

Commonwealth of Kentucky
Workers' Compensation Board

OPINION ENTERED: February 7, 2014

CLAIM NO. 201283616

COOPER-STANDARD AUTOMOTIVE GROUP

PETITIONER

VS.

APPEAL FROM HON. J. LANDON OVERFIELD,
CHIEF ADMINISTRATIVE LAW JUDGE

PAISLEY A. WARREN
and HON. J. LANDON OVERFIELD,
CHIEF ADMINISTRATIVE LAW JUDGE

RESPONDENTS

OPINION
AFFIRMING
* * * * *

BEFORE: ALVEY, Chairman, STIVERS and RECHTER, Members.

STIVERS, Member. Cooper-Standard Automotive Group ("Cooper-Standard") seeks review of the September 30, 2013, opinion, award, and order of Hon. J. Landon Overfield, Chief Administrative Law Judge ("CALJ") finding Paisley A. Warren ("Warren") sustained work-related thoracic and bilateral carpal tunnel syndrome injuries. The CALJ awarded permanent partial disability ("PPD") benefits enhanced by

the three multiplier pursuant to KRS 342.730(1)(c)1 and medical benefits. He dismissed Warren's claim for a psychological injury. Cooper-Standard also appeals from the October 24, 2013, order denying its petition for reconsideration.

On appeal, Cooper-Standard challenges the award of income and medical benefits for bilateral carpal tunnel syndrome.

In the Form 101, Warren alleged that on May 8, 2012, she was "in the process of removing and placing hoses on the machine" when "one of the hoses got stuck and as [she] jerked to move it her back popped." She alleged sustaining an injury to her back and bilateral carpal tunnel syndrome as a result of repetitive cumulative trauma.

Warren's December 6, 2012, deposition was introduced and she testified at the July 31, 2013, hearing. Her deposition testimony revealed she first began working at Cooper-Standard in February 2012 as an employee of Adecco, a temporary employment agency. Cooper-Standard manufactures hoses and fuel tubing for automobiles. As an employee of Adecco she worked at Cooper-Standard from February until April 22, 2012. Warren was then hired by Cooper-Standard and worked there from April 23, 2012, to

May 29, 2012. During the time she worked at Cooper-Standard either for Adecco or Cooper-Standard, she performed the same jobs. She ran a variety of machines including robotics, hydraulics, air pressure machines, and glue pods. Warren worked on multiple assembly lines. Her last supervisor was Melissa Grigsby ("Grigsby"). On May 29, 2012, Cooper-Standard advised her she was terminated since she had failed a drug test.¹

Warren denied experiencing an injury to her wrist or any symptoms such as numbness or tingling in her wrist prior to May 8, 2012. Warren acknowledged that in June 2009 she was treated at St. Claire Medical Center for numbness in her hands and feet which she believed were effects of her pregnancy.

Warren testified that on the date she was injured she was pulling on a hose and immediately felt pain and discomfort in her upper torso, right shoulder, right arm, and back. She reported the injury to Grigsby and finished her shift. Warren performed light duty jobs from May 8, 2012 to May 29, 2012. She explained that because it was apparent she was injured, Grigsby put her on light duty.

¹ Warren disputed the results of the drug test and testified she was never shown the results of the drug test.

Those jobs consisted of "hose assemblies" and entailed no pulling or tugging. During the remainder of her employment with Cooper-Standard, she continued to have problems in both wrists. Warren testified she was unsure what had happened to her. During this time, she received no medical treatment. Warren testified that prior to the injury she worked at least fifty hours a week and usually around sixty to seventy hours.

