OPINION ENTERED: January 18, 2013

CLAIM NO. 201099420

PEGASUS TRANSPORTATION, INC. PETITIONER

VS. **APPEAL FROM HON. CHRIS DAVIS, ADMINISTRATIVE LAW JUDGE**

INGRID L. CURRY
and HON. CHRIS DAVIS,
ADMINISTRTATIVE LAW JUDGE RESPONDENTS

OPINION
AFFIRMING

* * * * * *

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

ALVEY, Chairman. Pegasus Transportation, Inc. ("Pegasus") seeks review of the Opinion, Order and Award rendered July 18, 2012 by Hon. Chris Davis, Administrative Law Judge ("ALJ") finding Ingrid Curry ("Curry") permanently and totally disabled and awarding medical benefits. Pegasus

also appeals from the August 20, 2012 Order denying its petition for reconsideration.

On appeal, Pegasus takes issue with the ALJ's findings and statements regarding Curry's treating orthopedist, Dr. Ganeshan Ramachandran. Pegasus argues the ALJ did not provide necessary findings explaining his rejection of Dr. Ramachandran's opinion on impairment as not seeming "to comport entirely with Kentucky workers' compensation law." Likewise, Pegasus also argues the ALJ's conclusion Dr. Ramachandran's assessment of impairment did not comport with the entirety of the evidence and is so unreasonable it must be reversed as a matter of law. Finally, Pegasus argues the ALJ's characterization of Dr. Ramachandran's zero impairment rating for Curry's right knee as an "idea" which should be "totally rejected" is patently unreasonable and should be reversed. We disagree and affirm.

Curry filed a Form 101, Application for Resolution of Injury Claim, on September 19, 2011, alleging she injured both knees on October 30, 2009 when she tripped over rebar in a parking lot. In support of the Form 101, Curry attached Dr. Ramachandran's July 29, 2010 office note outlining Curry's complaints of bilateral knee pain after an October 2009 fall at work. He diagnosed tricompartmental

osteoarthritis and chondromalacia patella in the right and left knee, administered corticosteroid injections in both knees and recommended physical therapy.

Curry testified by deposition on November 15, 2011 and at the hearing held May 24, 2012. Curry was born November 12, 1948 and resides in Paoli, Indiana. She is a high school graduate and has a commercial driver's license. She also completed laborers training at the General Laborers Institute. Curry's employment history includes work as a school bus driver and classroom assistant, over-the-road truck driver with various companies, caregiver to the mentally disabled, data entry clerk at an insurance company and as a laborer at a construction company. She also owned a business, Orange County Janitorial, supplying and delivering products to various companies.

Curry testified she cannot perform any of her previous employment due to her knee problems resulting from the work incident. She stated she can no longer drive a school bus because she is unable to operate a clutch or lift young children. Curry testified she can no longer be an over-the-road truck driver because she is unable to climb into the truck, perform inspections or operate a clutch. She could not be an owner of a supply company because she cannot carry the products, get in and out of a vehicle

easily or traverse stairs while delivering products. She cannot be a caregiver to the mentally disabled due to the physical demands. Curry indicated she might be able to perform data entry only on a part-time basis because prolonged sitting causes her knee pain.

Curry testified she began working for Pegasus in August 2004 as an over-the-road truck driver which required her to conduct a pre-trip inspection on the truck and trailer, connect the truck to the trailer and drive long distances. Curry testified her job was mostly “drop-and-hook” or “light unload,” meaning the customer would unload cargo. However, she occasionally had “live unload” freight requiring her to unload cargo. Curry testified the heaviest loads she had to lift and unload were tires, weighing between fifty and seventy pounds. Her job mainly required her to sit, drive and use the truck’s clutch. She was also required to walk, crawl, climb and stoop in performing inspections.

