

OPINION ENTERED: SEPTEMBER 10, 2012

CLAIM NO. 201100482

LUBRIZOLE ADVANCED MATERIALS, INC.

PETITIONER

VS.

**APPEAL FROM HON. CAROLINE PITT CLARK,  
ADMINISTRATIVE LAW JUDGE**

DEBRA HENDRICKS  
and HON. CAROLINE PITT CLARK,  
ADMINISTRATIVE LAW JUDGE

RESPONDENTS

**OPINION AFFIRMING**

\* \* \* \* \*

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

**SMITH, Member.** Lubrizol Advanced Materials, Inc. ("Lubrizol") appeals from the November 28, 2011 Opinion and Award rendered by Hon. Caroline Pitt Clark, Administrative Law Judge ("ALJ") awarding Debra Mae Hendricks ("Hendricks") temporary total disability ("TTD") benefits, permanent partial disability ("PPD") benefits and medical benefits based upon a finding that Hendricks' sensitivity pneumonitis is causally related to her exposure to antigens while

working for Lubrizol. Lubrizol also appeals from the ALJ's January 31, 2012 Order denying its petition on reconsideration. Lubrizol argues the ALJ erred by citing a mere temporal relationship between Hendrick's work and her problems with allergic hypersensitivity pneumonitis. Lubrizol states, that in Kentucky, a mere temporal relationship alone is insufficient to form the basis of an award.

Lubrizol also argues it was error for the ALJ to rely upon the opinions of the university evaluator, Dr. Raphael Perez, since he did not have an accurate history of the non-work-related antigens to which Hendricks had been exposed over the years. We disagree and affirm.

Hendricks, now age 57, resides in Scottsburg, Indiana and began working for Lubrizol in 1987, when it was then known as B.F. Goodrich. She testified the company makes chlorinated polyvinyl chloride ("CPVC") resins and compounds in its facility in Louisville, Kentucky. Over the years, her duties progressed from being a chemical operator to plant supervisor. On March 30, 2011, she filed a Form 102, Application for Resolution of Occupational Disease Claim, alleging she became affected with the occupational disease of hypersensitivity pneumonitis on October 27, 2008 from her exposure to the chemicals and noxious elements within the

plant. In support of her claim, Hendricks testified by deposition on May 20, 2011 and at the formal hearing conducted on September 27, 2011. In addition, she filed reports from Christopher Howerton, M.D. and Dr. Perez, the university evaluator.

Hendricks testified she is a graduate of Sullivan University with an Associate's degree in business. She also served in the United States Army for a short period of time and was honorably discharged in 1985. She began working for B.F. Goodrich in 1987 as a chemical operator. Dust masks and respirators were made available to the employees which she used on an as needed basis. Over the last several years she had an office within the plant area.

Hendricks testified she lives on a farm where she has three horses and a cat. She also stated: "We've got all kinds of feral ones that stray in from the barn. I see them every now and then." When asked what problems she began to experience, she stated:

A. Upon just speaking or any exertion whatsoever, I couldn't -- couldn't get any oxygen in my blood. I was very, very tired. Distressed. Like if you held your breath underwater and you couldn't breathe, I started becoming distressed just talking. I couldn't climb steps. I'd take two, three, four steps, and I'd have to stop to rest. I knew that wasn't right.

Q. Is this something that you would experience all the time? Did it come and go?

A. It would come and go. But there toward the end, it would come more than go.

Q. And when you had the problems, did they abate or did they start to go away after a little while, or how long did an episode continue?

A. Upon any exertion.

Q. As far as you know, you mentioned -- or you had the biopsies on the left lung. Are we talking that is primarily affecting -- what are your problems with your left lung or both lungs, do you know? Or both lobes?

A. Both lungs. All lobes, both lungs. It's the place where the scarring -- when I'm triggered, whatever causes it, it makes your lungs swell up in the place -- the alveolis [sic] I think is what they call them, they cannot exchange the oxygen into the blood. So you're breathing, but it does no good. You can't get oxygen into your blood.

Both Lubrizol and Hendricks submitted treatment notes from Dr. Christopher Howerton, beginning in April 18, 2008. Hendricks had been referred for consultation by Dr. Schrodt because of her complaints of shortness of breath. Hendricks stated her illness began in January 2008 when she began noticing increasing exertional shortness of air and some dizziness. Although the dizziness had resolved in seven to ten days, she continued having some heaviness in her chest.