Although she could not give an exact date, the symptoms in her wrists and hands started after the May 8, 2012, incident. She was initially seen by King's Daughters Medical Center in Grayson, Kentucky, on May 29, 2012. At the request of Cooper-Standard she was seen by Dr. Paul E. McLaughlin on May 30, 2012, at King's Daughters Medical Center's Urgent Care Center in Ashland. She complained to Dr. McLaughlin of numbness and tingling in her arms and fingers and back pain between her shoulders. She continues to experience pain in her right arm and shoulder with excessive use of the arm. It is difficult for her to grasp items with her right hand. She has numbness and tingling in the wrists and fingers. Grasping motions bother her hands and fingertips, and she is unable to hold a lot of weight with either hand. Warren is unable to lift or play with her son. She cannot open previously unopened jars of

peanut butter and has dropped and broken numerous items including plates and coffee pots. She is unable to perform repetitive tasks with her hands. Her father and brother take care of the yard work. She is unable to use a broom. She experiences the most pain when she closes her hand. She has had to make adjustments in the way she drives her car.

Warren explained that for a month after the injury she had a knot "the size of a golf ball" on her wrists. She experienced numbness in her hands, arms, and shoulders. Because she has no feeling in her hands, without realizing it, she has cut her fingers on a number of occasions while chopping food. She has also burned her arm and wrists without realizing it.

At the hearing, Warren testified the first two fingers and thumb on her right hand stay numb. She experiences pain when she will "open and close" her thumb. She loses control of her hand when she puts pressure on the wrong spot. When she develops pain in her right hand, she overuses her left hand causing her fingers go numb. Warren still has problems gripping smaller items and closing her finger and thumb. She developed right hand pain in the course of driving from Mt. Sterling to the hearing in Louisville. Warren's boyfriend, brother, and parents help

her with the household chores. All of her hand problems started after the accident. She has not worked since she worked at Cooper-Standard and has received no medical treatment since her deposition.

Relative to the carpal tunnel injury, Warren introduced the reports of Dr. Bruce A. Guberman, the November 28, 2012, report of Dr. Jerry Morris, and the May 30, 2012, treatment note of Dr. McLaughlin. Cooper-Standard relied primarily upon the reports of Dr. Ronald C. Burgess and Dr. Richard Sheridan.²

In determining Warren sustained work-related injuries, the CALJ concluded as follows:

Defendant Employer argues Plaintiff has not proven an injury as defined by the Act which is causally related to the subject work-related incident. The CALJ is of the opinion that the medical evidence submitted by Plaintiff through Dr. Morris and Dr. Guberman, which the CALJ accepts as the most credible and convincing evidence in the record on that issue, supports a finding that the May 8, 2012 work-related incident resulted in permanent injuries to Plaintiff's thoracic spine and upper extremities, and those permanent injuries were of adequate significance for the assignment of functional impairment ratings under the *Guides*. Based on Plaintiff's testimony and the opinions of Dr. Morris and Dr. Guberman

² Cooper Standard also introduced records of King's Daughters Medical Center and St. Joseph Hospital.

the CALJ finds that Plaintiff suffered an injury as defined by the Act, and that injury was caused by and directly related to the subject work-related incident. That finding results in the legal conclusion Plaintiff is entitled to medical expense benefits pursuant [sic] KRS 342.020. Plaintiff is therefore entitled to medical treatment which is reasonably necessary for the cure and relief from the effects of Plaintiff's subject work-related injury.

Concerning the impairment rating attributable to the injury, the CALJ determined as follows:

The final issue to be resolved is Plaintiff's entitlement to benefits pursuant [sic] KRS 342.730, including entitlement to enhancement pursuant to KRS 342.730(1)(c) 1. Based on Plaintiff's testimony, which the CALJ has found credible, and the opinions of Dr. Morris and Dr. Guberman the CALJ finds Plaintiff is entitled to wage loss benefits for a 25% functional impairment rating which, pursuant to KRS 342.730(1)(b), is converted to a 28.75% permanent partial disability. The CALJ further finds, based on the same evidence, Plaintiff, as a result of her work-related injuries, does not retain the physical capacity to return to the type of work she was performing for Defendant Employer at the time of the injury. Plaintiff is entitled to enhancement of her permanent partial disability benefits and is entitled to three times a 28.75% permanent partial disability.