Curry testified on October 30, 2009, she had driven to Detroit, Michigan. When walking to her truck, Curry’s foot caught under a piece of rebar causing her to fall hard on her knees and hands. She testified both knees were bruised and skinned, but she provided conflicting testimony which knee was skinned the worst. Curry testified

she initially experienced pain in both knees. Despite discomfort, she was able to drive home from Michigan. Curry testified she did not immediately seek medical treatment because she thought “it wasn’t anything real major” and she had some time off during the weekend. Curry returned to work the following Monday, “but as soon as I started driving again it started flaring up again” and did not improve throughout the week.

At her deposition, Curry testified as follows in explaining her symptoms over the next couple of weeks following the accident:

> Well, the right knee was hurting almost all the time, whether I was doing something or not, minimally, you know. It would be overshadowed with the left knee when I had to use the clutch. But if I wasn’t using the clutch, it was almost as if my right knee was okay. I didn’t understand that until later. But the right knee was an (sic) almost constant pain to it. But like I say, it would be overshadowed when I had to use the clutch.

At the hearing, Curry again testified:

> Well, it would switch off depending on what I had done. If I had been doing a lot of clutch work, then the left one was going to hurt more. And if I wasn’t doing a lot of clutch work, then the right one would hurt more.

Curry received medical treatment a week or two following the work accident when Pegasus sent her to

Baptistworx where she was prescribed pain medication and referred to physical therapy initially for the right knee. She then treated at Louisville Bone and Joint where she received an injection and additional physical therapy was ordered. Her knees continued to worsen and Curry eventually sought treatment with Dr. Ramachandran upon recommendation of family members. Dr. Ramachandran ordered physical therapy for both knees. On September 21, 2010, he performed surgery on the right knee for a torn meniscus; however, her symptoms were not alleviated. Subsequently, Dr. Ramachandran allowed Curry to return to work, and released her from his care in December 2009.

Following the work incident on October 30, 2009, Curry testified she continued to work full-time for approximately a month. She then worked two or three days on light duty at the office, was subsequently taken off work in December 2009, and has not worked since.

Curry testified she is not currently receiving any treatment for her knees because she cannot afford it. She uses a cane for assistance, takes Tramadol and over-the-counter Advil for pain. Curry testified she can no longer vacuum, garden, ride her horse or bike, or pick up her young granddaughter due to her knee problems. Curry also denied

having any knee problems or symptoms prior to the work incident.

Curry testified her right knee currently is more painful than the left, and has worsened since she stopped working in December 2009. Her left knee has improved, but she still has limitations in activities such as squatting. Curry testified she cannot perform her duties as a truck driver at Pegasus because of her bilateral knee pain. Curry testified pushing in the clutch is “the hardest for me” and indicated she “cannot do that.” She testified she cannot climb up the stairs into the cab, squat under the truck, nor climb on top of the truck because of her knee condition. Likewise, Curry also testified she cannot kneel on her right knee, load or unload cargo, or use a clutch on an ongoing basis.

Both parties submitted voluminous medical records indicating Curry treated with Baptistworx from November 12, 2009 through December 30, 2009 primarily for her work-related left knee injury sustained on October 30, 2009. At Baptistworx, Curry was diagnosed with left knee strain/ sprain and returned to work with restrictions. An MRI of Curry’s left knee and physical therapy were also ordered.

A left knee MRI dated December 4, 2009 from Bloomington Hospital Orange County demonstrated a

subcentimeter subchondral fracture or osteochondral lesion in the medial trochlear groove with mild surrounding marrow edema and tricompartmental degenerative changes, characterized by grade 2/3 chondromalacia and osteophyte formation. Hospital records also indicate Curry underwent physical therapy for both knees from December 29, 2009 through April 8, 2010, and August 4, 2010 through August 24, 2010.

Curry treated with Dr. Michael McQuillen and Dr. William Renda of Louisville Bone and Joint Specialists. In a note dated December 17, 2009, Dr. McQuillen noted she primarily complained of left knee pain. He recommended physical therapy, administered an injection into her left knee and ordered a “knee sleeve.” Dr. McQuillen restricted Curry from driving and noted she may require an arthroscopic procedure. Records indicate Curry complained of bilateral knee pain, eventually resulting in additional physical therapy for both the right and left knee. In a record dated February 22, 2010, Dr. Renda noted physical therapy had been unsuccessful. He diagnosed an acute traumatic injury to her patellofemoral joint superimposed upon pre-existing osteoarthritis of the kneecap. He further noted radiographic evidence of a subchondral fracture and discussed possible knee arthroscopy.

