

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Commissioner Aisha Taylor
Commissioner Susan S. Barden
Commissioner Avery B. Wilkerson

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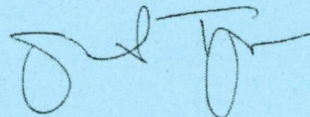
SC Court of Appeals Case No. 2022-000963

Helen Brown,.....Claimant/Appellant,

vs.

Walmart Inc.,.....Employer, and
New Hampshire Insurance Company,..... Carrier, Defendants/Respondents.

FINAL BRIEF OF APPELLANT



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 - a. *The Appellate Panel omitted, ignored, or mischaracterized medical testimony that shows Mrs. Brown’s immediate post-accident complaints of upper arm pain are consistent with a shoulder injury.*
 - b. *The Appellate Panel omitted, ignored, or mischaracterized Mrs. Brown’s repeated reports of her pain consistent with a shoulder injury close in time to the accident.*

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STATEMENT OF THE ISSUE ON APPEAL

1. Did the Appellate Panel of the Commission err in finding that Mrs. Brown's left shoulder and arm injuries are not compensable because its Findings of Fact are unsupported by substantial evidence in the record as essential parts of the record were omitted, ignored, or mischaracterized?

STATEMENT OF THE CASE

Mrs. Helen Brown has appealed the June 24, 2022, Decision and Order by the Appellate Panel of the Full Commission. Mrs. Brown seeks a finding that she suffered an injury by accident to her left shoulder and left arm on May 30, 2019, treatment for such injuries, an award of lost compensable time, and a diagnostic cervical MRI.

Mrs. Brown suffered an admitted injury by accident on May 30, 2019, when she was cleaning a fryer and slipped on some tools used to open the kitchen drain, landing on her left arm and knee. Defendants admitted an injury to the left knee only. Mrs. Brown requested a hearing before the Single Commissioner to determine whether she sustained compensable injuries to her left shoulder and left arm. She sought further treatment for those injuries, and requested a cervical MRI, additional treatment for the left knee, and temporary total disability ("TTD") from April 13, 2020, to present.

Defendants argued Mrs. Brown could not carry her burden of proof on medical causation for the left shoulder and left arm and was therefore not entitled to any further treatment. Defendants also argued that Mrs. Brown was written out of work for non-compensable reasons on April 13, 2020, and was consequently not entitled to TTD. Lastly, Defendants asserted Mrs. Brown did not need additional medical treatment to her left knee because she had not had knee treatment since March 2020.

The case was heard before the Single Commissioner R. Michael Campbell, II on November 17, 2021, in Rock Hill, South Carolina. The Single Commissioner issued a Decision and Order on February 7, 2022, finding Mrs. Brown sustained an admitted injury by accident to her left knee and awarded a second opinion from a new knee specialist chosen by Defendants.

The Single Commissioner found that Mrs. Brown did not suffer an injury by accident to her left shoulder. Based upon that finding, the Single Commissioner denied Mrs. Brown's requests for back-owed TTD, a cervical MRI, and further treatment to the left arm and shoulder.

Mrs. Brown filed and served a Form 30 requesting review by the Appellate Panel on February 17, 2022. Mrs. Brown requested review of the finding that she did not suffer an injury by accident to her left shoulder and the concomitant denial of her request for back-owed TTD, a cervical MRI, and further treatment to the left arm and shoulder. The Appellate Panel heard oral arguments on March 19, 2022. The Appellate Panel affirmed the Single Commissioner's finding that Mrs. Brown did not suffer an injury by accident to her left shoulder, and denied her requests for back-owed TTD, a cervical MRI, and further treatment to the left arm and shoulder.

STANDARD OF REVIEW

The South Carolina Administrative Procedures Act ("APA") governs judicial review of a decision of the Workers' Compensation Commission. *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 134, 276 S.E.2d 304, 306 (1981); S.C. Code Ann. 1-23-380. Pursuant to the APA, an appellate court's review of disputes over fact is limited to deciding whether the Appellate Panel's decision is unsupported by substantial evidence. *Grant v. Grant Textiles*, 372 S.C. 196, 200, 641 S.E.2d 869, 871 (2007); S.C. Code Ann. 1-23-380(A)(5) (Supp. 2008). The findings of the Appellate Panel will be set aside if unsupported by substantial evidence. *Bass v. Kenco Group*, 366 S.C. 450, 458, 622 S.E.2d 577, 581 (Ct. App. 2005). Workers' compensation law is to be liberally construed in favor of coverage in order to serve the beneficent purpose of the Workers' Compensation Act. *Nicholson v. S.C. Dep't of Soc. Servs.*, 411 S.C. 381, 385, 769 S.E.2d 1, 3 (2015).