The CALJ entered the following relevant findings and conclusions:

2. Plaintiff suffered work-related injuries to her thoracic spine and upper extremities in the May 8, 2012 work-related incident which resulted in permanent injuries caused by and related to the work-related incident. In making this finding, the CALJ has relied on Plaintiff's testimony, the testimony of Plaintiff's supervisor, and the opinions of Dr. Morris and Dr. Guberman.

3. As a result of the work-related injuries Plaintiff has a 25% functional impairment rating according to the *Guides* and, pursuant [sic] KRS 342.730(1)(b), has a 28.75% permanent partial disability. In making this finding, the CALJ has relied on Plaintiff's testimony and the opinions of Dr. Morris and Dr. Guberman.

Cooper-Standard filed a petition for reconsideration noting Warren had alleged a cumulative trauma injury. However, she testified that on May 8, 2012, she was pulling on a hose when she felt an immediate onset of back and right shoulder pain. It argued Warren did not allege a direct trauma to the wrists.

Cooper-Standard also maintained the CALJ never explained whether he believed the work-related injury was caused by specific trauma or cumulative trauma. Citing Shields v. Pittsburgh and Midway Coal Mining Co., 634 S.W.2d 440 (Ky. App. 1982), it argued the CALJ must set forth sufficient findings of fact to support his conclusion and it was unable to ascertain whether the CALJ believed

Warren suffered a "one-time trauma" or her condition is the result of a cumulative trauma. Cooper-Standard asserted Dr. Morris did not address the allegation of a cumulative trauma. On the other hand, Dr. Guberman diagnosed bilateral carpal tunnel syndrome and "attributed the cause of [Warren's] condition to post-trauma." Since the CALJ failed to indicate whether Warren suffered cumulative or specific trauma injuries to her wrists, Cooper-Standard argued it was entitled to additional findings of fact to allow for meaningful review.

In the October 24, 2013, order denying the petition for reconsideration, the CALJ stated, in relevant part, as follows:

The relevant issue reserved for determination was the work-relatedness/causation of Plaintiff's condition. In the Opinion, Order and Award, the CALJ submitted 22 pages of summarization of the evidence, including Plaintiff's testimony and the medical opinions in the case. At page 25 of the Opinion, Order and Award, the CALJ stated:

Based on Plaintiff's testimony and the opinions of Dr. Morris and Dr. Guberman the CALJ finds that Plaintiff suffered an injury as defined by the Act, and that injury was caused by and directly **related to the subject work-related incident.** (Emphasis added)

Further, in finding of fact number two on page 26 of the opinion, the CALJ found as follows:

2. Plaintiff suffered work-related injuries to her thoracic spine **and** upper extremities in the **May 8, 2012 work-related incident** which resulted in permanent injuries caused by and related to the work-related incident. In making this finding, the CALJ has relied on Plaintiff [sic] testimony, the testimony of Plaintiff's supervisor, and the opinions of Dr. Morris and Dr. Guberman. (Emphasis added)

The CALJ is of the opinion that adequate findings and explanation of the evidence on which those findings relied have been set forth in the Opinion, Order and Award. The CALJ is further of the opinion there are no errors patently appearing on the face of the Opinion, Order and Award.

On appeal, Cooper-Standard argues the CALJ's findings of fact regarding the alleged bilateral carpal tunnel condition are not supported by substantial evidence. It concedes Dr. McLaughlin documented complaints of hand pain and diagnosed bilateral carpal tunnel syndrome. However, it argues Dr. McLaughlin did not state the May 8, 2012, incident or Warren's job duties were the cause of this condition. Further, the fact Warren complained of hand pain on May 30, 2012, is not sufficient to establish the causal link between her condition and her job duties.