Curry submitted medical records from Dr. Matthew Waldron who noted on July 26, 2010, she complained of bilateral knee pain and referred her to an orthopedic surgeon for an evaluation of “OA” in both knees. On December 8, 2011, he prescribed a cane for bilateral knee pain.

Curry submitted a right knee MRI report dated August 31, 2010 which outlined the presence of a degenerative or chronic type meniscal tear involving the anterior horn of the medial meniscus with an associated parameniscal cyst and moderate tricompartmental osteoarthritic degenerative changes, most pronounced within the patellofemoral compartment.

Both parties submitted medical records from Dr. Ganesh Ramachandran who began treating Curry on July 29, 2010. On that date, Curry complained of bilateral knee pain, with worsening of right knee symptoms. He diagnosed tricompartmental osteoarthritis and chondromalacia patella in both the right and left knees for which he ordered physical therapy and administered corticosteroid injections. On August 26, 2010, Dr. Ramachandran ordered a right knee MRI after Curry complained of a fall caused by her knee catching. In addition to the commentary regarding the right knee, he also noted left knee improvement. On September 8,

2010, Dr. Ramachandran reviewed the right knee MRI and diagnosed right knee tricompartmental osteoarthritis and chronic medial meniscal tear of the anterior horn. Dr. Ramachandran performed arthroscopy of the right knee with partial medial meniscectomy, partial lateral meniscectomy and chondroplasty of intertrochlear groove on September 21, 2010. The operative report indicated a post-operative diagnoses of right knee medial meniscus degenerative tear; lateral meniscus degenerative tear; chondromalacia of the intertrochlear groove; and medial femoral condyle. Subsequently, Curry completed physical therapy and on December 1, 2010, Dr. Ramachandran opined Curry "has done well and has no restrictions."

In a questionnaire dated November 10, 2010, Dr. Ramachandran indicated the October 30, 2009 work incident caused Curry's injuries for which he has treated. He also indicated the work incident aggravated a pre-existing dormant condition into disabling reality. Dr. Ramachandran noted without the work incident, Curry would have been in the condition to continue to perform her job and would not have needed the knee arthroscopy.

In a medical report for permanent impairment dated January 28, 2011, Dr. Ramachandran diagnosed surgical arthroscopy of right knee with partial medial meniscetomy,

partial lateral meniscectomy and chondroplasty of intertrochlear groove and tricompartmental osteoarthritis of the right knee. Pursuant to the American Medical Association, Guides to the Evaluation of Permanent Impairment, 5th Edition ("AMA Guides"), Dr. Ramachandran assigned a 0% impairment rating and recommended Curry continue with weight loss programs and low impact exercises. He also stated Curry is at medical maximum improvement ("MMI").

In an addendum dated February 28, 2011, Dr. Ramachandran diagnosed left knee tricompartmental osteoarthritis. He assigned a 0% impairment rating pursuant to the AMA Guides and recommended continuation of home exercise programs and low impact exercises.

Pegasus filed a medical fee dispute contesting all treatment received by Curry subsequent to June 2, 2010 as not reasonable, necessary or casually related to the work incident, including a proposed left knee arthroscopic procedure. It also requested several medical providers be joined as parties.[1] In support of the medical fee dispute,

[1] Pegasus subsequently filed a supplemental medical fee dispute on December 29, 2011 again disputing all treatment received subsequent to June 2, 2010. It noted a left knee arthroscopy was in fact not performed as asserted in the first medical fee dispute. Pegasus clarified it disputed the September 21, 2010 right knee procedure performed by Dr. Ramachandran at Floyd Memorial Hospital and requested both be added as parties to the claim.

Pegasus submitted the April 2, 2010 independent radiologic evaluation of the December 4, 2009 left knee MRI by Dr. Mitchell Kline. Dr. Kline opined there is no evidence of acute traumatic abnormality in the left knee.