STATEMENT OF FACTS

This appeal will turn on a close examination of the record, making a recitation of the material facts necessary before delving into the legal issues.

Mrs. Brown was born April 16, 1940 and is 82 years old. Mrs. Brown was 79 years old at the time of her work injury. She has been married for 58 years. She has 5 children and 6 grandchildren. Mrs. Brown worked in the deli and as a cake decorator for Sam's Club and Walmart, starting approximately in 2016.

Mrs. Brown suffered an injury by accident on May 30, 2019, when she was cleaning a fryer and slipped on some tools used to open the kitchen drain, landing on her left side. (R. pp. 292-294, ln. 27:22-29:15). While falling Mrs. Brown attempted to grab another machine to halt herself but missed and forcefully landed on her extended her left arm. (*Id.*)

Mrs. Brown treated with McLeod Health Cheraw the day of the accident, and received x-rays of her left lower extremity. (R. pp. 18-19). Though the records did not specifically describe left arm and shoulder complaints Mrs. Brown received x-rays of her left arm, specifically of her forearm and humerus. (*Id.*) Mrs. Brown testified her shoulder and arm did not hurt until she tried to take her blouse off at the hospital. (R. p. 296, ln. 31:9-23). When asked at her hearing where she told the treating physicians at McLeod she hurt, Mrs. Brown pointed from shoulder down to her elbow. (R. pp. 297-298, ln. 32:13-33:3).

On May 31, 2019, Mrs. Brown began treating with Dr. Kinzie Barton of Palmetto Family Medicine. (R. p. 38). The medical records show she complained of left forearm and upper arm tenderness and denied pain in the shoulder. (*Id.*) Mrs. Brown testified at her hearing that she did not deny shoulder pain during her visits at Palmetto Family Medicine and that she did inform Dr. Barton she felt pain from her shoulder to her elbow. (R. p. 300, ln. 35:4-22). On a return visit to Palmetto Family Medicine on June 17, 2019, Mrs. Brown again reported left forearm and upper arm tenderness. (R. p. 44). Mrs. Brown

testified that on her June 17, 2019, visit she did not deny shoulder pain. (R. p. 329, ln. 64:15-19).

Mrs. Brown began treating with Dr. John Smid of OrthoCarolina for her ongoing knee issues on July 25, 2019, which eventually culminated in an arthroscopic surgery on November 12, 2019. (R. pp. 94-97; R. pp. 86-87). Mrs. Brown treated with Dr. Smid from July 25, 2019, to March 11, 2020. (R. pp. 73-94). Mrs. Brown testified she repeatedly attempted to inform Dr. Smid of her arm and shoulder pain, but he would dismiss her complaints by stating he was treating only her knee. (R. pp. 303-304, ln. 38:22-39:1).

Mrs. Brown established a primary care relationship with Dr. Eduardo Donato, Jr. on July 9, 2019, with whom she treated on a schedule of once every three months. (R. pp. 330-332, ln. 65:11-22; ln. 67:16-19). She testified she did not initially complain of her knee or shoulder pain to Dr. Donato because he was not treating her work-related injuries and she did not believe he would treat a Workers' Compensation injury. (R. p. 334; ln. 68:19-69:11). Mrs. Brown presented to Dr. Donato at MUSC Health on December 26, 2019, complaining of fluctuating shoulder pain since her slip and fall. (R. pp. 98-101). She reported she had previously been able to manage her pain with Tylenol. (*Id.*) However, her symptoms had worsened over the past two weeks to the point she could not hold her arm up. (*Id.*) Upon examination she demonstrated decreased range of motion in her shoulder and arthralgias. (*Id.*)