Hendricks admitted to a diagnosis of asthma three years prior. At the time of this first evaluation with Dr. Howerton, she had been taking Advair without much result. Hendricks reported she had never smoked. Dr. Howerton completed an examination diagnosing bilateral pulmonary infiltrates with hypoxia. He stated:

She certainly could have an infectious process including something like psittacosis. I am also concerned whether there may be an underlying interstitial lung disease including BOOP, hypersensitivity pneumonitis, perhaps sarcoidosis though she does not have any adenopathy with her CT..

Dr. Howerton did not think Hendricks had asthma. He took her off work and scheduled additional diagnostic testing.

Dr. Howerton saw Hendricks again on May 23, 2008. His treatment notes indicate some diagnostic testing had been completed. Hendricks continued to complain of increased shortness of breath compared to the prior month. Dr. Howerton noted:

SOCIAL HISTORY: she is married. No alcohol, tobacco or illegal drug use. She works on a farm. They have a parrot, horses, cats and dogs. She is around barns. She also is an avid hunter and does a lot of her own game processing. She also worked for 20 years as a supervisor at a chemical plants. [sic] This is Lubrizol. She is exposed to cleaning acids and fumes

there. There has been no change in her work environment over the last few years.

Dr. Howerton's impression was pulmonary infiltrates, dyspnea and hypoxia. He noted her oxygen level had dropped over the last month from 98% to 88% and he suspected she had "progressive interstitial lung disease such as BOOP, NSIP - perhaps even AIP." Dr. Howerton arranged for Hendricks to be admitted to the hospital for oxygen treatment and the biopsy.

In later treatment notes, Dr. Howerton concluded Hendricks was suffering from hypersensitivity pneumonitis, noting her husband had multiple concerns regarding her job as well as other locations - "she likes to hunt and do a lot of outdoor activities and they have a parrot at home. This disease is usually caused by exposure to organic antigens - not inorganic dust and fumes."

On September 30, 2008, Dr. Howerton noted Hendricks had been off work for about a month and she had been on steroids for about two weeks. She was feeling fine with no shortness of breath. He continued to diagnose hypersensitivity pneumonitis and again indicated the source of her exposure was not clear. Hendricks reported she works in a chemical plant where there was "a lot of mold on the ceilings of the

buildings." He noted her condition "worsened last time shortly after returning to work."

In his treatment notes of November 25, 2008, Dr. Howerton noted:

She has been on prednisone 20 mg daily since seen one month ago. She feels "great". She has been hunting and says she got six deer, 70 squirrels and two turkeys, was able to field dress them and had no flare-up of her disease. She has not been back at work however. She has had a little wheezing, no coughing, shortness of air or fever. She is checking her saturations at home and they are consistently in the upper 90s.

Dr. Howerton's treatment notes of March 12, 2009 revealed Hendricks' oxygen level had decreased into the low 80s with activity. She had begun coughing with occasional clear to yellow mucus. She also was required to wear a respirator when she fed her horses or was around a wood burning stove or other outdoor activities. In his opinion, Hendricks seemed to improve when on steroids but often relapsed. He stated: "It is still not clear how much of the trigger is from her home/avocation environment versus her work environment".

On September 3, 2010, Dr. Howerton reported:

She is seen for the first time in about 14 months. She had not followed up. She has been off prednisone for well over a year and stopped the Flovent by February of this year. She never did go

back to work. She had been an inspector at a chemical plant. She feels fine. She is having no coughing or shortness of air. She is back to hunting and doing most of her activities though she does wear a respirator when she is cleaning game. She felt quite well and just wanted to be rechecked to see if there were any limitations on her activities. She does have a pulse oximeter and says Sats are consistently in the upper 90s.

Dr. Perez evaluated Hendricks on July 22, 2011, noting that she was then 51 years old and had never smoked. She presented with a history of pulmonary symptoms since approximately 2001. She was at first diagnosed and treated for asthma by her primary care physician. The pattern of symptoms continued for several years until early 2008 when she presented to the emergency department after almost passing out. After further diagnostic testing, she was ultimately diagnosed with hypersensitivity pneumonitis. She was then treated with steroids which improved her respiratory status. However, when she tried to return to work, her symptoms returned, requiring additional treatment. She finally stopped working in October 2008.

Dr. Perez recorded the following history:

Exposure History: Assessment of the home environment does not indicate exposure to dusts or molds. She lives with her husband in a 21-year-old "double wide" trailer home with electric heat and central air conditioning. They do have

an outdoor wood-burning stove. She denies owning or having owned pet birds. She maintains the vegetable garden and has perennial flowers as well. She hunts turkey and various mammal game. She wore a respirator for some time on hunting trips, but has stopped doing this.