Pegasus submitted an April 6, 2010 “Causation and Medical Necessity Review” by Dr. Robert Jacob regarding her left knee. Dr. Jacob reviewed Curry’s medical records only and opined she sustained a left knee sprain superimposed on pre-existing degenerative chondromalacia and chronic tendinopathy of the distal quadriceps. He found that although the October 2009 work incident may have caused a temporary exacerbation of these chronic changes, it did not lead to any aggravation of the underlying disease process. He also noted arthroscopic surgery is reasonable and appropriate, but the treatment would be for non-occupationally related, active pre-existing degenerative changes. He stated there is no evidence Curry sustained an acute traumatic injury or aggravation of a dormant condition for which the surgery has been recommended.

Dr. Jacob also performed an independent medical evaluation (“IME”) on June 2, 2010, and noted Curry reported bilateral knee pain secondary to the October 30, 2009 work incident. Dr. Jacob noted the physical examination was within normal limits. He diagnosed a right knee contusion

and a left knee sprain due to the work incident, both of which had resolved. He noted Curry has mild pre-existing patellofemoral chondromalacia to her left knee, due to the natural aging process. He opined no additional medical treatment is indicated for either knee. Dr. Jacob recommended oral anti-inflammatory medication, exercises and steroid injections for the chondromalacia, all non-work-related. Dr. Jacob found Curry reached MMI no later than June 2, 2010, and is capable of returning to work as a truck driver performing the same work responsibilities she was doing prior to the work incident without restriction. Dr. Jacob opined Curry has no permanent impairment rating pursuant the AMA Guides for either knee.

Dr. Jacob performed another IME on February 22, 2012, noting Curry continued treatment and underwent a right knee arthroscopy subsequent to the June 2, 2010 report. He noted Dr. Ramachandran opined Curry had tricompartmental osteoarthritis and chondromalacia with primarily right knee symptoms and eventually performed the procedure, noting an MRI had revealed degenerative tears of the medial and lateral meniscus, and chondromalacia of her intercondylar notch. After reviewing additional medical records and performing a physical examination, Dr. Jacobs stated his opinions were unchanged and found the ongoing knee symptoms

unrelated to the work incident. He again diagnosed a right knee abrasion and twisted left knee without any direct trauma. He stated Curry has bilateral mild patellofemoral chondromalacia and minimal pre-existing degenerative arthritis which was neither exacerbated nor aggravated by the work condition. Dr. Jacob noted meniscal tears to the right knee were degenerative as noted in both the operative and MRI reports. Pursuant to the AMA Guides, Dr. Jacob assigned a 4% impairment rating due to the right knee meniscectomies unrelated to the work injury. He further assigned a 0% impairment rating for the left knee condition. Dr. Jacob recommended no permanent restrictions for either knee and determined Curry could resume her prior occupation as a truck driver.

In a letter dated March 2, 2012, Dr. Jacob noted he reviewed the September 21, 2010 right knee color arthroscopic photos, sixteen in total. He concluded his "opinion parallels that of Dr. Ramachandram (sic) that she has a 0% PPI since he directly observed the tissue and performed the surgery."

Curry submitted the report of Dr. Warren Bilkey dated December 8, 2011, who noted the October 30, 2009 work incident and subsequent treatment history for both knees, including the right knee arthroscopic procedure. Curry

reported the procedure did not provide relief to her right knee and she complained of bilateral knee pain and locking. Dr. Bilkey found as follows:

> 1) 10/30/09 work injury left knee contusion injury, strain injury. There was a nondisplaced patella fracture noted per MRI. This was treated conservatively. There is aggravation of degenerative joint disease of the left knee. Ms. Curry has acquired chronic knee pain and impairment
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> 2) Right knee strain, aggravation of degenerative joint disease of right knee, meniscus injury. Ms. Curry has undergone partial medial and lateral menisectomy surgery. She has acquired chronic right knee pain and impairment

