

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

Brenda Corica,	:	
	:	
Petitioner	:	
	:	
v.	:	No. 2664 C.D. 2010
	:	Submitted: July 15, 2011
Workers' Compensation	:	
Appeal Board (PMHCC, Inc.),	:	
Respondent	:	

BEFORE: HONORABLE BONNIE BRIGANCE LEADBETTER, President Judge
HONORABLE ROBERT SIMPSON, Judge
HONORABLE JAMES R. KELLEY, Senior Judge

OPINION NOT REPORTED

**MEMORANDUM OPINION
BY JUDGE SIMPSON**

FILED: October 18, 2011

In this fact-sensitive case focused on disputed diagnoses, notations in medical records, and conflicting opinions on causation, Brenda Corica (Claimant) petitions for review of the order of the Workers' Compensation Appeal Board (Board) that affirmed a Workers' Compensation Judge's (WCJ) award granting Claimant compensation for a closed period, suspending and then terminating her benefits. Claimant contends that the Board failed to consider the evidence in its entirety, that the WCJ's decision fails to meet the reasoned decision requirement in Section 422(a) of the Workers' Compensation Act (Act),¹ that the Board failed to determine the WCJ's findings are inconsistent with one another, are inconsistent with the record, and are based on a misunderstanding of the evidence, and that the Board erred in failing to determine Employer's medical opinions were incompetent. Upon review, we affirm.

¹ Act of June 2, 1915, P.L. 736, as amended, P.L. 190, 77 P.S. §834.

I. Background

A. Generally

Claimant worked for the Philadelphia Mental Health Care Corporation (Employer) as a computer specialist. Her duties included setting up, installing and networking computers and printers. On June 12, 2008, Claimant fell down the last three steps in a stairwell at work. She fell forward and landed on her right side. As a result, Claimant sustained injuries to her right elbow, hand, wrist, side and foot.

The next day, Employer sent Claimant to Dr. Francis X. Burke, III, (Panel Physician) for treatment. Panel Physician treated Claimant's injuries, which he diagnosed as a right elbow contusion, triceps strain and sprain, right wrist and hand contusions, residual sprain of the right wrist and hand, a spiral fractured right fifth toe with complaints of mid-foot ankle pain and swelling, and a lesion of the ulnar nerve. He also removed Claimant from work. Following Panel Physician's advice, Claimant did not return to work for approximately a week. On June 23, 2008, Claimant returned to modified duty work with restrictions on lifting, bending and twisting.

Upon Claimant's return to work, Employer filed the following documents: a notice of temporary compensation payable (NTCP) accepting Claimant's injury, described as right elbow strain/sprain, right pinky toe fracture and right side contusions; a notice stopping temporary compensation and a notice of compensation denial (NCD) alleging Claimant's injury did not result in

disability. Employer also filed a compensation agreement, wherein Employer paid Claimant total disability benefits for the week she missed work. See Reproduced Record (R.R.) at 1a-4a.

Several weeks later, in early August 2008, Claimant relied upon her doctor's advice, and she stopped work and applied for leave under the Family and Medical Leave Act (FMLA), 26 U.S.C. §§2601-54. One of her treating physicians, Dr. Christopher L. Davis (FMLA Physician) examined Claimant and certified in her FMLA application that she suffered severe anxiety and panic attacks related to alleged harassment at work. Claimant's FMLA application also indicated Claimant had leg and back pain. At the expiration of her FMLA leave in late October 2008, Claimant did not return to work. Employer discharged Claimant in order to fill her position. Thereafter, Claimant began receiving unemployment compensation benefits.

Meanwhile, in response to Employer's NCD, Claimant filed a claim petition seeking ongoing total disability benefits for a June 2008 work injury to her right foot, right toe, right side, right arm, wrist, elbow and back. See R.R. at 7a-10a. Employer filed a timely answer denying Claimant's allegations.²

Before the WCJ, Claimant testified on her own behalf and presented the testimony of her primary physician, Dr. Robert F. Sing (Claimant's Physician),

² Employer also filed a petition to review compensation benefits that averred Claimant was not injured in the workplace. Ultimately, the WCJ denied Employer's review petition, which is not at issue in this appeal.

who is board certified in family and sports medicine. Claimant's Physician practices with FMLA Physician.

Claimant's Physician treated Claimant in 2002 for a work-related injury to her lower back. At that time, Claimant worked for a different employer. Thereafter, Claimant's Physician and FMLA Physician became Claimant's primary care doctors.

Claimant's Physician first treated Claimant for her 2008 work injury on August 26, 2008. As of January 2009, he performed seven or eight examinations related to the work injury. Based on his examinations and the history Claimant provided, Claimant's Physician opined that Claimant's work-related strains and sprains of her right wrist, hand, elbow, foot and fracture of her fifth right toe, fully resolved as of his August 26, 2008, examination.