Employment History: ... Ms. Hendricks was in the Army in 1984-85 working as a mechanic. She then worked as an extruder in a plastic factory from 1985-1987. From 1987 through 2008 she worked as a supervisor and Lubrizol Chemical Plant. I specifically asked if she worked any other job concurrent with the three mentioned and she denied doing so. Her work with Lubrizol was as a supervisor for around the 20 last years of work. She did frequent the actual work area and wore safety equipment when required. Most work at the plant revolved around the production of polyvinyl chloride which involves heating and exposure of the resin to ultraviolet light hydrochloric acid is a byproduct of the manufacturing process.

Dr. Perez reviewed medical records and conducted a physical examination diagnosing "hypersensitivity pneumonitis with subacute presentation resolved with minimal residual lung impairment".

Regarding causation, Dr. Perez responded to the following several questions:

1. Within reasonable medical probability, is plaintiff's disease or condition causally related to his/her work environment? Yes.  
Hypersensitivity pneumonitis is most frequently caused by organic dust

exposures that produce an allergic reaction in the lungs. Hence, HP is also known as "extrinsic allergic alveolitis." Less commonly, certain industrial chemicals used in making epoxy resins, polyurethane foams, and pesticides have been implicated in HP. I performed a literature search around the terms polyvinyl chloride and hypersensitivity pneumonitis/allergic alveolitis. One of the thermal decomposition products of PCV manufacturing is phthalic anhydride that has been implicated as an etiologic agent in HP.

2. Within reasonable medical probability, is any pulmonary impairment caused in part by factors in plaintiff's work environment (e.g., coal dust chemicals)? Yes

3. Identify the relevant factors in the work environment and explain the causal relationship between the factors in the work environment in the above diagnosis. Ms. Hendricks was exposed repeatedly to the byproducts of PVC manufacturing in which one of the thermal decomposition products is phthalic anhydride. Repeated exposure will produce a hypersensitivity reaction in susceptible individuals after a few more may [sic] exposures.

Lubrizol submitted the report of Dr. Bruce Broudy who evaluated Hendricks on July 1, 2011. He first took a history noting Hendricks had never smoked tobacco and had worked for Lubrizol Advanced Materials or its predecessor for 21 years. Dr. Broudy explained the process.

The company makes chlorinated polyvinyl chloride piping compound among other things. The company also makes latex products. The production of the polyvinyl chloride starts with the resin which is heated, pressurized and treated with ultraviolet light until it is chlorinated. The compounds are custom-made for different buyers. Hydrochloric acid is a byproduct. She was exposed to other compounds in the process of production as well. She did wear a respirator and safety mask as required.

Dr. Broudy reviewed the history and medical records provided to him. After performing a physical examination, Dr. Broudy diagnosed hypersensitivity pneumonitis, in remission; status post partial thyroidectomy, now on thyroid replacement therapy and a history of sarcoidosis. He commented:

Based on the patient's history and the clinical findings including open lung biopsy, it appeared that she did suffer from hypersensitivity pneumonitis. The trigger factor for the hypersensitivity pneumonitis is certainly unclear. Typical causes or trigger factors include exposure to various molds, fungi, grain dust, blood or other secretions or animal sources. Relatively small molecules such as the chemical was described at the workplace would be unusual causes.

At the present time there is only slight respiratory impairment which would not be sufficient to prevent this woman from engaging in any type of occupation she so desires. I believe she does retain the physical capacity to return to work. At this time she did not require

additional medical treatment. She is not disabled and has only very mild impairment of lung function. According to the 5th Edition of the American Medical Association guidelines for permanent impairment, this woman would be Class II or 10% impairment of the whole person. This is based on the mild reduction in the vital capacity, FEV1 and diffusing capacity.

With regards [sic] to causation, it is not clear that the chemical exposure at the workplace was indeed the factor which precipitated the illness. I would raise the possibility that the findings pathologically in the lung and on the CT scan of the chest were indeed residual from the previous episode of sarcoidosis for which the patient was treated in the earlier 1980s. There were non-necrotizing granulomas in the lung which are typically seen in sarcoidosis.

Dr. Broudy testified by deposition on October 6, 2011. In his opinion, the known causes of hypersensitivity pneumonitis include working exposure on farms, hay, dust, as well as being around furbearing animals and birds. He testified in part as follows:

Q. Doctor, at my request prior to the deposition here today, were you able to -- I believe you looked up in one of your textbooks a document. Could you identify what this document is?

