

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

PA College of Optometry and	:	
PMA Insurance Group,	:	
Petitioners	:	
	:	No. 1042 C.D. 2008
v.	:	Submitted: October 24, 2008
	:	
Workers' Compensation Appeal Board	:	
(Crespo-Addison),	:	
Respondent	:	

BEFORE: HONORABLE BONNIE BRIGANCE LEADBETTER, President Judge
HONORABLE RENÉE COHN JUBELIRER, Judge
HONORABLE JOSEPH F. McCLOSKEY, Senior Judge

OPINION NOT REPORTED

MEMORANDUM OPINION
BY SENIOR JUDGE McCLOSKEY

FILED: December 4, 2008

Pennsylvania College of Optometry and PMA Insurance Group (collectively referred to as Employer) petition for review of an order of the Workers' Compensation Appeal Board (Board), dated May 6, 2008, affirming the decision of the Workers' Compensation Judge (WCJ), which granted the petition for review of utilization review determination filed by Naomi Cresto-Addison (Claimant). We now affirm.

Claimant worked as an office manager for Employer. On September 28, 2004, Claimant suffered a low back injury when she slipped and fell on a wet floor in the course and scope of her employment. She missed two days of work after the incident, then returned to work and continued to work until December 31, 2004, when she could not get out of bed due to the pain.

On March 1, 2005, Employer issued a notice of temporary compensation payable (NTCP) acknowledging Claimant's injury in the nature of a lumbosacral strain. The NTCP subsequently converted into a notice of compensation payable (NCP) by operation of law. Claimant received total disability compensation benefits at the rate of \$503.61 per week based upon her pre-injury average weekly wage of \$755.41.

Initially, Claimant consulted her family physician, Ronald Gruzin, M.D., who ordered a lumbar spine MRI. Claimant had the MRI performed on January 8, 2005. The MRI revealed a small, central, slightly right-sided paracentral disc herniation at L5-S1. Dr. Gruzin diagnosed Claimant's condition as a lumbosacral sprain and strain and lumbar radiculitis/radiculopathy. First, Dr. Gruzin prescribed physical therapy and ordered Claimant to undergo an evaluation for such therapy. Dr. Gruzin's treatment plan for Claimant included interferential current, ultrasound, neuromuscular re-education including emphasis on McKenzie extension program and instruction in a home exercise program. Dr. Gruzin also ordered Claimant to undergo electrodiagnostic testing.

On January 25, 2005, Claimant consulted Stephen J. Masceri, M.D., and underwent electrodiagnostic testing. Dr. Masceri reported that Claimant's electrodiagnostic testing showed mild to moderate acute L5-S1 radiculopathy on the right. Thus, he diagnosed Claimant's condition as a herniated lumbar disc at L5-S1.

Claimant continued to see Dr. Gruzin through March of 2005. As she continued to report having severe pain despite her physical therapy sessions, Dr. Gruzin ordered a transcutaneous electrical nerve stimulation (TENS) unit for her home. Dr. Gruzin also recommended that Claimant make an appointment with Sofia Lam, M.D., for further pain control treatment.

Claimant saw Dr. Lam, of the Suburban Pain Control Center, on March 10, 2005. Dr. Lam diagnosed Claimant with discogenic lumbar radiculopathy with the main focus in the right L5 nerve root distribution and mechanical low back symptomatology with lumbar facet arthropathy. Dr. Lam noted that Claimant had tried conservative therapy, including physical therapy and different pharmacological modalities, with limited success. Thus, Dr. Lam recommended a trial of epidural injections and possibly facet or sacroiliac joint injections with the goal of diminishing Claimant's low back pain. Subsequent to the evaluation, Claimant underwent two lumbar epidural steroid injections performed by Dr. Lam, on April 11, 2005, and May 5, 2005, respectively.

In early April, 2005, Claimant was seen by Dr. Gruzin and was still reporting pain in her lower back with radiation into her right leg, despite the steroid injections. Dr. Gruzin then referred her to D. Gregory Anderson, M.D., for a neurosurgical consultation. Dr. Gruzin also recommended that Claimant see Anne M. Vigderman, M.D., of the Meadowbrook Neurology Group, for a neurologic evaluation.

On April 13, 2005, Claimant was evaluated by Dr. Anderson. Dr. Anderson diagnosed Claimant's condition as lumbar disc herniation and concluded that she was a reasonable candidate for surgical intervention because her pain had been persistent and she had not responded to the conservative measures of physical therapy and epidural injections. Dr. Anderson recommended that Claimant consider undergoing additional conservative measures including another trial of epidural injections if she did not undergo surgery.