However, Claimant's Physician opined that Claimant suffered continuing pain in her right hip and right leg causally related to her June 2008 fall at work. As of his January 2009 examination, he diagnosed Claimant's conditions as piriformis syndrome or strain and sprain of the piriformis muscle and tendon, right sacroiliac joint dysfunction, right sciatica and right-sided osteitis pubis. He also identified Claimant's fall at work as the mechanism of injury causing these conditions. Claimant's Physician further opined Claimant could not perform her pre-injury job due to the degree of hip and leg pain she endured when she stands or walks for extended or even short periods of time.

In opposition, Employer submitted testimony from Panel Physician. He is board certified in emergency medicine and practices occupational medicine full-time. Panel Physician examined Claimant the day after her June 2008 work injury. He opined Claimant fully recovered from the injuries to her right wrist, hand and elbow as of his August 7, 2008, examination. Claimant still had some discomfort in her right foot near the area of injury at that time. Panel Physician opined Claimant's work injuries did not prevent her from performing her modified duty position.

However, Panel Physician did not diagnose Claimant with piriformis syndrome for several reasons. Claimant did not sustain a direct trauma to the gluteal region, which is necessary for this condition; rather, Claimant testified she fell forward and landed on her right side. Further, Panel Physician could not attribute Claimant's mixed symptoms to piriformis syndrome. Claimant did not have symptoms in the area of the sciatic nerve, which would occur with a swollen piriformis muscle.

Panel Physician also disagreed with Claimant's Physician's diagnosis of osteitis pubis. He saw nothing in Claimant's medical history that would support a finding that she developed osteitis pubis as a result of her June 2008 work injury. There were no findings in the X-ray report relied upon by Claimant's Physician that were consistent with osteitis pubis.

Employer also presented testimony by Dr. James A. Lamprakos (IME Physician), who performed an independent medical evaluation of Claimant in

October 2008. IME Physician is board certified in family medicine and practices occupational medicine. He took Claimant's history, reviewed her medical records, and performed a physical examination. IME Physician opined Claimant's accepted injuries to her right elbow, wrist, hand and fracture of the right fifth toe fully resolved.

IME Physician further opined that Claimant was not suffering from piriformis syndrome. Claimant had full and complete movement of her hip and walked with a normal gait. IME Physician testified an individual with piriformis syndrome would have some type of antalgic or abnormal gait.

Regarding the X-ray diagnosis of osteitis pubis, IME Physician testified the radiologist's diagnosis did not include any clinical findings. Osteitis pubis affects the pubic bone and connective tissue. Claimant did not complain of pain in the pubic area. Further, IME Physician testified that osteitis pubis has multiple causes and that nothing in the X-ray report indicates a causal relationship to the 2008 work injury.

B. WCJ's Decision

1. Causation

In her extensive decision, the WCJ found (with emphasis added), "the record, including the statements of [Panel Physician] and [IME Physician] established ... that the Claimant's injuries to the right elbow and wrist and right little toe fracture have relationships to the work injury and that the Claimant's right hip pain and pain in the leg have no relationships to the Claimant's work injury in

issue.” WCJ Op., Finding of Fact (F.F.) No. 32. The WCJ further found (with emphasis added) “that [Claimant’s Physician] refined his diagnoses of the Claimant on January 15, 2009 to that of piriformis syndrome or strain and sprain of the piriformis muscle and tendon, right sacroiliac joint dysfunction, right sciatica and right sided osteitis pubis as a result of its indication on an x-ray on an unspecified date in the record, and that the Claimant’s work injury caused the diagnosed conditions.” F.F. No. 33. However, the WCJ further found (with emphasis added) “that although [Claimant’s Physician] testified that the Claimant had diagnosed conditions of the aforesaid, the Claimant did not have those diagnoses as a result of the work injury of June 12, 2008, and in accordance with the Findings of Fact, and made a recovery from the work injuries.” Id.