A. Well, we were discussing the various causes, and I just pointed out a table from the book Morgan's book on occupational lung diseases.

Q. Is that a recognized text book on lung diseases?

A. Yes. And it just lists some of the causes of allergic alveolitis.

Q. Doctor, you're looking at - I'd like to mark this as defendant-employer's Exhibit 4 -- Table 20-1 on page 526 of the treatise you just referenced. And on the very first one of those various items, it references what you just said, farmer's lung; is that correct?

A. Yes.

. . .

Q. Is that why, as I understand too, that as a physician and trying to determine etiology you look at what factors a person's been exposed to?

A. Sure.

Q. I've heard the term often used antigens. What does the term, antigen, mean?

A. Well, is just the -- the actual fungi is the antigen, and then there are antibodies in the blood that are formed against the antigen which precipitate in lungs and cause the inflammation.

Q. And, doctor, looking down on this chart not only farmer's lung, there's also one noted to be animal causes. I'm looking, it's about halfway down on that Table 20-1, and there's an item called bird breeder's lung; is that correct?

A. Right.

Q. Is there a significance about handling or being around birds as it relates to hypersensitivity pneumonitis?

A. Well, it's one of the known causes because the proteins that are in the -- that come from the birds that will be inhaled and set up an antibody-antigen reaction in the lungs and therefore cause the inflammation and the symptoms and signs and abnormal lung function. (Errors in original)

Alice Simpson, the plant environmental and human resources manager at Lubrizol, testified at the formal hearing. She has worked at the facility for 33 years. She has a degree in chemistry and is familiar with all facets of the plant operation, including the chemical compounds used at the facility. She testified that although Dr. Perez identifies phthalic anhydride as a possible cause of Hendricks' pulmonary problems, Lubrizol does not make, manufacture or use phthalic anhydride. She explained a possible relationship between phthalic anhydride and PVC or CPVC production. She stated:

Well, in looking at that, the only thing that -- the only way I'm aware of that phthalic anhydride could result from PVC would be if you took the PVC powder that we purchase and in other plants you process it by compounding it, which is the same thing I described with ours, where you add other raw materials to it. But when you compound PVC, they plasticize it, they add plasticizers to it.

And a lot of those plasticizers are phthalic plasticizers. Di-2-ethyl hexylphthalate would be one of them.

But they have that phthalate component to it.

If in -- it can be a breakdown product from processing or heating that PVC compound, but it's not a raw material per se in either our process, the CPVC process or the PVC process. But, in fact, when you heat a PVC compound, which we don't make, you could produce phthalic anhydride because of the phthalate raw material that's mixed with the PVC.

Relevant to the issues in this appeal, the ALJ issued the following analysis, findings of fact and conclusions of law on November 28, 2011:

The Plaintiff in this matter, Mrs. Hendricks, presented well, and I found her to be a highly credible witness. She relies on her own testimony, as well as the medical testimony of Dr. Howerton (her treating doctor) and Dr. Perez (the University Evaluator), to assert that she suffers from hypersensitivity pneumonitis as a result of twenty-one years of exposure to antigens while working for Defendant Employer, Lubrizol Advanced Materials, Inc. Defendant Employer denies that Plaintiff's pulmonary problems were caused by, or in any way related to, her work environment. Rather, based on the medical testimony of Dr. Broudy and some of the treatment notes of Dr. Howerton, Defendant Employer asserts that Plaintiff's years of exposure to antigens on her farm and in her home are the more likely cause of her hypersensitivity pneumonitis.

This is certainly a perplexing case. The University Evaluator, Dr. Perez, found Plaintiff's hypersensitivity

pneumonitis to be work-related. However, his "exposure history" was not accurate with regard to Plaintiff's possible home exposures or possible work exposures. Therefore, I do not believe that his report can be given presumptive weight.

Dr. Broudy, Defendant Employer's evaluating doctor, opined that "it is not clear that chemical exposure at the workplace was indeed the factor" that caused Plaintiff's pulmonary condition. Instead, Dr. Broudy indicated that any number of non-work-related factors could very likely have caused her illness, including her work on the farm, her hunting activities, and her ownership of a pet parrot. However, Dr. Broudy's report does not, in my mind, adequately address the fact that Plaintiff's symptoms seem to clear when she is away from work, and return/worsen upon her return to the plant. And this is in spite of her continued activities hunting and working around the farm.