On her January 16, 2020, visit to MUSC Florence Orthopedics, Mrs. Brown complained of pain and weakness to her left shoulder to Dr. Gregory Palutis, who diagnosed her with rotator cuff tendinitis versus a rotator cuff tear. (R. pp. 103-105). Dr. Palutis unintentionally omitted from the original record that Mrs. Brown suffered a slip and fall injury to her left arm which caused her shoulder injury, and amended the record when the issue was brought to his attention. (*Id.*) Dr. Palutis opined to a reasonable degree of medical certainty that Mrs. Brown's left shoulder pain was a result of her work accident. (*Id.*)

Mrs. Brown returned to Palmetto Family Medicine on February 5, 2020, again complaining of left shoulder and arm pain. (R. p. 48). X-rays of her shoulder were unremarkable, and she was referred to physical therapy. (*Id.*) On April 13, 2020, Mrs. Brown returned to OrthoCarolina for left shoulder pain

and saw Dr. Paul Rush. (R. pp. 69-71). Dr. Rush ordered an MRI of Mrs. Brown's left shoulder, an EMG/NCS study of her left upper extremity, and wrote her out of work until a follow up was obtained. (R. p. 69-72).

Mrs. Brown underwent an MRI of her left shoulder on August 26, 2020, which showed moderate to severe supraspinatus and infraspinatus tendinosis with partial articular surface tearing of the supraspinatus tendon, moderate degenerative changes of the AC joint, small joint effusion, synovitis, subacromial subdeltoid bursitis, and degeneration and fraying of the labrum and interarticular long head of the bicep tendinosis. (R. p. 106-107).

Mrs. Brown received an EMG/NCS study from Dr. David Stickler on October 28, 2020. (R. pp. 67-68). The study showed a moderate median entrapment neuropathy across the left wrist consistent with carpal tunnel syndrome, no electrodiagnostic evidence of an ulnar or superficial radial sensory entrapment neuropathy in the left upper limb, and no electrodiagnostic evidence of a cervical radiculopathy or brachial plexopathy in the left upper limb. (R. p. 68). Dr. Stickler noted the classical radicular symptoms demonstrated by Mrs. Brown with a negative EMG/NCS could be attributed to nerve root irritation without axonal denervation and recommended a cervical MRI. (*Id.*)

Mrs. Brown was evaluated by Dr. Carl D. Geier, Jr. on December 21, 2020, for her left knee and her left shoulder. (R. p. 110). Dr. Geier opined to a reasonable degree of medical certainty that her shoulder injury was related to her work accident. (*Id.*) He stated the diagnosis and need for treatment are the direct result of the work accident. (*Id.*) He further opined that Mrs. Brown had not reached maximum medical improvement and she would need physical therapy as well as a referral to a shoulder specialist to consider shoulder arthroscopy and rotator cuff repair. (*Id.*)

Dr. Rush was deposed March 23, 2021. (R. p. 129). Dr. Rush testified the left shoulder MRI showed tendinosis, which is characterized by inflammation of the supraspinatus and infraspinatus portion of the rotator cuff. (R. pp. 135-136; ln. 7:23-8:5). Dr. Rush testified to a reasonable degree of medical certainty that the fall could have aggravated a pre-existing condition in her left shoulder, and symptoms in

the upper arm area above the elbow would be consistent with an aggravation of a pre-existing shoulder condition. (R. pp. 146-147; ln. 18:12-19:16). Dr. Rush stated he wrote Mrs. Brown out of work based upon the combination of her shoulder and her knee injury. (R. pp. 140-141; ln. 12:8-18).

Dr. Rush testified if the fall at work aggravated those underlying conditions, he would have expected symptoms to occur at least within a few weeks. (R. p. 136; ln. 8:11-21). Dr. Rush also testified it would not be unexpected for a layman to describe shoulder pain as upper arm pain. (R. pp. 153-154; ln. 25:13-26:20). When asked by defense counsel if symptoms consistent with a shoulder injury had first appeared dated December 26, 2019, Dr. Rush testified he would have expected symptoms to appear sooner. (R. p. 138; ln. 10:3-15). Dr. Rush testified tendinosis would normally manifest in the shoulder girdle and the upper arm, but it can manifest solely in the upper arm. (R. pp. 150-151; ln. 24:21-15). Dr. Rush testified the type of chronic findings in Mrs. Brown's shoulder most often do not present immediately following an injury, but usually occur as a gradual onset with progressive symptoms. (R. pp. 138-139; ln. 10:17-11:25).