2. Piriformis Syndrome; Right Sacroiliac Joint Dysfunction; Right Sciatica

The WCJ stated six reasons for finding Claimant did not have diagnosed conditions of piriformis syndrome, right sacroiliac joint dysfunction or right sciatica as a result of her 2008 work injury. See F.F. Nos. 54, 56. First, the testimony of Claimant and that of Claimant’s Physician are contradictory. Id. Claimant testified her right leg pain began two weeks after the work injury; Claimant’s Physician testified Claimant’s right hip and leg pain began the first day after her work injury. Id. Second, Claimant’s Physician’s testimony did not substantiate symptoms of piriformis syndrome or similar symptoms involving the sciatic nerve throughout Claimant’s treatment. Id. Third, although Claimant complained of right leg pain, Claimant’s Physician’s testimony did not establish he examined Claimant’s right lower extremity or made any findings regarding her right lower extremity. Id. Fourth, Claimant’s Physician’s testimony established

that Claimant did not complain of right hip or right leg pain during her initial treatments for the work injury or during her examinations by FMLA Physician in late July and early August 2008. Id. Fifth, IME Physician's testimony established that an individual with piriformis syndrome would have some form of an antalgic gait or abnormal gait, but no testimony established that Claimant had an antalgic gait with the exception of Claimant's Physician's January 2009 examination. F.F. No. 54. Sixth, Claimant's Physician's testimony established abnormalities on internal rotation of the hip as the determinative factor for the diagnosis of piriformis syndrome. However, no testimony established that Claimant had abnormalities or deficiencies of the range of internal rotation of the hip, with the exception of pain at Claimant's Physician's examinations on August 26, 2008 and January 15, 2009. Id.

3. Osteitis Pubis

The WCJ also found Claimant's medical evidence failed to establish she developed osteitis pubis as a result of her 2008 work injury. F.F. No. 55. First, Claimant had no abnormalities or complaints with respect to the juncture of the front of the pelvis bone and connective tissues at any of her medical evaluations. Id. Second, Claimant presented no evidence of any blunt abdominal trauma or pelvic trauma at the time of the work injury. Id. Third, nothing in Claimant's medical history supported the development of osteitis pubis as a result of the 2008 work injury. Id. Fourth, no evaluation findings supported any indicia of osteitis pubis. Id. Fifth, Claimant's Physician did not delineate the criteria for a diagnosis of osteitis pubis on the basis of a physical examination or substantiate his diagnosis

of osteitis pubis with clinical findings or examination results, with the exception of his January 2009 evaluation. Id.

4. Accepted Work Injuries

Ultimately, the WCJ found Claimant sustained a work injury described as a right elbow contusion, triceps strain and sprain, right wrist and hand contusions, residual sprain of the right wrist and hand, a spiral fractured right fifth toe with complaints of mid-foot ankle pain and swelling, and a lesion of the ulnar nerve. F.F. No. 57. Claimant fully recovered from these diagnosed conditions as of the date of Claimant's Physician's examination in late August 2008. Id. The WCJ found no causal relationship between Claimant's work injury and her right hip and right leg pain. Id.

5. Modified Duty Work

The WCJ also found that Employer's chief information officer, David Silver (Chief Information Officer), was familiar with Claimant's work history with Employer and her June 2008 work injury. FF. Nos. 63, 64. Claimant resumed work on June 23, 2008. She could perform modified duty work in a seated posture with no lifting. F.F. No. 65. Chief Information Officer followed Claimant's work restrictions with respect to Claimant's work assignments until she stopped working in August 2008. Id. Upon stopping work, Claimant never indicated to Chief Information Officer that she could no longer work for reasons related to her work injury. Id.

6. Award

In light of the above, the WCJ granted Claimant's claim petition for a closed period. WCJ Op., Concl. of Law No. 5. The WCJ awarded Claimant total disability benefits for the period from June 13, 2008, to June 22, 2008. Id. The WCJ suspended Claimant's benefits due to her return to modified duty work on June 23, 2008, and she terminated all benefits effective August 26, 2008. Id.

C. Board's Opinion

On appeal, the Board affirmed. It determined the WCJ's decision met the reasoned decision requirements of Section 422(a) of the Act and that the record supported her findings. Claimant petitions for review.

II. Issues

Claimant states four issues for review.³ She contends: the Board failed to properly exercise its appellate function as it performed a cursory review of the evidence rather than considering it in its entirety; the Board erred in failing to determine that the WCJ's findings are inconsistent with one another and inconsistent with the evidence, and that the WCJ's reasons are based on a misunderstanding of the evidence; and, the Board erred in failing to determine that the opinions of Employer's medical experts were incompetent. Claimant also contends the WCJ failed to issue a reasoned decision as required by Section 422(a) of the Act.

III. Discussion

³ This Court's review is limited to determining whether the WCJ's findings of fact were supported by substantial evidence, whether an error of law was committed or whether constitutional rights were violated. Hershgordon v. Workers' Comp. Appeal Bd. (Pepboys, Manny, Moe & Jack), 14 A.3d 922 (Pa. Cmwlth. 2011).

A. Appellate Role of Board/Reviewing Courts

We first address Claimant's contention that the Board failed to properly perform its appellate functions. Initially, we emphasize that the WCJ is the ultimate fact-finder in workers' compensation cases. Bethenergy Mines, Inc. v. Workmen's Comp. Appeal Bd. (Skirpan), 531 Pa. 287, 612 A.2d 434 (1992). It is the WCJ's role to assess credibility and resolve conflicts in the evidence. Id.