Cooper-Standard asserts the three specialists who evaluated Warren on its behalf agree she did not suffer work-related carpal tunnel syndrome.³

It argues the conflicting opinions of Drs. Morris and Guberman cannot support a finding Warren has work-related bilateral carpal tunnel syndrome as a result of the May 8, 2012, event. Cooper-Standard asserts this is true since Warren never described a particular task which led her to notice pain or discomfort. It contends during the short period of time she was employed by Cooper-Standard, Warren performed a variety of tasks and was not relegated to performing prolonged repetitive duties. Cooper-Standard notes Dr. Morris did not diagnose carpal tunnel syndrome in the left hand. Instead, he diagnosed carpal tunnel syndrome in the right hand as a direct result of a "snap" in Warren's right shoulder on May 8, 2012. However, Dr. Guberman diagnosed bilateral carpal tunnel due to repeated pulling on the hoses. Consequently, the doctors' opinions are not consistent and the CALJ could not rely upon their

³ We find this assertion to be somewhat disingenuous as only two physicians, Drs. Burgess and Sheridan, saw Warren for an evaluation pertaining to her alleged carpal tunnel syndrome. Dr. David Shraberg's May 5, 2013, report reflects the purpose of his evaluation was to determine whether Warren suffers any psychological symptomology. Although he may have offered a gratuitous comment about carpal tunnel syndrome, it is clear his report did not address in any significant manner whether the May 8, 2012, incident caused bilateral carpal tunnel syndrome.

opinions as a basis for his finding of work-related carpal tunnel syndrome.

Cooper-Standard maintains Warren's evidence concerning the alleged carpal tunnel syndrome is "all over the map." It argues since Warren testified her hand complaints began after May 8, 2012, and did not come about gradually, her testimony as well as the reports of Drs. Morris and Guberman cannot support a conclusion she has work-related bilateral carpal tunnel syndrome. Cooper-Standard concludes by asserting it is clear the CALJ misunderstood the evidence when he concluded the doctors' opinions support a finding of work-related bilateral carpal tunnel syndrome as a result of the May 8, 2012, event. Accordingly, the CALJ's opinion must be reversed and remanded for further findings consistent with the evidence.

Warren, as the claimant in a workers' compensation proceeding, had the burden of proving each of the essential elements of her cause of action pertaining to the alleged carpal tunnel syndrome, including causation. See KRS 342.0011(1); Snawder v. Stice, 576 S.W.2d 276 (Ky. App. 1979). Since Warren was successful in that burden, the question on appeal is whether there was substantial evidence of record to support the ALJ's decision. Wolf Creek Collieries v. Crum, 673 S.W.2d 735 (Ky. App. 1984).

"Substantial evidence" is defined as evidence of relevant consequence having the fitness to induce conviction in the minds of reasonable persons. Smyzer v. B. F. Goodrich Chemical Co., 474 S.W.2d 367 (Ky. 1971).

In rendering a decision, KRS 342.285 grants an ALJ as fact-finder the sole discretion to determine the quality, character, and substance of evidence. Square D Co. v. Tipton, 862 S.W.2d 308 (Ky. 1993). An ALJ may draw reasonable inferences from the evidence, reject any testimony, and believe or disbelieve various parts of the evidence, regardless of whether it comes from the same witness or the same adversary party's total proof. Jackson v. General Refractories Co., 581 S.W.2d 10 (Ky. 1979); Caudill v. Maloney's Discount Stores, 560 S.W.2d 15 (Ky. 1977). An ALJ may reject any testimony and believe or disbelieve various parts of the evidence, regardless of whether it comes from the same witness or the same adversary party's total proof. Magic Coal Co. v. Fox, 19 S.W.3d 88 (Ky. 2000). In that regard, an ALJ is vested with broad authority to decide questions involving causation. Dravo Lime Co. v. Eakins, 156 S.W. 3d 283 (Ky. 2003). Although a party may note evidence that would have supported a different outcome than that reached by an ALJ, such proof is not an adequate basis to reverse on appeal.

McCloud v. Beth-Elkhorn Corp., 514 S.W.2d 46 (Ky. 1974).