Plaintiff's treating doctor, Dr. Howerton, waxed and waned as to the cause of her pulmonary condition over the 2½ year course of her treatment. He was suspicious of both her work environment and her home environment. However, ultimately he indicated that he believes "it was something in her work environment that was the offending antigen." His suspicion is supported by the facts of this case and the course of Plaintiff's illness and recovery. As Dr. Perez indicated, the timing and proximity of Plaintiff's symptoms strongly associate her pulmonary condition with the workplace. Indeed, Plaintiff tried to return to work on two separate occasions when her sensitivity pneumonitis had cleared, and both times her symptoms returned, as is evidenced

by her subjective complaints and the objective O2 saturation tests performed by Dr. Howerton. Likewise, Plaintiff has not experienced a recurrence of symptoms or clinical findings of hypersensitivity pneumonitis since she stopped working at the chemical plant. Lastly, Plaintiff underwent testing to determine whether common antigens were causing her condition, and the results were negative, thus ruling out common alternative etiologies.

After careful consideration of the facts of this case and the conflicting medical opinions presented by the parties, I find that Plaintiff's sensitivity pneumonitis is causally related to her exposure to antigens while working for Defendant Employer. This finding is based on the medical testimony of Drs. Howerton and Perez, and the credible testimony provided by Plaintiff. Therefore, pursuant to KRS 342.020, Plaintiff is entitled to recover from Defendant Employer all medical expenses that are reasonable and necessary for the cure and/or relief of her work-related pulmonary condition.

The ALJ's Award & Order stated in part as follows:

Based upon the foregoing findings of fact and conclusions of law, IT IS HEREBY ORDERED AND ADJUDGED:

1. Plaintiff, Debra Hendricks, shall recover from Defendant Employer Lubrizol Advanced Materials, Inc., and/or its insurance carrier, temporary total disability benefits in the sum of \$670.02 per week from April 18, 2008 through August 25, 2008, from September 5, 2008 through October 8, 2008, and from October 27, 2008 through May 12, 2009, with Defendant Employer to take credit for all such TTD benefits paid

to date, including salary continuation and LTD benefits paid to Plaintiff during her periods of TTD. Plaintiff is entitled to interest at 12% on all past-due and unpaid amounts.

2. For permanent partial disability, Plaintiff shall receive from Defendant Employer, and/or its insurance carrier, the sum of \$221.11 per week for 11% permanent partial disability commencing on April 18, 2008 and continuing for a period not to exceed 425 weeks, together with interest at the rate of 12% per annum on all due and unpaid installments of such compensation. ***Plaintiff's weekly PPD benefits shall be suspended during the intervening periods of TTD awarded herein.*** All benefits shall terminate pursuant to KRS 342.730(4) as of the date on which Plaintiff qualifies for normal old-age Social Security retirement benefits. (Emphasis added)

Lubrizol filed a petition for reconsideration arguing the history Hendricks provided to Dr. Perez was so inaccurate and incomplete that the ALJ opined the report could not be afforded presumptive weight pursuant to KRS 342.315. In addition, Lubrizol pointed out the plaintiff's history "is remarkable for continuous and repeated exposure to well-known antigens outside her workplace, (i.e., horses, hay, farming and avian activity, including 12 years of raising a pet parrot. It noted Dr. Broudy's deposition included a reference to "Morgan's book on occupational lung diseases" which stated among the "recognized types of

allergic alveolitis" is "farmer's lung" and "bird breeder's lung."

In addition, Lubrizol argued the Hendricks' treating physician, Dr. Howerton, also noted her recreational avocations "played a significant role in her pulmonary problems including sarcoidosis as well as asthma."

Lubrizol filed a supplemental petition for reconsideration on January 12, 2012 requesting the ALJ correct "what appears to be a typographical error on page 23 of the Opinion and Award to reflect that the claimant benefits for permanent partial disability benefits are to begin on May 13, 2009..."

The ALJ issued an order on reconsideration on January 31, 2012 stating as follows:

Defendant Employer first asks me to reconsider the work-relatedness/causation of Plaintiff's hypersensitivity pneumonitis. As I noted in the Opinion and Award, this was a difficult issue to decide. I carefully reviewed the evidence, reading through the medical testimony more than once. Ultimately, I found, and continue to believe, based on Plaintiff's credible testimony and the medical opinions of Drs. Howerton and Perez, that Plaintiff's hypersensitivity pneumonitis is causally related to her exposure to antigens while working for Defendant Employer Lubrizol.