In other words, it is not the role of the Board or a reviewing court to reweigh the evidence on appeal or reassess the credibility of the witnesses. Id. Rather, the Board or reviewing court must determine, upon consideration of the evidence as a whole, whether the WCJ's findings have the requisite support in the record. Id. A reviewing court may not inquire into the reasonableness of a WCJ's findings; rather, it must determine only whether the findings were supported by substantial evidence. 2 Pa. C.S. §704; Skirpan.

Substantial evidence is defined as such relevant evidence a reasonable mind might accept as adequate to support a conclusion. Skirpan; Waldameer Park, Inc. v. Workers' Comp. Appeal Bd. (Morrison), 819 A.2d 164 (Pa. Cmwlth. 2003). In performing a substantial evidence analysis, the evidence must be viewed in a light most favorable to the party that prevailed before the WCJ. Waldameer Park. To that end, the prevailing party is entitled to all reasonable inferences deducible from the evidence. Id.

Further, if the record contains substantial evidence supporting the WCJ's findings, they must be upheld. Minicozzi v. Workers' Comp. Appeal Bd.

(Indus. Metal Plating Inc.), 873 A.2d 25 (Pa. Cmwlth. 2005). It is irrelevant whether the record contains evidence that would support findings other than those made by the WCJ; the critical inquiry is whether the evidence supports the findings actually made. Id.

B. Claimant's Burden of Proof

In a claim petition, the claimant bears both the burden of production and persuasion. Crenshaw v. Workmen's Comp. Appeal Bd. (Hussey Copper), 645 A.2d 957 (Pa. Cmwlth. 1994). In addition, the claimant has the burden of establishing all the necessary elements of her claim, including the burden to establish she sustained a compensable injury and the duration of disability related to it. Inglis House v. Workmen's Comp. Appeal Bd. (Reedy), 535 Pa. 135, 634 A.2d 592 (1993); Coyne v. Workers' Comp. Appeal Bd. (Villavona Univ.), 942 A.2d 939 (Pa. Cmwlth. 2008). Also, the claimant retains the burden of showing a continuing disability throughout the claim petition proceeding. Id. If the WCJ believes the evidence only supports a finding of disability for a closed period, the WCJ can make that finding. Connor v. Workmen's Comp. Appeal Bd. (Super Sucker, Inc.), 624 A.2d 757 (Pa. Cmwlth. 1993).

Further, where there is no obvious causal relationship between the work injury and the alleged disability, the claimant must establish that relationship by unequivocal medical evidence. Lynch v. Workmen's Comp. Appeal Bd. (Teledyne Vasco), 545 Pa. 119, 680 A.2d 847 (1996). A medical expert's testimony is unequivocal if, after providing a foundation, he testifies that in his professional opinion, he believes a certain fact or condition exists. Coyne. In

determining whether medical testimony is unequivocal, we examine the testimony of a witness as a whole and do not take words or phrases out of context. Id.

Mindful of these principles, we review Claimant's evidentiary challenges to the WCJ's essential findings.

C. Review of WCJ's Decision

1. Accepted Work Injuries

At the outset, we note the parties do not dispute that Claimant sustained work injuries described as a right elbow contusion, triceps strain and sprain, right wrist and hand contusions, residual sprain of the right wrist and hand, a spiral fractured right fifth toe with complaints of mid-foot ankle pain and swelling, and a lesion of the ulnar nerve. F.F. No. 57. Further, the parties do not dispute these injuries resolved as of Claimant's Physician's August 26, 2008 examination. Id.; Deposition of Dr. Robert F. Sing, M.D., 01/15/09, (Sing Dep.) at 10-11; R.R. at 103a-04a.

2. Rejected Diagnoses

As discussed above, the WCJ found the record established Claimant's diagnosed conditions of right hip and right leg pain were not causally related to her 2008 work injury. F.F. No. 32. The WCJ further found that Claimant's Physician, as of his January 2009 examination, diagnosed Claimant's conditions of piriformis syndrome, right sacroiliac joint dysfunction, right sciatica and right-sided osteitis pubis. F.F. No. 33. However, the WCJ also found these diagnosed conditions were not causally related to Claimant's 2008 work injury. Id.

More specifically, in Finding of Fact No. 54, the WCJ listed six reasons for finding that Claimant did not have diagnosed conditions of piriformis syndrome or right sacroiliac joint dysfunction as a result of the work injury. In Finding of Fact No. 56, the WCJ listed four similar reasons for rejecting the Claimant's Physician's diagnosis of work-related right sacroiliac joint dysfunction and right sciatica. These conditions have symptoms similar to those associated with piriformis syndrome.