Claimant saw Dr. Vigderman on May 4, 2005. Dr. Vigderman diagnosed Claimant's condition as radicular pain syndrome resulting from the L5-S1 disc herniation. Dr. Vigderman recommended that Claimant use a nonsteroidal anti-

inflammatory drug (NSAID) such as Advil as needed to control the lumbar and right lower extremity pain. Dr. Vigderman recommended that Claimant complete the series of lumbar epidural injections already planned with Dr. Lam. Dr. Vigderman also recommended that Claimant discuss the possibility of acupuncture treatment with Dr. Lam.

Claimant continued to see Dr. Gruzin once a month in June and July of 2005. Claimant continued to relate to him that she was suffering severe pain in her lower back. During the month of June, 2005, Claimant had decompressive neuroplasty targeting the right L5 nerve root sleeve and a myelogram without dural puncture performed by Dr. Lam. Dr. Gruzin recommended that Claimant continue her treatment with Dr. Lam and advised her to discuss the possibility of aquatic therapy with Dr. Lam. Dr. Gruzin also recommended that Claimant have a second lumbar spine MRI.

On July 7, 2005, Claimant had the second lumbar spine MRI performed. The MRI revealed a small right paracentral disc herniation impinging on the right nerve root at L5-S1. Claimant continued to be treated by Dr. Lam through the end of July, 2005. Dr. Lam recommended a lumbosacral support for Claimant as well as aquatic therapy treatments.

On August 1, 2005, Employer filed a utilization review request. Employer requested a review of the necessity and reasonableness of all of the treatment, specifically including decompression neuroplasty, provided by Dr. Lam and all other providers of the same license and specialty at the Suburban Pain Control Center from June 8, 2005, and ongoing. The utilization review request was subsequently assigned to and reviewed by Rene R. Rigal, M.D. Dr. Rigal ultimately concluded that the decompression neuroplasty was reasonable and necessary, but that Dr. Lam's orders for

a lumbosacral support and aquatic therapy treatments were neither reasonable nor necessary.

On August 22, 2005, Claimant returned to work for Employer but found that it was very difficult for her to work a full-time, seven-hour day. Beginning on August 26, 2005, Claimant began working a five hour day, as recommended by Dr. Lam.

On August 30, 2005, Claimant saw Zena Zingerman, M.D., for an evaluation for acupuncture treatment.¹ Dr. Zingerman also recommended physical therapy and referred her to Beverly Parker, P.T., at Integrated Medical Care.

On September 12, 2005, Claimant was evaluated by Ms. Parker. Ms. Parker recommended that Claimant undergo numerous physical therapy sessions. Claimant was treated by Ms. Parker from her initial evaluation date through July 21, 2006. Re-evaluations were conducted at monthly intervals. Claimant underwent physical therapy and aquatic therapy sessions until she was discharged by Ms. Parker from the physical therapy program in July, 2006.

On September 19, 2005, Employer filed a petition for suspension. Employer alleged that Claimant had been offered a full-time modified duty job position which was within her injury restrictions.

On October 25, 2005, Claimant filed a petition for review of the NCP and a petition for review of a utilization review determination rendered by Dr. Rigal. Claimant requested that the NCP be amended to include the following diagnoses: myofacial pain as a result of the lumbosacral strain-sprain injury, discogenic lumbar

¹ Dr. Zingerman performed approximately thirteen acupuncture treatments on Claimant beginning on February 27, 2006, and concluding on July 24, 2006.

radiculopathy at L5 on the right, mechanical low back symptoms with lumbar facet anthropathy, disc herniation at L4-L5 and left sacroiliac anthropathy.

Claimant's petition for review of the NCP and petition for review of the utilization review determination by Dr. Rigal and Employer's petition for suspension were consolidated and assigned to a WCJ. The WCJ held hearings relative to these petitions on October 18, 2005, and June 20, 2006. In support of her petitions, Claimant testified on her own behalf and also offered into evidence the deposition testimony of her medical expert, Dr. Lam. In support of its petition for suspension, Employer offered into evidence the deposition testimony of its medical expert, Joseph Bernstein, M.D., and the underlying utilization review report of Dr. Rigal. Ms. Rosemary Egan also testified by deposition on behalf of Employer.