Dr. Bilkey opined the pre-existing degenerative disease of both knees was not severe and was asymptomatic prior to October 30, 2009. Dr. Bilkey opined the diagnoses were due to the work injury and all treatment received has been reasonable, medically necessary and work-related. He noted Curry did not have an active impairment affecting the knees prior to October 30, 2009. Dr. Bilkey stated Curry reached MMI on December 1, 2010, and recommended she continue home exercises and anti-inflammatory medication. Dr. Bilkey restricted Curry from prolonged stance, sitting with legs dependent, driving and repetitive stair climbing. He further noted Curry is unable to squat or kneel and stated the restrictions are due to the October 2009 work

injury. Dr. Bilkey opined Curry is unable to return to her usual duties operating a tractor-trailer, noting she is unable to operate a clutch effectively and could not pass her commercial driver's license physical. Pursuant to the AMA Guides, Dr. Bilkey assigned a 15% impairment rating for her right knee condition and a 3% impairment rating for her left knee condition, yielding a combined 18% impairment rating all attributable to the October 30, 2009 work injury.

In an addendum dated March 16, 2012, Dr. Bilkey disagreed with Dr. Jacob's February 22, 2012 report and the opinions contained in his December 8, 2011 report remain unchanged. In an addendum dated March 29, 2012, Dr. Bilkey stated he disagreed with Dr. Jacob's March 2, 2012 report and again declined to change his opinions contained in the December 8, 2011 report.

Pegasus submitted a March 30, 2012 vocational report by Luca Conte, PH.D., C.R.C., who evaluated Curry on March 19, 2012. Dr. Conte concluded Curry demonstrated above-average academic abilities "who has the ability to perform work-related academic tasks into the semi-skilled and skilled sectors of the labor market." He further opined there are multiple occupations which would be consistent with her abilities including a variety of professional assistant occupations, sales representative and customer

service jobs, office, clerical and administrative support positions, and intermittent transportation and material moving occupations.

Curry submitted the March 26, 2012 Vocational Report by Robert Tiell, M.A., Vocational Psychologist and Consultant, who evaluated Curry on March 10, 2012. Mr. Tiell opined Curry has sustained a 100% occupational loss by virtue of her work injuries as it relates to the labor market as a whole. Mr. Tiell found Curry's condition and overall medical restrictions preclude her from performing any regular and sustained employment in a competitive work environment. In a report dated May 21, 2012, Mr. Tiell disagreed with Dr. Conte's vocational opinion and report.

Pegasus submitted a Truck Driver Job Description for over-the-road drivers of a tractor/trailer combination. It outlined the physical demands, which included the ability to: sit, stand and remain alert while driving or on duty for long periods; operate for long periods of time a clutch and manual transmission tractor/trailer unit; perform occasional squatting, stooping, crouching, crawling, bending, twisting, climbing, reaching, lifting and balancing to inspect equipment; load and unload commodities; enter and exit vehicle's cab ten or more times a day; and lift and connect

various equipment weighing up to or more than seventy-five pounds.

In the opinion, order and award rendered July 18, 2012, the ALJ found as follows:

> In analyzing this claim the undersigned accepts the Plaintiff's version of how she was injured as well as her allegations of her symptoms while continuing to work, including difficulty and increased pain in her left knee while using the clutch. I also accept that she has a long history of work and, even when faced with various difficulties, continued to work, albeit in differing jobs.
>
> As far as work-relatedness I choose to rely on the specific opinion of Dr. Ramachandran that the surgery was work-related. This opinion is supported by Dr. Bilkey. I note that while Dr. Ramachandran went on to say he does not believe this results in a permanent injury that this opinion does not directly address the issue of the work-relatedness of the surgery and initial injury and, regardless, does not seem to comport entirely with Kentucky workers' compensation law and the entirety of the evidence. Both the right and left knee injuries are work-related.
>
> I also note that Dr. Ramachandran has operated on the right knee. Even though he later found that she had sustained no permanent impairment rating for that, or the left knee, I find that inconsistent with the Plaintiff's medical history, her credible reporting of symptoms and the surgery as done.