3. Onset of Right Hip and Right Leg Pain

As her first reason for rejecting Claimant's Physician's work-related diagnoses, the WCJ found Claimant's testimony that her right leg pain commenced two weeks after the work injury contradicted Claimant's Physician's testimony that Claimant's hip and right leg pain commenced on the first day of the work injury. F.F. Nos. 54, 56.

Claimant first challenges the WCJ's findings that Claimant did not experience right leg pain until two weeks after her fall at work. See F.F. Nos. 6, 54, 56. Claimant argues these findings are contrary to the evidence because Panel Physician's records of her initial visit and Employer's incident report indicate Claimant complained of right hip and right leg pain immediately following the injury. Claimant asserts the WCJ's misunderstanding concerning the onset of Claimant's complaints constitutes the crux of the case and taints all of the WCJ's subsequent findings and credibility determinations. We disagree.

Our review of the record indicates substantial evidence supports the WCJ's findings that Claimant did not report right hip and right leg pain to Panel Physician until approximately two weeks after the work injury. On cross-examination, Claimant testified as follows (with emphasis added):

Q. Did you fall forward or backward?

A. Forward.

Q. So you landed falling forward on your right hand on the landing, correct?

A. Yes.

Q. You didn't injure your lower back initially, correct?

A. No, I don't believe I did.

Q. You didn't complain initially to the Workers' Comp doctors of an injury to your lower back, correct?

A. Correct.

Q. And, in fact your right leg complaint did not begin until about two weeks after the fall; isn't that correct?

A. Yes.

Notes of Testimony (N.T.), 09/24/08, at 25-26; R.R. at 48a-49a.

As fact-finder, the WCJ may accept or reject the testimony of any witness, including a medical witness, in whole or in part. Minicozzi. Here, the WCJ credited Claimant's testimony that her right leg pain began two weeks after her fall.⁴ Claimant's testimony on cross-examination provides substantial evidence

⁴ Claimant asserts that in Finding of Fact No. 4, the WCJ stated she found Claimant entirely credible based on her demeanor. In actuality, the WCJ stated she "believes and accepts the testimony of Claimant ... in accordance with the terms of the Findings of Fact." WCJ. Op., F.F. No. 4. Further, Claimant asserts the WCJ credited her testimony that she could not return to work. See F.F. No. 13. In actuality, the WCJ found Claimant cannot perform her pre-injury job because her commute to work was horrible, the job involved physical labor and her right hip and leg pain began about one half hour on the job. Id. As discussed above, the WCJ found Claimant could perform modified duty work with restrictions. See F.F. Nos. 27, 65.

for the WCJ's findings. Id. Whether the record contains evidence supporting findings other than those made by the WCJ is irrelevant. Id.

Claimant, however, asserts handwritten notes from a medical assistant (MA) in Panel Physician's office indicate that she complained of hip pain at Panel Physician's initial examination on June 13, 2008. Regardless, the WCJ accepted Panel Physician's testimony that Claimant complained of right leg pain on July 3, 2008. F.F. No. 22. Panel Physician testified as follows (with emphasis added):

Q. Now, the MA comments on 6/13/08 are right hand, slash, wrist, slash, right hip.

A. Uh-humm.

....

Q. Now, did you also on 6/13/08 ask [Claimant] what her complaints were?

A. Well, I'm working backward here ... I went back in, reintroduced myself, took a history as to what happened, and then reviewed the social history. I took some additional notes in terms of her past medical history, wrote those in the record, and then did a physical examination.

Q. You apparently did not record any right hip complaints, is that correct?

A. I did not, that's correct.

Q. And [MA], when he ordered the x-rays, apparently did not order x-rays of her right hip, is that correct.

A. That is correct.

Q. Now you saw her next on June 18th 2008, correct?

A. That's correct.

....

Q. Did you record any complaints of right hip pain on 6/18/08?

A. No, I did not.

Q. What was your diagnosis on 6/18/08?

A. The assessment was that [Claimant] had a right elbow contusion – right elbow contusion, triceps strain and sprain, right wrist, hand contusion, residual sprain. She

had a fractured right fifth toe with new complaints of mid foot, ankle pain and swelling.

Q. Did you record any complaints of right hip pain?

A. Not at that particular day.

Q. Did you record any complaints of right leg pain or weakness?

A. Not on 6/18. There's none listed. Say the question again, I'm sorry?

Q. Right leg pain or weakness.

A. Well, nothing on the leg. I mean, the leg is the whole leg down to the foot. ... She had some new complaints of mid foot pain not previously experienced. She was having -- so that was all new. So that's part of the leg -- nothing in the hip or thigh area -- and that was bothering her at that time.