Claimant testified that she attempted to return to a seven hour work day but found that standing, bending and sitting was "too difficult." (R.R. at 29a). Claimant testified that she had been working a five hour day since August 26, 2005. Claimant testified that she has not had surgery and the treatment she has undergone has not completely alleviated her pain.

Dr. Lam opined that Claimant suffered from lumbar radiculopathy due to the disc herniation and mechanical low back symptomatology with lumbar facet hypertrophy with sacroiliac involvement. Dr. Lam concluded that aquatic therapy had benefits and a lumbar support was indicated for Claimant. Dr. Lam concluded that Claimant was capable of working four to five hours a day with treatment. Finally, Dr. Lam concluded that Claimant was not a good candidate for surgery as the chances for a successful surgery were "not great." Id.

Employer presented the deposition testimony of Dr. Bernstein, a Board-certified orthopedic surgeon, who had performed an independent medical examination

(IME) on Claimant on August 3, 2005. Dr. Bernstein opined that Claimant had an L5-S1 disc herniation aggravated by the work injury and that she was capable of working eight hours a day. Dr. Bernstein recommended that Claimant consider water therapy treatment and if that was not successful, she should consider surgical intervention. Dr. Bernstein also opined that Claimant was capable of working an eight hour day.

Dr. Rigal's utilization review report, dated October 10, 2005, indicated that Dr. Lam was the provider under review. Dr. Rigal concluded that Claimant's medical records indicated that Claimant exhibited a lumbar disc disruption and herniation at L5-S1 as well as evidence of an L5 radiculopathy. Dr. Rigal determined that Dr. Lam's treatment of Claimant with decompressive neuroplasty, paravertebral and facet blocks, prescriptions for NSAID's and narcotic drugs and the use of the TENS unit actually prescribed by Dr. Gruzin were reasonable and necessary. Additionally, Dr. Rigal considered the orders for a lumbosacral support and aquatic therapy and found neither to be reasonable or necessary after June 8, 2005.

Ms. Egan's testimony simply indicated that full-time work was made available to Claimant. Ms. Egan indicated that the available work was within Claimant's residual, work-related restrictions.

On October 20, 2006, the WCJ circulated her decision and order. The WCJ granted Claimant's petition to review the NCP, granted Claimant's petition to review the utilization review determination and denied Employer's suspension petition. The WCJ amended the NCP to include injuries in the nature of an L5-S1 disc herniation. The WCJ found Claimant's testimony to be "entirely competent, credible and persuasive." (R.R. at 30a). The WCJ indicated that he found Dr. Bernstein, Employer's medical expert, and Dr. Lam, Claimant's medical expert, to be "equally" impressive. (R.R. at 30a).

The WCJ accepted the portion of Dr. Bernstein's testimony with regard to the nature of Claimant's work-related injuries as an L5-S1 disc herniation and radiculopathy. The WCJ accepted the portion of Dr. Lam's testimony relative to the reasonableness and necessity of aquatic therapy as she concluded that Dr. Lam was in a better position to provide an opinion as to that treatment because she had treated Claimant over a longer period of time.

With respect to the issue of whether or not Claimant was capable of working an eight hour day, the WCJ considered all of the testimony and concluded that Claimant's testimony that she could only work a five hour day, had attempted to work a seven hour day but could not and had difficulty performing her job due to pain was credible and convincing. The WCJ found the testimony of Ms. Egan to be credible but found that the available work was not within Claimant's restrictions. Employer did not appeal this decision by the WCJ.

As the petitions were pending before the WCJ, on September 12, 2006, Employer filed a second utilization review request indicating that it was seeking review of the physical therapy services and treatment provided by Ms. Parker and all other providers under the same license and specialty. Employer indicated that all treatment from April 19, 2006, through July 24, 2006, was to be reviewed, specifically including aquatic therapy. The utilization review request was subsequently assigned to Stephen M. Slane, M.S., P.T., C.E.A.S., on September 21, 2006.

In a utilization review report dated November 6, 2006, Mr. Slane found the challenged aquatic therapy treatment by Ms. Parker to be reasonable and necessary through July 21, 2006, but unreasonable and unnecessary after that date. Mr. Slane noted that he had spoken with Ms. Parker who reported that Claimant had demonstrated

a functional improvement in her condition and had been discharged from the program as of July 21, 2006, when she was no longer making any gains through the therapy.

