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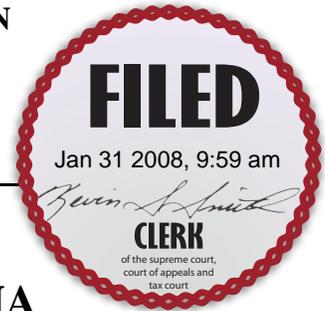
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**IN THE
COURT OF APPEALS OF INDIANA**

MUNCIE RECEPTION DIAGNOSTIC)
CENTER,)
)
Appellant - Defendant,)
)
vs.)
)
KATHERINE WRIGHT,)
)
Appellee - Plaintiff.)

No. 93A02-0708-EX-649

APPEAL FROM THE WORKER'S COMPENSATION BOARD
The Honorable Linda P. Hamilton, Chair
Cause No. C - 172393

January 31, 2008

MEMORANDUM DECISION - NOT FOR PUBLICATION

KIRSCH, Judge

Muncie Reception Diagnostic Center (“MRDC”) appeals the Worker’s Compensation Board’s (the “Board”) finding that MRDC is required to pay Katherine Wright’s (“Wright”) future medical expenses related to her knee injury. MRDC claims there was insufficient evidence to support the Board’s ruling.

We affirm.

FACTS AND PROCEDURAL HISTORY

On December 1, 2003, Wright suffered a severe right knee injury while in the course of her employment with MRDC. Wright underwent four surgeries, took pain medication, and entered into two separate rounds of physical therapy to correct her knee. Wright made a claim against MRDC for future medical expenses related to her knee injury.

One of Wright’s physicians, Dr. Randolph, noted that Wright would not be able to walk over 150 yards, stoop, skip, squat, kneel, or climb ladders or scaffolds. Appellant’s App. at 26. Dr. Randolph further noted that in the short term there was nothing more that could be done, but that eventually it was very likely that Wright would need a total knee replacement. *Id.*

The parties stipulated that the injury resulted in a 10% permanent partial impairment to Wright’s mobility. The matter went before a single member of the Board, who found Wright suffered a 10% permanent partial impairment, but that “the medical evidence does not demonstrate that lifetime medical treatment would be necessary to limit or reduce the extent of [Wright]’s permanent impairment.” *Appellant’s App.* at 9. Wright appealed the ruling to the full Board, and the Board, in a four to three decision,

reversed and found that MRDC was required to provide Wright statutory future medical expenses to limit or reduce the extent of her impairment. MRDC now appeals.

DISCUSSION AND DECISION

When reviewing the Board's decisions, we examine the record for any competent evidence of probative value to support the decision and do not reweigh the evidence or evaluate the credibility of witnesses. *Shultz Timber v. Morrison*, 751 N.E.2d 834, 836 (Ind. Ct. App. 2001). We consider only the evidence most favorable to the award. *Id.* In order for MRDC to prevail, it must show "that there is no probative evidence from which the Board might reasonably conclude as it did." *Id.*

MRDC claims that the evidence only supported a mere possibility that Wright would incur future medical expenses, and that, without a definitive ruling or extensive evidence of necessary future treatment, the Board was without authority to issue the award.¹ IC 22-3-3-4 grants the Board authority to award future medical expenses it deems necessary to limit or reduce the extent of a claimant's impairment. This court addressed future medical expenses in *Krause v. Indiana University-Purdue University at Indianapolis*, 866 N.E.2d 846, 852 (Ind. Ct. App. 2007). There, the plaintiff was injured on the job and suffered a permanent total disability that the Board found entitled the claimant to future medical expenses. *Id.* The court noted that while the Board did not

¹ MRDC also contends that the full Board did not have the benefit of hearing Wright's testimony when it reversed the single Board member's ruling. However, MRDC fails to cite in rule or case law that prohibits the full Board from reweighing the evidence. Instead, the case law makes clear the "Board" is to weigh the evidence and judge the credibility of witnesses. *Krause v. Indiana Univ.-Purdue Univ. at Indianapolis*, 866 N.E.2d 846, 854 (Ind. Ct. App. 2007).

specify exactly what the plaintiff's future medical treatment would be, the record was replete with "such a factual determination." *Id.*

MRDC contends that *Krause* is distinguishable in three respects. First, MRDC argues that Wright's impairment rating was slight compared to that of Krause and may only be rendered "once the injury has stabilized to a permanent and quiescent state." *Cavazos v. Midwest Gen. Metals Corp.*, 783 N.E.2d 1233, 1239 (Ind. Ct. App. 2003). Thus, MRDC asserts that there was no evidence that she needed future treatment. Second, MRDC claims that, if the evidence indicates Wright needed ongoing treatment, it stemmed from her lower back pain and not her knee. Third, MRDC contends that the record did not support the Board's decision. Specifically, MRDC notes that Dr. Randolph never listed what exact future treatments or procedures would definitively be required. Further, if there was a correlation between Wright's knee injury and the degenerative changes accompanying her osteoarthritis, Dr. Randolph never stated it.

Contrary to MRDC's contention that "a large portion of adults who live their full life expectancy will likely be candidates for knee surgeries," the record before us contains competent medical testimony that Wright continued to take pain medication for her knee pain, would require future medical treatment as a result of her knee injury and would "very likely" need a knee replacement in the future. *Appellant's App.* at 26. It is up to the Board to evaluate such evidence and, based on our standard of review, we may not reweigh the evidence.

Affirmed.

ROBB, J., and BARNES, J., concur.