....

Q. Were there any complaints of right hip pain recorded on 7/3/08?

A. Well, what she was complaining about is pain up her right leg and overall weakness in the leg itself.

Dep. of Dr. Francis X. Burke, III, 3/23/09 (Burke Dep.), at 24-29; R.R. at 298a-303a.

Although Panel Physician acknowledged MA's notation of "right hip" at the June 13, 2008, examination, he unequivocally testified Claimant did not complain to him of right hip or right leg pain until July 3, 2008. The appearance of inconsistencies in a medical expert's opinion does not render a medical expert's testimony equivocal where he does not contradict himself. Somerset Welding & Steel v. Workmen's Comp. Appeal Bd. (Lee), 650 A.2d 114 (Pa. Cmwlth. 1994). Such is the case here. Panel Physician's testimony, viewed as a whole and in a light most favorable to Employer as the prevailing party, provides adequate support for the WCJ's finding that Claimant did not complain of right hip or right

leg pain until July 3, 2008, more than two weeks after her work injury. Minicozzi. Consequently, these findings must be upheld. Id.

4. Claimant's Physician's Testimony

a. WCJ's Findings

The WCJ made several findings indicating Claimant did not immediately complain of right hip and right leg pain during examinations by her treating doctors, Claimant's Physician and FMLA Physician. In Findings of Fact Nos. 54 and 56, the WCJ referred to the lack of pain in Claimant's right hip and right leg during the examinations immediately following her work injury as a reason for finding Claimant did not suffer from piriformis syndrome, right sacroiliac joint dysfunction and right sciatica related to her work injury. Substantial evidence supports these findings.

More specifically, Claimant's Physician testified that FMLA Physician's progress notes indicated he did not record any complaints of right hip or right leg pain during her July 28, 2008, examination. F.F. Nos. 34, 54, 56; Sing Dep. at 39; R.R. at 132a. In fact, Claimant's back and heel condition, unrelated to the 2008 work injury, improved. Id.

Further, FMLA Physician's notes indicate he did not record any complaints of right hip and right leg pain during Claimant's August 4, 2008, examination. F.F. Nos. 35, 54, 56; Sing Dep. at 41; R.R. at 134a. FMLA Physician did record pain in Claimant's feet and back at baseline level; Claimant had this pain prior to her 2008 work injury. Id. Claimant's Physician testified, and

the WCJ found, that FMLA Physician removed Claimant from work on August 4, 2008, for medical reasons unrelated to her 2008 work injury. F.F. No. 36; Sing Dep. at 43; R.R. at 136a.

Claimant's Physician's progress notes indicated Claimant complained of right leg pain for the first time during his examination on August 26, 2008. F.F. No. 31; Sing Dep. at 48; R.R. at 141a. At her September 9, 2008, examination Claimant had only mild, minor pain with internal hip rotation and did not have a limp. F.F. No. 37; Sing Dep. at 52; R.R. at 145a. At her September 25, 2008, examination Claimant denied any pain radiating down her lower extremities. F.F. No. 38; Sing Dep. at 56; R.R. at 149a. The physician's assistant performing that examination did not record any complaints of right hip or right leg pain. Id. The notes from Claimant's October 31, 2008, examination indicated controlled low back pain with negative radiation and negative radiculopathy. F.F. No. 39; Sing Dep. at 59; R.R. at 152a. There was no diagnosis or reference to the right hip. Id.

However, Claimant did complain of pain in the hip from the right buttocks down the thigh during her October 31, 2008, examination. F.F. No. 40; Sing Dep. at 60; R.R. at 154a. At her January 15, 2009, examination Claimant had continued tenderness over the right sacroiliac joint pain on internal and external rotation of the hip. F.F. No. 41; Sing Dep. at 15; R.R. at 108a.

In addition, although Claimant had right leg pain on occasion, Claimant's Physician's testimony did not establish he performed any examination

or make any clinical findings regarding Claimant's right lower extremity. F.F. Nos. 54, 56.

The WCJ also found that Claimant's Physician testified that some pathology of the sciatic nerve, including an impingement, compression or tumor, would cause symptoms similar to piriformis syndrome, including pain and numbness down the sciatic nerve. F.F. Nos. 54, 56; Sing Dep. at 30; R.R. at 123a. However, Dr. Sing's testimony does not establish any clinical findings of these symptoms. F.F. Nos. 54, 56.