Rather, in reliance on the Plaintiff's credible symptoms and the report of Dr. Bilkey I find that the Plaintiff retains an 18% impairment rating. I realize this is inconsistent with the opinions of Dr. Jacob, Dr. Kline and even Dr. Ramachandran. Nonetheless, I believe this is correct, especially since the idea of a zero impairment rating for the right knee is totally rejected. The case for the left knee, though not quite as strong, is supported by the difficulties the Plaintiff has with it, including use of the truck clutch.

I also adopt and accept the restrictions as assigned by Dr. Bilkey. Once again, they are consistent with the Plaintiff's surgical history and her credible complaints. As such she is limited in her ability to stand, sit, or drive. Clearly the limitation on her ability to drive, by itself, precludes a return to her job as an over the road truck driver.

Furthermore, given her educational background, work history and age the Plaintiff is, solely from the effects of the work injury, permanently and totally disabled. The Plaintiff is unable, given the severe restrictions she is under, to return to any of her past work. It is true that she has been a business owner but that activity was always more in the nature of a working owner in a menial labor job. She also performed date[sic] entry, but that requires her to sit, which she cannot do in a sustained work environment. Inasmuch as the Plaintiff cannot return to any type of work for which she is experienced or trained she would require job retraining to reenter the work force. Given her age it is highly unlikely that job retraining

> would produce any legitimate employment opportunities and would, frankly, be a waste of time.
>
> Based on all of the foregoing the Plaintiff is permanently, totally disabled.
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> The Plaintiff's permanent total disability award shall be $694.30 (maximum rate), until she qualifies for normal social security retirement, from December 1, 2009 (her last date worked). She is also entitled to all past, present and future work-related and reasonable and necessary medical expenses for the work-related right and left knee injuries.

Pegasus filed a petition for reconsideration asserting the ALJ did not provide sufficient factual findings to support his conclusion that Dr. Ramachandran's opinion regarding permanent injury and impairment "does not seem to comport entirely with Kentucky's workers' compensation law." Pegasus requested this finding be reconsidered and Dr. Ramachandran's opinion be accepted as reliable in determining whether Curry sustained a permanent injury and impairment. Likewise, Pegasus argued the ALJ should reconsider his conclusion that Dr. Ramachandran's opinion regarding permanent injury and impairment did not comport with the "entirety of the evidence" in light of the opinions of Drs. Jacob and Kline. Pegasus argued the ALJ's opinion did not include sufficient findings to allow for an

understanding of the statement "the idea of zero impairment rating for the right knee is totally rejected." Finally, Pegasus argued the rejection of Dr. Ramachandran's zero percent impairment rating was erroneous, and therefore the award of permanent total disability benefits was improper and should be reconsidered.

Curry filed a petition for reconsideration stating her age was incorrectly noted as 65 in the opinion and requested it be corrected to reflect she is 63 years old.

In the order on reconsideration dated August 20, 2012, the ALJ corrected Curry's age and found as follows regarding Pegasus' petition for reconsideration:

> The ALJ has been asked for an explanation of why he concluded that Dr. Ramachandran's opinions were not based on Kentucky law. Dr. Ramachandran reported that plaintiff's right knee injury was caused and brought about by the work accident, but that she was not entitled to an AMA impairment rating under the 5th Edition for her right knee injury. Dr. Bilkey and Dr. Jacob had both reported that plaintiff's diagnosis for her right knee injury entitles her to a minimum a 4% impairment rating in accordance with the 5th Edition of the AMA Guides, which according to Kentucky law are[sic] applicable. The ALJ has gleaned the opinions of Dr. Ramachandran regarding the permanent impairment of plaintiff are not consistent with Kentucky law, because of the failure of Dr.

> Ramachandran to provide plaintiff with any permanent impairment rating whatsoever for her condition.

It is well established that a claimant in a workers' compensation claim bears the burden of proof and risk of non-persuasion before the ALJ, as fact finder, with regard to each of the essential elements of her cause of action, including permanent injury and impairment. Burton v. Foster Wheeler Corp., 72 S.W.3d 925, 928 (Ky. 2002). Since Curry was successful before the ALJ, the question on appeal is whether substantial evidence of record supports 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). 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).