Rather, it must be shown there was no evidence of substantial probative value to support the decision.

Special Fund v. Francis, 708 S.W.2d 641 (Ky. 1986).

The function of the Board in reviewing an ALJ's decision is limited to a determination of whether the findings made are so unreasonable under the evidence that they must be reversed as a matter of law. Ira A. Watson Department Store v. Hamilton, 34 S.W.3d 48 (Ky. 2000). The Board, as an appellate tribunal, may not usurp the ALJ's role as fact-finder by superimposing its own appraisals as to weight and credibility or by noting other conclusions or reasonable inferences that otherwise could have been drawn from the evidence. Whittaker v. Rowland, 998 S.W.2d 479 (Ky. 1999).

In his initial report of December 12, 2012, Dr. Guberman noted Warren experienced pain in the middle of her back on May 8, 2012, while she was pulling on a hose at work. Warren described having thoracic spine pain associated with numbness and tingling. She also experienced numbness and tingling in her hands within one week after the initial injury. Dr. Guberman diagnosed "acute and chronic thoracic spine strain, post-traumatic" and "post-traumatic bilateral carpal tunnel syndrome." He

stated Warren had suffered an injury to her thoracic spine and developed numbness and tingling in her hands while pulling on hoses at work and her symptoms had persisted. Warren also had signs and symptoms consistent with bilateral carpal tunnel syndrome with the right side more severely involved than the left. Her grip strength and manipulative ability was impaired in the right hand compared to the left. Warren had attained maximum medical improvement ("MMI") in regard to the thoracic spine injury. However, she had not reached MMI with respect to her bilateral carpal tunnel syndrome. He recommended Warren be referred for various testing and specific treatment. Warren could not return to her prior job. Since Warren had not reached MMI, he did not provide an impairment rating for the bilateral carpal tunnel syndrome. However, with respect to the thoracic injury, he assessed a 7% impairment pursuant to the 5th Edition of the American Medical Association, Guides to the Evaluation of Permanent Impairment ("AMA Guides").

In his December 26, 2012, report, Dr. Guberman provided an in depth explanation pursuant to the AMA Guides of Warren's impairment rating for bilateral carpal tunnel syndrome. He assessed a 13% impairment rating for carpal tunnel syndrome in the right hand and a 7% impairment

rating for carpal tunnel syndrome in the left hand resulting in a combined impairment of 19%. Pursuant to the Combined Values Chart of the AMA Guides, the 19% impairment rating combined with the 7% impairment rating for the thoracic spine condition resulted in a 25% impairment rating.

In his January 14, 2013, letter, Dr. Guberman stated that after reviewing the records of Dr. Ballard Smith, his findings and conclusions contained in his December 12, 2012, report remained unchanged.

In a March 27, 2013, letter, Dr. Guberman discussed the reports of Drs. Sheridan and Burgess. He disagreed with Dr. Sheridan's opinion Warren's bilateral carpal tunnel syndrome is not related to her work at Cooper-Standard, stating her bilateral carpal tunnel syndrome "is related to the trauma of pulling on hoses" as described in his initial report. Dr. Guberman also disagreed with Dr. Burgess' opinion there was no trauma which could be the cause of Warren's post-traumatic carpal tunnel syndrome. He repeated that pulling on the hoses was the trauma that caused her bilateral carpal tunnel syndrome. He went on to explain the basis for his diagnosis of work-related bilateral carpal tunnel syndrome and the impairment ratings he assessed.

Similarly, in his November 28, 2012, report, Dr. Morris noted Warren was attempting to use equipment "unsuited for the task."⁴ Dr. Morris stated Warren "was applying an ill-fitting knuckle hose, which got stuck repeatedly at the end of a pipe." After approximately 250 repetitions that morning, on the last effort Warren felt a snap in the right medial shoulder blade. Warren stopped work and was assigned another less-stressful position for the rest of the shift. After providing the records he reviewed, Warren's prior treatment, and conducting a physical examination, Dr. Morris diagnosed the following:

1. Carpal tunnel syndrome right hand secondary to work-related injury on 05/08/2012.
2. Tenosynovitis of the right thumb extensor tendons related to injury.
3. Right shoulder strain involving the posterior musculature especially the rhomboids.
4. Persistent somatic dysfunction from %4-6 secondary to withdrawal, reflexes with chronic pain in the hand.

