that he sustained a compensable injury on June 26, 2009. After conducting a de novo review of the record, it is my opinion that the claimant has failed to meet his burden of proof. Specifically, I find that the claimant's injuries were caused by an idiopathic fall.

An idiopathic fall is one whose cause is personal in nature, or peculiar to the individual. ERC Contractor Yard & Sales v. Robertson, 335 Ark. 63, 977 S.W.2d 212 (1998); Kuhn v. Majestic Hotel, 324 Ark. 21, 918 S.W.2d 158

(1996); Little Rock Convention & Visitors Bur. v. Pack, 60 Ark. App. 82, 959 S.W.2d 415 (1997); Moore v. Darling Store Fixtures 22 Ark. App. 21, 732 S.W.2d 496 (1987). Injuries sustained due to an unexplained cause are different from injuries where the cause is idiopathic. ERC, supra. Where a claimant suffers an unexplained injury at work, it is generally compensable. Little Rock Convention & Visitors Bur., supra. Because an idiopathic injury is not related to employment, it is generally not compensable unless conditions related to the employment contribute to the risk by placing the employee in a position, which increases the dangerous effect to the fall. Id. Employment conditions can contribute to the risk or aggravate the injury by, for example, placing the employee in a position which increases the dangerous effect of a fall, such as on a height, near machinery or sharp corners, or in a moving vehicle. Id.

In Moore, supra, the Court of Appeals offered the following analysis with regard to whether an on-the-job fall will give rise to compensation:

When one suffers an injury at work, the cause is, obviously, either known or unknown. Larson's treatise on workers' compensation law states that the most common example of a situation in which the cause of the harm is unknown is the

unexplained fall in the course of employment and that most courts confronted with that situation have seen fit to award compensation. 1 Larson, *The Law of Workmen's compensation*, § 10.31, at 3-87 (1985). However, injuries from idiopathic falls do not arise out of the employment unless the employment contributes to the risk or aggravates the injury by, for example, placing the employee in a position which increases the dangerous effect of the fall, such as on a height, near machinery or sharp corners, or in a moving vehicle. Larson § 12.11.

The word "idiopathic" is defined in *Webster's Third New International Dictionary, Unabridged* (1976), as (1) peculiar to the individual, (2) arising spontaneously or from an obscure or unknown cause. Although the two concepts are frequently confused, Larson says "unexplained fall cases begin with a completely neutral origin of the mishap, while idiopathic fall cases begin with an origin which is admittedly personal and which therefore requires some affirmative employment contribution to offset the prima facie showing of personal origin." Larson § 12.11, at 3-314.

Our Arkansas cases have followed the above rules. In Fairview Kennels v. Bailey, 271 Ark. 712, 610 S.W.2d 270 (Ark. App. 1981), we relied upon a statement from Larson § 10.31 that "It is significant to note that most courts confronted with the unexplained fall problem have seen fit to award compensation," and we held that the claimant's explanation that, while engaged in her work-related duties she

"fell and couldn't get up," was sufficient for the Commission to find that the claimant fell in the course of her employment. 271 Ark. at 715.

Moore, 22 Ark. App. at 25, 732 S.W.2d at 498.

The majority gives more weight to the opinion of Dr. Troxel than it does the opinion of Dr. Greenman. In my opinion, the opinion of Dr. Greenman should be given more weight than the opinion of Dr. Troxel. Dr. Troxel is not an expert by any stretch of the imagination, but is the claimant's personal physician who is also related to the claimant. Dr. Troxel is not a specialist nor has he shown any expertise in the area. He did not treat the claimant for this injury and hasn't even seen the claimant since September 3, 2008. Dr. Greenman reviewed all of the claimant's medical records and noted that Dr. Troxel's opinion was not supported by the actual live findings. Dr. Greenman stated:

As stated in my previous report, I think that it is very clear that his problems pre-existed the accident. For a creatinine level to climb from a normal 1.1 up to 7.8 takes at least 3-4 days to happen. I don't think that the evidence of peripheral vascular disease with aortic calcific and coronary calcification and microvascular changes have anything to do with the accident. They are incidental.

Further, the opinion of Dr. Greenman, who is an internal medicine specialist, is supported by the testimony of Ms. Teresa Prince. Ms. Prince testified that she saw the claimant on the date of the accident and she noted that the claimant did not look well.

Q You testified that it caused you great concern, how he looked -- is that what you testified to a moment ago?

A Yes, sir.

Q Did you let Ms. Eubanks know that he looked in real bad shape?

A Donna wasn't around. I didn't see her when I was there.

Q Did you let anybody know?

A Well, no.

Q Did you say something to Mr. Crafton -- say he didn't look so good?

A Yes, I did. I told him, and I tried to get some wet towels and put on him, and he said he was okay, he'd get over it. I went on home, and did what I needed to do.

Q What time of day was that?

A It was sometime in the afternoon. I cannot recall the approximate time...

Q Let me ask you ma'am, did you say that you attempted to put wet towels on

the claimant when you saw him at the store?

A I asked him if he would like me to get some for him.

Q And he said no?

A He -- he was okay -- he'd get over it -- everybody busy, and so --

Moreover, there is no proof that the claimant's employment caused or contributed to the claimant's accident. The claimant admitted that he was not dehydrated and that he drank water and Gatorade throughout the day. The claimant has a history of dizziness or vertigo when standing too quickly. There is simply no other evidence than the claimant's three to four day development of acute renal failure along with his history of dizziness and vertigo when standing too fast that were the contributors to the claimant's fall. It is clear that the claimant's injury was idiopathic and the respondents are not responsible for benefits associated therewith.

Accordingly, for all the reasons set forth herein, I respectfully dissent from the majority's award of benefits.

KAREN H. MCKINNEY, COMMISSIONER