Finally, with regard to piriformis syndrome only, the WCJ found IME Physician tested Claimant for hip flexion, which is one test for piriformis syndrome. F.F. No. 50; Dep. of Dr. James A. Lamprakos, 03/13/09 (Lamprakos Dep.) at 39-40; R.R. at 220a-21a. IME Physician's testimony also established that an individual with piriformis syndrome would have some type of antalgic gait (limp). F.F. Nos. 50, 54; Lamprakos Dep. at 40-41; R.R. at 221a-22a. At IME's Physician's October 2008 examination, Claimant had only a two out of five hip flexion, but she had a normal gait. F.F. No. 50; Lamprakos Dep. at 221a-22a. An individual with a hip flexion of two of five would not have a normal gait. Id.

Further, Claimant's Physician did not establish Claimant had any form of antalgic gait until her January 15, 2009, examination. F.F. No. 54; Sing Dep. at 15; R.R. at 108a.

Viewing this evidence in a light most favorable to Employer as the prevailing party, we hold that substantial evidence supports the reasons given in Findings of Fact Nos. 54 and 56 for determining that Claimant's Physician's testimony failed to establish that Claimant suffered from piriformis syndrome, right sacroiliac joint dysfunction and right sciatica related to her 2008 work injury. Skirpan; Minicozzi. As noted above, whether the record contains evidence supporting findings other than those made by the WCJ is irrelevant. Minicozzi.

b. Competency of Employer's Medical Evidence

Claimant, however, contends Employer's medical testimony with respect to the diagnosis of piriformis syndrome is incompetent. First, Panel Physician does not recognize the legitimacy of this diagnosis. Second, neither Panel Physician nor IME Physician performed the proper tests for piriformis syndrome, which include internal and external rotation of the hip.

Contrary to Claimant's assertions, Panel's Physician's difference of opinion as to the legitimacy of a medical condition or diagnosis and a WCJ's acceptance of one medical expert's opinion over that of another cannot serve as a basis for reversible error. Jenkins v. Workmen's Comp. Appeal Bd. (Woodville State Hosp.), 677 A.2d 1288 (Pa. Cmwlth. 1996). Moreover, the fact that a medical expert did not perform a specific test goes to the weight of the evidence, not its competency. Coyne; Degraw v. Workers' Comp. Appeal Bd. (Redner's Warehouse Mkts.), 926 A.2d 997 (Pa. Cmwlth. 2007).

Although Panel Physician, as a rule, does not diagnose piriformis syndrome in his practice, he testified he is familiar with this condition. Burke Dep. at 37; R.R. at 311a. Even though he did not test Claimant's hip rotation, Panel Physician testified Claimant did not develop piriformis syndrome as a result of the work injury because she did not have a direct trauma to the gluteal region or symptoms in the proper areas. F.F. No. 24; Burke Dep. at 37-38; R.R. at 311a-12a. The failure to perform the hip rotation tests goes to the weight of Panel Physician's testimony, not its competence. Coyne; Degraw. For these reasons, we reject Claimant's competency challenge to Panel's Physician's testimony. Coyne; Degraw; Jenkins.

Moreover, in Finding of Fact No. 54, the WCJ does not specifically refer to Panel Physician's testimony as a reason for finding Claimant did not develop piriformis syndrome as a result of her work injury. In other words, it does not appear the WCJ based her rejection of the piriformis syndrome diagnosis on Panel Physician's testimony.

Further, we reject Claimant's contention that IME Physician's failure to perform the hip rotation tests needed to diagnose piriformis syndrome rendered his medical opinion incompetent. As discussed above, IME Physician tested Claimant's hip flexion, which is a test for piriformis syndrome. F.F. No. 50; Lamprakos Dep. at 39-40; R.R. at 220a-21a. Claimant also had complete range of motion in her hip and a normal gait, which is inconsistent with piriformis syndrome. F.F. No. 50; Lamprakos Dep. at 40-41; R.R. at 221a-22a. IME Physician's decision not to perform the internal hip rotation test to avoid causing

Claimant discomfort goes to the weight of his testimony, not its competence. Coyne; Degraw. For this reason, we reject Claimant's competency challenge to IME Physician's testimony concerning the piriformis syndrome diagnosis.

5. Osteitis Pubis

a. WCJ's Findings

In Findings of Fact Nos. 25 and 55, the WCJ relied upon Employer's medical evidence and found that Claimant did not develop osteitis pubis as a result of the 2008 work injury. These findings are supported by substantial evidence. Although a radiologist diagnosed osteitis pubis in an X-ray report, Panel Physician testified there is nothing in the X-ray report that described findings consistent with osteitis pubis. F.F. Nos. 25, 55; Burke Dep. at 39-40; R.R. at 313a-14a. Also, there is no description of the pubis margin symphysis, which is where the pelvic bones come together with connective tissue. Id. Panel Physician further testified he found no evidence of blunt abdominal trauma or pelvic trauma. Id. In addition, Panel Physician testified nothing in Claimant's medical history indicates she developed osteitis pubis as a result of her work injury. Id.