Claimant thereafter filed a petition for review of utilization review determination on November 22, 2006. In the petition, Claimant requested that the reasonableness or necessity of the treatment provided by or prescribed by Ms. Parker, be reviewed. The treatment to be reviewed was “all treatment” provided by Ms. Parker as well as all other providers under the same license and specialty in the same practice including “aquatic therapy and re-evaluation” after July 21, 2006. (R.R. at 24a).

The petition was assigned to the WCJ and proceeded with hearings on January 18, 2007, and May 1, 2007. At these hearings, Claimant testified on her own behalf. Claimant also presented the deposition testimony of Dr. Lam. Employer simply submitted the utilization review report of Mr. Slane. On August 31, 2007, the WCJ circulated her opinion and order granting Claimant’s petition. The WCJ concluded that the issue in the pending petition was the identical issue presented in a prior proceeding which was fully litigated. The WCJ noted that her prior decision and order, dated October 20, 2006, was a final decision on the merits concerning Dr. Lam’s prescribed aquatic therapy for Claimant. Because the WCJ concluded in her earlier decision that aquatic therapy was reasonable and necessary as of October, 2006, the WCJ noted that Mr. Slane’s opinion that such therapy was unreasonable and unnecessary as of July 21, 2006, must be rejected under the principles of *res judicata*.²

The WCJ noted, however, that although the identity of the parties was identical to the identity of the parties in the prior proceeding, the current petition involved the care provided to Claimant by Ms. Parker while the prior petition involved

² Based upon these principles, the WCJ further found that Mr. Slane’s opinion must be barred and does not constitute competent evidence.

the efficacy of the treatment prescribed for Claimant by Dr. Lam. Nevertheless, the WCJ concluded that the principles of res judicata still apply.

In addition to her findings regarding the application of the principles of res judicata, the WCJ proceeded to make specific credibility determinations. The WCJ found Claimant's testimony to be credible and persuasive and supportive of a finding that continued aquatic therapy was necessary and reasonable. She also found the testimony and opinions of Dr. Lam to be credible and persuasive. The WCJ noted that Dr. Lam testified that aquatic therapy was of benefit to Claimant because it allowed her to perform physical therapy without the same degree of pain without the aquatic therapy.

In contrast, the WCJ found Mr. Slane's opinion that Claimant's prescribed aquatic therapy was unnecessary and unreasonable was based "entirely upon a conversation" with Ms. Parker and not on actually seeing or examining Claimant. (R.R. at 38a). The WCJ concluded that Mr. Slane's opinion was based on a "poor personal base of knowledge of Claimant's condition" and rejected his opinion. Id.

Employer subsequently filed an appeal to the Board. Employer argued that the WCJ erred in finding that the issue was barred by res judicata. Employer argued that the issue in the decision dated October 20, 2006, was the reasonableness and necessity of aquatic therapy prescribed by Dr. Lam on and after June 5, 2005, but that the issue in the decision dated August 31, 2007, was the aquatic therapy performed by Ms. Parker as of April 19, 2006.

The Board, however, affirmed the WCJ's decision and order. The Board noted that the WCJ found that, even if the principles of res judicata did not apply, the evidence presented by Employer was "legally incompetent to carry [its] burden." (Board's Decision at 2). The Board noted that the WCJ had previously addressed the

reasonableness and necessity of the aquatic therapy prescribed by Dr. Lam and found it reasonable and necessary. The Board noted that as Ms. Parker was a physical therapist and not the person prescribing the treatment, she would merely be following the treatment guidelines set by Dr. Lam. Thus, the Board concluded that Employer was “merely attempting to argue the differing dates of treatment,” which cannot be re-litigated when the WCJ has determined that a medical treatment is reasonable and necessary. (R.R. at 44a). The Board concluded that a review of the record revealed substantial, competent evidence to support the WCJ’s findings. The Board further concluded that the WCJ had not committed any errors of law. Employer then filed a petition for review with this Court.

On appeal,³ Employer argues that the Board erred as a matter of law in affirming the WCJ’s decision and order and res judicata does not bar the subsequent utilization review on Claimant’s treatment with another provider, Ms. Parker, because the issues and the parties are different. Employer also argues that the utilization review is “provider specific” and does not apply to providers or treatment not named in the utilization review request. (Employer’s Brief at 7). Additionally, Employer argues that the WCJ’s decision is not well-reasoned or supported by substantial competent evidence. We reject each of these arguments by Employer.