Dr. Rush testified that 79-year old people are "pretty fragile," and all potential sources of injury should be investigated. (R. p. 149; ln. 21:1-5). Dr. Rush testified he recommended the cervical MRI because Mrs. Brown complained of burning pain and numbness in her left arm, which he thought was consistent with cervical radiculitis or radiculopathy. (R. pp. 143-144; ln. 15:13-16:18). Dr. Rush also testified he recommended a cervical spine MRI because a cervical spine problem could cause symptoms through the whole arm. (R. p. 147; ln. 19:5-16). Dr. Rush finally stated medical documentation can accidentally omit patient complaints, there was no evidence of an intervening injury to Mrs. Brown's arm, and reaffirmed his opinion that Mrs. Brown's work accident could have aggravated her pre-existing left shoulder condition. (R. p. 149; 21:1-23).

Dr. Palutis was deposed on May 7, 2021. (R. p. 164). Dr. Palutis testified if Mrs. Brown hurt her shoulder at work in a traumatic injury pain would have manifested reasonably soon, usually within a few days. (R. p. 175; 12:14-13:17). Dr. Palutis testified if Mrs. Brown had complained of left upper arm

pain immediately after her accident and repeatedly thereafter her injury could be related to her slip and fall. (R. pp. 179-183; 16:14-20:13). He testified if the first time Mrs. Brown complained about her shoulder was December 26, 2019, he would not think her injury was related to her work accident. (R. pp. 178-179; ln. 15:5-20). Dr. Palutis indicated he would normally expect symptoms to appear within a week or two of the accident. (R. pp. 176-177; ln. 13:2-14:7). He testified it was possible for symptoms to appear within one month after the accident, but two months would be less likely to be related to the trauma. (*Id.*).

Dr. Palutis testified it is “not uncommon” for patients with shoulder problems to experience symptoms in their arm and not in their shoulder. (R. p. 183; ln. 20:14-22). Dr. Palutis testified such injuries can later begin manifesting in the shoulder even though the symptoms were initially present only in the arm. (*Id.*).

ARGUMENT

This case is about Mrs. Helen Brown, a 79-year-old woman who suffered a serious slip and fall onto her left arm and left knee at work, and the injuries to her left arm and left knee resulting therefrom. Mrs. Brown fell hard enough on her knee to require arthroscopic surgery. This elderly lady repeatedly reported pain consistent with aggravation of a pre-existing shoulder injury after her accident, but her reports were minimized or ignored by the authorized treating physicians. Later treatment revealed evidence of the aggravation of a pre-existing shoulder injury, an injury consistent with a near octogenarian falling and landing on her arm. What Mrs. Brown respectfully requests is that this Court consider the whole record, including the parts omitted, ignored, or mischaracterized in the selective record relied upon by the Appellate Panel, and determine if the Panel’s conclusion that Mrs. Brown failed to report symptoms consistent with a shoulder injury is truly supported by the holistic substantial evidence of the case.

- 1. The Appellate Panel of the Commission erred in finding Mrs. Brown’s shoulder injury was not related to her work accident because it omitted, ignored, or misrepresented Mrs.**

Brown’s medical records evidencing complaints of upper arm pain starting the day of the accident and Dr. Rush’s, Dr. Geier’s, and Dr. Palutis’s testimony that a shoulder injury can manifest as upper arm pain, and by doing so blindly viewed the remaining evidence from one side of the case, rendering the judgment unsupported by substantial evidence.

“Substantial evidence is ‘not a mere scintilla of evidence nor *the evidence viewed blindly from one side of the case*, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion that [the commission] reached or must have reached’ to support its orders.” *Lewis v. L.B. Dynasty, Inc.*, 419 S.C. 515, 518, 799 S.E.2d 304, 305 (2017) (alteration by court) (emphasis added). “Substantial evidence is evidence that in *considering the record as a whole* would allow reasonable minds to reach the same conclusion as the Appellate Panel.” *Williams v. Drywall*, 402 S.C. 173, 179, 739 S.E.2d 892, 895 (Ct. App. 2013) (emphasis added). An appellate court should ignore the Appellate Panel’s reasoning when the Appellate Panel *mischaracterizes evidence*. *King v. Int’l Knife & Saw-Florence*, 395 S.C. 437, 443, 718 S.E.2d 227, 230 (Ct. App. 2011) (emphasis added) (finding substantial evidence did not support the Appellate Panel’s findings where it mischaracterized the claimant’s pain symptoms and injury); *Baker v. Hilton Hotels Corp.*, 406 S.C. 395, 402, 752 S.E.2d 279, 283 (Ct. App. 2013) (remanding for clarification of discrepancies between medical records and the Appellate Panel’s order). An appellate court can consider the weight of the evidence when the Appellate Panel’s findings are clearly erroneous in view of the reliable, probative, and substantial evidence on the record. *Williams v. Drywall*, 402 S.C. 173, 181, 739 S.E.2d 892, 897 (Ct. App. 2013).