Further, IME Physician testified the osteitis pubis finding on the X-ray report is an X-ray diagnosis, not a clinical diagnosis. F.F. No. 51; Lamprakos Dep. at 21-22; R.R. at 202a-03a. Also, osteitis pubis has multiple medical causes, and the X-ray report did not indicate any causal relationship to the 2008 work injury. Id. Further, Claimant did not complain of pain in the pubic area at IME Physician's examination. Id.

The WCJ also observed that Claimant's Physician did not delineate the criteria for a diagnosis of osteitis pubis on the basis of a physical examination. F.F. No. 55. Further, Claimant's Physician did not substantiate his diagnosis of osteitis pubis with supportive clinical findings or examinations with the exception of the January 15, 2009 examination.

Viewing Employer's medical evidence in a light most favorable to Employer as the prevailing party, we conclude it provides substantial, competent evidence for the WCJ findings that Claimant did not develop osteitis pubis as a result of her 2008 work injury. Minicozzi.

b. Competency of Employer's Medical Evidence

Claimant, however, contends Panel Physician's opinion that Claimant did not develop osteitis pubis is inconsistent with an X-ray report that Panel Physician ordered. Claimant further contends the opinions of Panel Physician and IME Physician regarding osteitis pubis are incompetent because they did not contain any clinical findings.

We disagree. A medical expert's opinion concerning causation may be based on a history obtained from the claimant, assumed facts of record and medical reports submitted into evidence. Se. Pa. Transp. Auth. v. Workers' Compensation Appeal Board (Herder), 765 A.2d 414 (Pa. Cmwlth. 2000). Here, Panel Physician and IME Physician took Claimant's history, examined her and reviewed her medical records, including the X-ray report at issue. Therefore, they

provided a sufficient foundation for their opinions that Claimant did not develop osteitis pubis as a result of her 2008 work injury. Id.

D. Reasoned Decision

Finally, we address Claimant’s contention that the WCJ failed to issue a reasoned decision as required by the Act. Section 422(a) of the Act requires a WCJ to issue 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” 77 P.S. §834. To satisfy Section 422(a), a WCJ’s decision must permit adequate appellate review. Gumm v. Workers' Comp. Appeal Bd. (Steel), 942 A.2d 222 (Pa. Cmwlth. 2008). Section 422(a) does not require the WCJ to discuss all of the evidence presented or give a line by line analysis of each statement by each witness. Id. It only requires that the WCJ make the findings necessary to resolve the issues raised by the evidence and relevant to the decision. Id. The purpose of a reasoned decision is to spare the reviewing court from having to imagine why the WCJ believed one witness rather than another. Id.

Nonetheless, where medical experts testify by deposition, a WCJ’s resolution of conflicting evidence must be supported by more than a statement that one expert is deemed more credible than another. Daniels v. Workers' Comp. Appeal Bd. (Tristate Transp.), 574 Pa. 61, 828 A.2d 1043 (2003). “[S]ome articulation of the actual objective basis for the credibility determination must be offered for the decision to be a ‘reasoned’ one which facilitates effective appellate review.” Id. at 78, 828 A.2d at 1053. However, there are countless objective

factors which may support a WCJ's credibility determinations. Id. These factors must be identified and articulated. Id.

Throughout her comprehensive findings of fact, the WCJ made consistent credibility determinations explaining which testimony she accepted. With respect to the conflicting medical evidence presented, the WCJ identified and articulated numerous objective reasons why she did not accept Claimant's Physician's diagnoses of right hip and right leg pain, piriformis syndrome, right sacroiliac joint dysfunction, right sciatica and osteitis pubis causally related to Claimant's 2008 work injury. See F.F. Nos. 32, 33, 54, 55, 56, 57.

Although Claimant disagrees with the WCJ's credibility determinations, such disagreement is not a basis for setting them aside. Hall v. Workers' Comp. Appeal Bd. (Am. Serv. Grp.), 3 A.3d 734 (Pa. Cmwlth. 2010). Unless made arbitrarily or capriciously, a WCJ's credibility determinations will be upheld on appeal. Gumm. Here, the WCJ's credibility determinations are neither arbitrary nor capricious. For these reasons, we hold the WCJ's decision meets the Act's reasoned decision requirements. Daniels; Gumm.

IV. Conclusions

Upon review of the WCJ's decision, we conclude the WCJ's essential findings are supported by substantial, competent evidence and are consistent with each other. We further conclude the WCJ made the credibility determinations

required by Section 422(a) of the Act. For these reasons, we affirm the Board's order upholding the WCJ's decision.

ROBERT SIMPSON, Judge