Dr. Morris stated Warren's physical complaints were the direct result of the work injury. Under the heading, "Explanation of Causal Relationship," he stated as follows:

⁴The hearing testimony of Ivan Ralls ("Ralls") "senior HR coordinator," reveals that on the date of injury the rod upon which the hoses were placed was different than the rod normally used by Warren. Ralls testified the rod was slightly bigger and as a consequence the worker would encounter "a little bit more resistance." See Ralls deposition pg. 30-32.

The repetitiveness of the forces involved, the duration of the exposure and the occurrence of sound and pain at the time of injury are all consistent with 05/08/2012 injuries. The magnitude of forces and the accumulation of trauma were of sufficient magnitude to result in this type of injury. Furthermore, the delay and care and the chronic pain withdrawal reflexes are sufficient to cause provocation and aggravation of the underlying injury.

Dr. Morris concluded Warren was not at MMI. However, he advised Warren to avoid repetitive and forceful use of her right hand as well as repetitive typing, manipulation with the fingers, and repetitive grasping. She should not lift more than two pounds occasionally and should be allowed to change positions regularly.

In his May 30, 2012, handwritten note the majority of which is illegible, Dr. McLaughlin notes Warren reported pain while pulling on hoses at work. Warren had thoracic pain and complained of numbness and tingling in both hands. The rest of the notation relating to Warren's symptoms appears to relate to problems with her hands and fingers but because of its illegibility we decline to summarize it. However, the note clearly reflects Dr. McLaughlin diagnosed carpal tunnel syndrome in both hands and thoracic strain. As a result, Dr. McLaughlin

prescribed Naproxen and Flexeril and restrictions as listed.

The medical evidence and Warren's testimony as recited herein constitute substantial evidence in support of the ALJ's determination Warren developed bilateral carpal tunnel syndrome as a direct result of the May 8, 2012, work-related event. Further, the impairment ratings assessed by Dr. Guberman constitute substantial evidence in support of the CALJ's award of income benefits for her work-related bilateral carpal tunnel syndrome.

We disagree with Cooper-Standard's assertion the opinions of Drs. Morris and Guberman are contradictory. Although Dr. Morris noted in his report that Warren felt a snap in the medial right shoulder blade, the remainder of his report clearly evidences his belief the repetitive nature of Warren's work at Cooper-Standard caused the physical problems he diagnosed. Specifically, the opinions expressed under the heading "Causal Relationship" as set forth herein, clearly evidence Warren sustained a work-related cumulative trauma injury to her right hand.

Similarly, Dr. Guberman's reports consistently express the opinion Warren sustained post-traumatic bilateral carpal tunnel syndrome as a result of her work activities. The fact Warren never experienced any problems

prior to May 8, 2012, is of no consequence in this case. In Special Fund v. Clark, 998 S.W.2d 487, 490 (Ky. 1999), the Kentucky Supreme Court defined a cumulative trauma injury as follows:

Our opinion in *Alcan Foil Products v. Huff* explained that in *Randall Co. v. Pendland* it had been recognized that because of the manner in which a gradual injury develops, the worker will not be aware that an injury has been sustained until it manifests itself in the form of physically and/or occupationally disabling symptoms. We noted that, unlike the case with KRS 342.316 which controls claims for occupational disease, the period of limitations set forth in KRS 342.185 is not tolled by continued employment after the worker becomes aware that a work-related gradual injury has been sustained. We pointed out that the notice requirement also arises with the manifestation of disability and that one of the purposes of the notice requirement is to give the employer an opportunity to take measures to minimize the worker's impairment and, hence, its liability. In view of the foregoing, we construed the meaning of the term "manifestation of disability," as it was used in *Randall Co. v. Pendland*, as referring to physically and/or occupationally disabling symptoms which lead the worker to discover that a work-related injury has been sustained.