1a. The Appellate Panel omitted, ignored, or mischaracterized medical testimony that shows Mrs. Brown’s immediate post-accident complaints of upper arm pain are consistent with a shoulder injury.

The Appellate Panel’s order omits, ignores, or mischaracterizes the record by determining Mrs. Brown “failed to report pain consistent with a shoulder injury to a doctor until December 26, 2019.” This mischaracterization of the facts created a faulty logical foundation that renders the Appellate Panel’s denial of Mrs. Brown’s treatment for her left shoulder unsupported by substantial evidence.

The Appellate Panel omitted and ignored the following essential medical testimony from Dr. Rush, Dr. Geier, and Dr. Palutis that helps contextualize Mrs. Brown's repeated documented complaints of upper arm pain that started the day of the injury.

First, Dr. Rush opined the tendinosis symptoms in the upper arm area above the elbow would be consistent with an aggravation of a pre-existing shoulder condition. (R. pp. 146-147; ln. 18:12-19:16). Dr. Rush testified tendinosis can manifest solely in the upper arm. (R. pp. 150-151; ln. 24:21-15). He also testified the type of chronic findings in Mrs. Brown's shoulder most often do not present immediately following an injury, but usually occur as a gradual onset with progressive symptoms. (R. pp. 138-139; ln. 10:17-11:25). Dr. Rush testified, easily verifiable by common sense, that 79-year old people are "pretty fragile." (R. p. 149; ln. 21:1-5).

Second, Dr. Palutis testified if Mrs. Brown had complained of left upper arm pain immediately after her accident and repeatedly thereafter her injury could be related to her slip and fall. (R. p. 178; 179-183; ln. 15:5-20; 16:14-20:13). Dr. Palutis testified it is not uncommon for patients with shoulder problems to experience symptoms in their arm and not in their shoulder. (R. p. 183; ln. 20:14-22). Dr. Palutis testified such injuries can later begin manifesting in the shoulder even though the symptoms were initially present only in the arm. (*Id.*)

Third, Dr. Geier opined to a reasonable degree of medical certainty that Mrs. Brown's shoulder injury was the direct result of her work accident. (R. p. 110).

Additionally, the Appellate Panel mischaracterized Mrs. Brown's arguments about the miscommunication of whether she told treating physicians that her pain was located in her upper arm or the shoulder.

From a medical perspective, Dr. Rush stated it would not be unexpected for a layman to describe shoulder pain as upper arm pain. (R. pp. 153-154; ln. 25:13-26:20). From an average person's perspective, there is overlap between the upper arm and the shoulder. For example, to a weightlifter, the

shoulder is limited to the deltoid muscle. However, to others the shoulder starts where the top of the deltoid ends, often extending down into the upper back.

From Mrs. Brown's layman perspective, her inartful description of her shoulder injury and pain is not inconsistent with an average person's usage of anatomical terms. As an exemplar of how this confusion can occur, Mrs. Brown was asked by defense counsel to point to several body parts. (R. p. 322-323; 57:12-58:10). When asked to identify her "forearm" she grabbed her biceps muscle. (*Id.*) When showing where she experienced pain since the accident, she indicated the top of the shoulder down past her elbow, an area that includes the upper arm and the shoulder by any definition. (*Id.*) Even the law has blended identification of the upper arm and shoulder, as the South Carolina Workers' Compensation Act did not recognize the shoulder as separately compensable from the arm until 2008. *Compare* S.C. Code Ann. § 42-9-30(13) (2007) *with* S.C. Code Ann. § 42-9-30(14) (2008). Understandably, these varied definitions caused miscommunications which created a situation ripe for confusion as to where exactly Mrs. Brown and her doctors were describing her symptoms.