³ Our scope of review in a workers’ compensation appeal is limited to determining whether an error of law was committed, constitutional rights were violated, or whether necessary findings of fact are supported by substantial evidence. Section 704 of the Administrative Agency Law, 2 Pa. C.S. §704. Further, in Leon E. Wintermyer, Inc. v. Workers’ Compensation Appeal Board (Marlowe), 571 Pa. 189, 812 A.2d 478 (2002), our Supreme Court held that “review for capricious disregard of material, competent evidence is an appropriate component of appellate consideration in every case in which such question is properly brought before the court.” Wintermyer, 571 Pa. at 203, 812 A.2d at 487.

First, we will consider Employer's argument that the doctrine of res judicata does not control the matter because the issues and parties are different enough to bar such a doctrine. Employer argues that at issue in this proceeding was the reasonableness and necessity of the aquatic therapy given by Ms. Parker on and after July 21, 2006. Employer petitioned for a utilization review of Claimant's treatment but did not do so until September 7, 2006, six weeks after the provider already discharged Claimant from therapy and was no longer treating her.

Further, Employer argues that while the utilization review on Ms. Parker was pending, the WCJ issued a decision on a suspension pension and a utilization review against Dr. Lam. Employer asserts that the WCJ found that Claimant's aquatic therapy as prescribed by Dr. Lam was only reasonable and necessary from June 8, 2005, through June 20, 2006 (the date of the last hearing and, therefore, the date of the close of the record). Employer argues that the issue in the present utilization review for aquatic therapy is the aquatic therapy provided by Ms. Parker after July 21, 2006, and that issue is not barred by res judicata. We disagree.

Because it is the employer who seeks to change its obligation to pay for a workers' compensation employee's work-related medical expenses, the employer has the burden throughout the utilization review process of proving that the challenged medical treatment is not reasonable or necessary no matter which party prevailed at the utilization review level. AT & T v. Workers' Compensation Appeal Board (DiNapoli), 816 A.2d 355, (Pa. Cmwlth.), petition for allowance of appeal denied, 574 Pa. 744, 829 A.2d 311 (2003). Where a WCJ has determined that a medical treatment is reasonable, the issue of the necessity of subsequent treatment cannot be re-litigated even where the

frequency and dates of treatment differ. C.D.G., Inc. v. Workers' Compensation Appeal Board (McAllister), 702 A.2d 873 (Pa. Cmwlth. 1997).⁴

This Court recently addressed the principles of res judicata in National Fiberstock Corporation v. Workers' Compensation Appeal Board (Grahl), 955 A.2d 1057, 1061 (Pa. Cmwlth. 2008), wherein we stated as follows:

The doctrine of res judicata encompasses two related, but distinct principles: technical res judicata, which is sometimes called claim preclusion; and collateral estoppel, which is sometimes called issue preclusion. Claim preclusion prevents a future suit between the same parties on the same cause of action after final judgment is entered on the merits of the action. Collateral estoppel prevents relitigation of an issue of fact or law between the same parties upon a different claim or demand. It is often difficult to distinguish between res judicata or collateral estoppel. However, the important thing for the court to consider is whether the ultimate and controlling issues have been decided in a prior proceeding in which the parties actually had an opportunity to appeal and assert their rights.

(Citations omitted).

Issue preclusion/collateral estoppel is designed to prevent the re-litigation of issues which have once been decided and have remained substantially static, factually and legally. C.D.G., Inc., 702 A.2d at 876. For issue preclusion/collateral estoppel to apply, it must be shown that the issue to be decided is identical to an issue decided in a prior case and that there was a final judgment on the merits of that issue. Id. It must also be shown that the party against whom the doctrine is asserted was a party or in

⁴ Indeed, in C.D.G., Inc., we indicated that, after a WCJ has already found a specific medical treatment to be reasonable and necessary, a party challenging the subsequent dates or frequency of that treatment must establish a change in the claimant's condition.

privity with a party and had a full and fair opportunity to litigate the issue and the determination in the prior proceeding was essential to the final judgment. Id.

We find that the WCJ correctly concluded that the doctrine of res judicata/issue preclusion was applicable in the present matter. The WCJ's prior decision, dated October 20, 2006, was never appealed. The decision was a judgment on the merits of the necessity and reasonableness of Claimant's aquatic therapy as prescribed by Dr. Lam. The parties and the issue are the same in both decisions. Hence, the WCJ properly found that the testimony of Mr. Slane should be barred. In addition, and alternatively, the WCJ rejected the testimony of Mr. Slane as not competent and unpersuasive and instead credited the testimony of Claimant and Dr. Lam.