The Supreme Court reaffirmed its definition of cumulative trauma in Brummitt v. Southeastern Kentucky

stating as follows:

A gradual injury generally arises imperceptibly, from the physical strain of numerous instances of minor workplace trauma, also referred to as minitrauma. For that reason, the courts have applied a rule of discovery for establishing the date of injury. Hence, a gradual injury becomes manifest for the purpose of notice and limitations with the worker's knowledge of the harmful change and the fact that it is caused by the work. [citations omitted] Whether a healthcare provider has given the harmful change a general or specific name is immaterial.

The Supreme Court's definition of a cumulative trauma injury is applicable in the case *sub judice*. Warren testified she experienced no wrist or hand symptoms prior to May 8, 2012. However, after May 8, 2012, she began to experience significant symptoms in both wrists and hands. She also developed symptoms in both arms. At the time of her deposition and at the hearing, Warren still had severe symptoms in both hands. Warren's testimony firmly establishes the occurrence of cumulative trauma injuries to both hands. Significantly, Dr. McLaughlin, Cooper-Standard's doctor, diagnosed bilateral carpal tunnel syndrome shortly after Warren experienced these symptoms. Although Dr. Morris diagnosed carpal tunnel syndrome in the right hand, Dr. Guberman diagnosed carpal tunnel syndrome

in both hands. Contrary to Cooper-Standard's assertion, Warren's medical evidence is consistent. Consequently, we find no merit in Cooper-Standard's argument the opinions of Drs. Morris and Guberman cannot constitute substantial evidence in support of a finding Warren developed bilateral carpal tunnel syndrome as a result of the May 8, 2012, incident.

Although not directly raised as an issue on appeal, we conclude the CALJ's findings of fact sufficiently apprise Cooper-Standard of the basis for his determination Warren's bilateral carpal tunnel syndrome is work-related. On page 24 of his opinion, the CALJ concluded the opinions of Drs. Morris and Guberman support a finding the May 8, 2012, work incident resulted in permanent injuries to Warren's thoracic spine and upper extremities. On page 25, the CALJ reaffirmed his conclusion stating that based upon Warren's testimony and the opinions of Drs. Morris and Guberman, he found Warren suffered an injury as defined by the Act which was caused by and directly related to the subject work-related incident. These findings sufficiently convey the basis for the CALJ's determination Warren's bilateral carpal tunnel injuries were a direct result of cumulative trauma to her hands and wrists manifesting with symptoms occurring on May

8, 2012. Drs. Morris and Guberman clearly state Warren's repetitive activity at work of constantly pulling on hoses caused her carpal tunnel syndrome. Notably, in his order denying the petition for reconsideration, the CALJ referenced his findings on page 25 of his opinion.

In summary, the opinions of Drs. Morris and Guberman and the testimony of Warren outlined herein constitute substantial evidence upon which the CALJ was free to rely in reaching a decision on the merits. Kentucky Utilities Co. v. Hammons, 145 S.W.2d 67, 71 (Ky. App. 1940) (citing American Rolling Mill Co. v. Pack et al., 128 S.W.2d 187, 190 (Ky. App. 1939)). Moreover, we believe the CALJ could reasonably conclude from that evidence that Warren developed bilateral carpal tunnel syndrome due to work-related cumulative trauma to both hands and wrists. Therefore, because the outcome reached by the CALJ is supported by substantial evidence and he provided the basis for his decision, we are without authority to disturb his decision on appeal. Special Fund v. Francis, supra.

Accordingly, the September 30, 2013, opinion, award, and order and the October 24, 2013, order ruling on the petition for reconsideration are **AFFIRMED**.

ALL CONCUR.

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