When considering the medical testimony in the case from Dr. Geier, Dr. Rush, and Dr. Palutis that was omitted, ignored, or misrepresented by the Appellate Panel a shoulder injury can manifest itself as upper arm pain. With this clarifying medical testimony, the Appellate Panel's finding that Mrs. Brown did not complain of pain consistent with a shoulder injury is unsupported by substantial evidence.

Ib. The Appellate Panel omitted, ignored, or mischaracterized Mrs. Brown's repeated reports of her pain consistent with a shoulder injury close in time to the accident.

The foundation of the Appellate Panel's finding that Mrs. Brown's shoulder injury is not related to her work accident was her purported "failure to report pain consistent with a shoulder injury until December 26, 2019." Mrs. Brown agrees if her first symptoms of upper arm or shoulder pain first appeared seven months after the accident, causation could be more tenuous. However, Mrs. Brown does not assert her injury miraculously manifested seven months after the accident, but rather that she received treatment for and complained of upper arm and shoulder pain starting the day of the accident.

As established by the medical testimony *supra*, a shoulder injury can manifest itself as upper arm pain and there can be a failure to communicate between patients and doctors. Contrary to the Appellate Panel's characterization of Mrs. Brown's shoulder pain as belatedly manifesting seven months after her fall, the medical records and hearing testimony evidence a history of reported complaints of upper arm pain which is consistent with Mrs. Brown's tendinosis.

The following evidence was entirely omitted or ignored by the Appellate Panel's order. The medical records show Mrs. Brown received x-rays of her left forearm and humerus the day of the accident, May 30, 2019, which she would not have received but for complaints of arm, upper arm, or shoulder pain. (R. pp. 18-19). As an example of faulty medical records, McLeod Health failed to note why they were imaging her upper arm, despite the only plausible reason being her work accident. (*Id.*) The medical records show she complained of left forearm and left upper arm pain the day after the accident at Palmetto Family Practice, yet she received no further treatment or investigation from her authorized treating physicians. (R. p. 38). The medical records show she again complained of left forearm and left upper arm pain on June 17, 2019, at Palmetto Family Practice, and again found no solace in her authorized treating physicians. (R. p. 44). Mrs. Brown listed her left shoulder and left arm as injured body parts on her initial Form 50, filed October 4, 2019, the same day the undersigned counsel was retained in this matter. (R. p. 2-4).

Additionally, Mrs. Brown testified she showed almost every doctor where her shoulder and arm were hurting. (R. p. 296, ln. 31:13-25; R. p. 300, 35:10-16; R. p. 324, 59:22-25; R. p. 325, 60:1-8; R. p. 325, 60:19-25; R. p. 326, 61:1-25; R. p. 330, 65:1-10). The Appellate Panel misrepresented Mrs. Brown's hearing testimony by portraying her prior attempts to inform her authorized treating physicians of her pain at other medical appointments as retroactive justification for her first explicit use of the word shoulder on December 26, 2019. This misrepresentation of Mrs. Brown's hearing testimony through the Appellate Panel's omission or ignorance of Mrs. Brown's recorded complaints cuts against the substantial evidence of the case.

Considering the whole record erodes the foundation from under the Appellant Panel's proposition that Mrs. Brown failed to timely report pain consistent with a shoulder injury. The medical records show Mrs. Brown was treated for arm pain the day of the accident and promptly notified her authorized treating physicians of upper arm pain timely following the accident. Therefore, the actual evidence of the case shows the Appellate Panel's proposition that Mrs. Brown did not complain of shoulder pain until December 26, 2019, was constructed on omission, ignorance, and misrepresentation of the medical records and Mrs. Brown's testimony in this case.

CONCLUSION

A house built on a faulty foundation cannot stand. By omitting, ignoring, and mischaracterizing material evidence in this case, the Appellate Panel built its finding that Mrs. Brown's shoulder injury was not related to her work accident on a flawed factual foundation. The greater weight of the evidence, when considering the record *in toto*, shows the Appellate Panel's conclusion that Mrs. Brown's shoulder injury is not compensable is unsupported by the substantial evidence of the case. Therefore, this Court should reverse the Appellate Panel and find Mrs. Brown's shoulder injury compensable, and grant her requests for back-owed TTD, a cervical MRI, and further treatment to the left arm and shoulder.

Respectfully submitted:



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