Next, Defendant Employer asked me to correct the beginning date for Plaintiff's award of PPD benefits from April 18, 2008, to May 13, 2009, the date she reached MMI. However, I find that April 18, 2008 is the date to begin Plaintiff's PPD award because it is the date her permanent impairment/disability arose.

On appeal, Lubrizol argues the ALJ erred by relying upon the opinion of Dr. Perez and a possible temporal relationship to establish causation. Again, Lubrizol argues Dr. Perez had an inaccurate history of the chemicals produced at Lubrizol and the non-work-related antigens Hendricks was exposed to over the years. Lubrizol notes Dr. Perez also based his opinion on causation on the presence of phthalates in the plant. Lubrizol argues the testimony of Ms. Simpson established phthalates were not produced or used at the plant. Lubrizol contends Dr. Howerton's opinions, at best, establish nothing more than a temporal link between the allergic hypersensitivity pneumonitis and her work at Lubrizol. It argues a mere temporal relationship is insufficient to establish causation.

Lubrizol further argues the ALJ erred in commencing PPD benefits on April 18, 2008 rather than May 12, 2009, the date Hendricks reached maximum medical improvement. Lubrizol argues it is illogical for the claimant to be

deemed entitled to both PPD and TTD benefits at the same time.

Hendricks, as the claimant in a workers' compensation proceeding, had the burden of proving each of the essential elements of her cause of action, including causation. See KRS 342.0011(1); Snawder v. Stice, 576 S.W.2d 276 (Ky. App. 1979). Since Hendricks was successful in that burden, the question on appeal is whether there is 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 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).

Hendricks' testimony and the opinions of Dr. Howerton and Dr. Perez constitute substantial evidence supporting the ALJ's determination her sensitivity pneumonitis is causally related to her exposure to antigens while working for Lubrizol. The ALJ was well within her role as fact-finder in choosing to rely on Hendricks' testimony which she found highly credible. Hendricks' testimony established her condition improved while away from her employment even though she continued to engage in hunting and activities on her farm. She also testified to recovering from her condition on two occasions, only to relapse upon her return to employment at Lubrizol. As noted by the ALJ, this was evidenced by medical reports and objective O2 saturation tests. Further, Dr. Perez noted there were "negative results of serological hypersensitivity panels of common antigens known to cause HP as alternative etiologies." Medical experts are certainly permitted to draw conclusions as to causation based upon the relationship of symptoms to the environment or the elimination of other possible factors when determining causation.

Here, the ALJ was not relying simply on her own conclusions regarding the temporal relationship of the symptoms and the environment. Dr. Perez noted "The timing and proximity of the symptoms associated with the workplace are strong." He further noted there was no recurrence of the symptoms or clinical findings of HP since she stopped working at the chemical plant. The evidence and reasonable inferences drawn therefrom support the ALJ's conclusions regarding causation.

While Lubrizol places great emphasis on the other possible sources of antigens, significantly, Dr. Broudy, its expert, did not determine the cause of the condition. Rather, he merely identified possible sources of antigens and stated the trigger factor was unclear. The ALJ could reasonably eliminate the suggested alternative sources of antigens based upon the extended period of exposure and the fact that when separated from her employment, Hendricks recovered from her symptoms despite the continued exposure to her normal non-work environment.

Lubrizol's arguments are addressed to the weight to be given to the evidence. It is not the Board's role to reweigh the evidence. If, as here, the ALJ's findings are supported by substantial evidence, then the Board may not disturb those findings. Since it is clear from the ALJ's

opinion, award and order, as well as from her ruling on Lubrizol's petition for reconsideration, she was laboring under no material misimpression as to the evidence or pertinent law, we affirm.

We find no error in the ALJ's award concerning the onset of PPD benefits. The ALJ's opinion clearly stated the period of PPD benefits "shall be suspended during the intervening periods of TTD awarded herein." Thus, Hendricks is not entitled to PPD and TTD benefits "at the same time." On reconsideration, the ALJ stressed she determined Hendricks' permanent disability/impairment arose on April 18, 2008. An award of PPD benefits must begin on the date the ALJ determines the impairment or disability arose. See Sweasy v. Wal-Mart Stores, Inc., 295 S.W.3d 840, (Ky. 2009).

Accordingly, the November 28, 2011, Opinion and Award and the January 31, 2012 Order on petition for reconsideration rendered by Hon. Caroline Pitt Clark, Administrative Law Judge, are hereby **AFFIRMED**.

ALL CONCUR.

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