Next, Employer argues that the WCJ's decision is not well-reasoned or supported by substantial competent evidence. It argues that the WCJ's finding that Mr. Slane's opinions were based "entirely on a conversation with [Ms. Parker]" is untrue and unsupported by the record. (Employer's Brief at 11). Employer asserts that Ms. Parker stated that Claimant did not need additional aquatic therapy after July 21, 2006, and Claimant offered no report from Ms. Parker indicating that she did require such further treatment. Employer asserts that Claimant's evidence did not address her need for aquatic therapy after July 21, 2006. Thus, Employer argues that there is no support for the WCJ's finding that Claimant required additional aquatic therapy. We disagree.

Substantial evidence is defined as such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. Corcoran v. Workers' Compensation Appeal Board (Stuart Painting Company), 601 A.2d 887, (Pa. Cmwlth.) petition for allowance of appeal denied, 530 Pa. 657, 608 A.2d 31 (1992). When deciding a substantial evidence problem, the Court must determine whether the entire

record contains evidence which a reasonable person might find sufficient to support the WCJ's findings. Laird v. Workers' Compensation Appeal Board (Michael Curran & Associates), 585 A.2d 602 (Pa. Cmwlth. 1991).

Moreover, Section 422(a) of the Pennsylvania Workers' Compensation Act, Act of June 2, 1915, P.L. 736, as amended, 77 P.S. §834, addresses the reasoned decision requirement, providing as follows:

All parties to an adjudatory proceeding are entitled to a reasoned decision containing findings of fact and conclusions of law based upon the evidence as a whole which clearly and concisely states and explains the rationale for the decisions so that all can determine why and how a particular result was reached. The [WCJ] shall specify the evidence upon which the [WCJ] relies and state the reasons for accepting it in conformity with this section. When faced with conflicting evidence, the [WCJ] must adequately explain the reasons for rejecting or discrediting competent evidence...The adjudication shall provide the basis for meaningful appellate review.

77 P.S. §834.

Our Supreme Court discussed this Section of the Act in Daniels v. Workers' Compensation Appeal Board (Tristate Transport), 574 Pa. 61, 828 A.2d 1043 (2003), wherein the Court stated that "a [WCJ's] decision is 'reasoned' for purposes of Section 422(a) if it allows for adequate review by the [Board] without further elucidation, and if it allows for adequate review by the appellate courts under applicable standards of review." Daniels, 574 Pa. at 76, 828 A.2d at 1052. Further, the Court in Daniels held that when the testimony presented is by way of deposition, a WCJ must articulate reasons why the testimony of one witness was credited over the testimony of another; the "resolution of conflicting evidence cannot be supported by a mere announcement that [the WCJ] deemed one expert more 'credible and persuasive' than another." Daniels, 574 Pa. at 78, 828 A.2d at 1053.

In the present case, the WCJ accepted the testimony of Claimant and Dr. Lam as credible and persuasive and rejected the report of Mr. Slane. The WCJ thoroughly summarized the testimony of each of these witnesses and set forth her credibility determinations regarding the same. The WCJ further explained how she reached these determinations. In her testimony, Claimant indicated that her pain has increased after she ceased the aquatic therapy in July of 2006, resulting in an increase in pain medication. Claimant also testified that the previous aquatic therapy had alleviated some of her pain and had increased her ability to walk, stretch and bend.

As to Dr. Lam, the WCJ noted that she was Claimant's treating physician and that she sees Claimant every six weeks. Dr. Lam opined in her testimony that the aquatic therapy was beneficial to Claimant as it allows her to reduce her pain and increase her range of motion. Dr. Lam provided such testimony in her deposition of April 21, 2006. This credible testimony cited above constitutes substantial evidence in support of the WCJ's decision. Moreover, as the WCJ articulated the reasons underlying her credibility determinations, thereby allowing adequate appellate review, we cannot say the WCJ's decision was not reasoned.

Accordingly, the order of the Board is affirmed.

JOSEPH F. McCLOSKEY, Senior Judge

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

PA College of Optometry and	:	
PMA Insurance Group,	:	
Petitioners	:	
	:	No. 1042 C.D. 2008
v.	:	
	:	
Workers' Compensation Appeal Board	:	
(Crespo-Addison),	:	
Respondent	:	

ORDER

AND NOW, this 4th day of December, 2008, the order of the
Workers' Compensation Appeal Board is hereby affirmed.

JOSEPH F. McCLOSKEY, Senior Judge