Curry's testimony and Dr. Bilkey's opinions constitute substantial evidence supporting the ALJ's determination Curry sustained permanent injuries to both knees resulting in an 18% impairment. The ALJ was well within his role as fact-finder in finding Curry's testimony regarding her injury and symptoms credible. Likewise, the ALJ acted within his discretion by relying upon the opinion of Dr. Bilkey regarding impairment. Dr. Bilkey diagnosed a left knee contusion injury, strain injury, non-displaced patella fracture as revealed by the MRI and an aggravation of degenerative joint disease. He also noted a right knee strain, aggravation of degenerative joint disease, and a meniscus injury requiring surgery. He further found the pre-existing degenerative disease of both knees asymptomatic prior to the work incident. He opined the diagnoses are due to the work injury. Dr. Bilkey assigned a 15% impairment rating for her right knee and a 3% impairment rating for her left knee, yielding a combined 18% impairment rating all attributable to the October 30, 2009 work injury. Because the ALJ's decision is supported by substantial evidence, we will not disturb his decision.

Pegasus' appeal centers on the ALJ's statements and conclusions of Dr. Ramachandran, specifically:

> I note that while Dr. Ramachandran went on to say he does not believe this results in a permanent injury that this opinion . . . does not seem to comport entirely with Kentucky workers' compensation law and the entirety of the evidence. . . .
>
> Nonetheless, I believe this is correct, especially since the idea of a zero impairment rating for the right knee is totally rejected.

The above language indicates the ALJ merely rejected the opinion of Dr. Ramachandran which is within his discretion. He clearly found Dr. Bilkey's opinions and Curry's testimony more persuasive. Although Pegasus may point to evidence supporting a conclusion more favorable to its position, this is not an adequate basis to reverse on appeal. McCloud v. Beth-Elkhorn Corp., supra.

We find no merit in Pegasus' argument the ALJ did not provide necessary findings explaining his rejection of Dr. Ramachandran's impairment rating assessment as not seeming "to comport entirely with Kentucky workers' compensation law" in his opinion or order on reconsideration. It is well established parties are entitled to findings sufficient to inform them of the basis for the ALJ's decision to allow for meaningful appellate

review. Kentland Elkhorn Coal Corp. v. Yates, 743 S.W.2d 47 (Ky. App. 1988); Shields v. Pittsburgh and Midway Coal Mining Co., 634 S.W.2d 440 (Ky. App. 1982). However, an ALJ is not required to engage in a detailed discussion of the facts or set forth the minute details of his reasoning in reaching a particular result. The only requirement is the decision must adequately set forth the basic facts upon which the ultimate conclusion was drawn so the parties are reasonably apprised of the basis of the decision. Big Sandy Community Action Program v. Chafins, 502 S.W.2d 526 (Ky. 1973).

In the opinion, order and award rendered July 18, 2012, the ALJ noted Dr. Ramachandran's opinions regarding impairment were unclear on the issue of work-relatedness of the right knee procedure. He further stated Dr. Ramachandran's opinion Curry had sustained no permanent impairment rating for her right knee procedure or her left knee "inconsistent with the Plaintiff's medical history, her credible reporting of symptoms and the surgery as done." The ALJ determined Curry retains an 18% impairment rating based upon her credible symptoms and Dr. Bilkey's report.

In the August 20, 2012 order denying Pegasus' petition for reconsideration, the ALJ further explained

Drs. Bilkey and Jacob both assigned permanent impairments for Curry's right knee. He then concluded Dr. Ramachandran's opinions regarding Curry's permanent impairment are not consistent with Kentucky law because of his failure to assess a permanent impairment rating whatsoever for her condition. The above analysis adequately sets forth the facts upon which the ultimate conclusion was drawn so the parties are reasonably apprised of the basis of the decision. Big Sandy Community Action Program v. Chafins, supra.

We believe the decision regarding permanent injury and impairment is supported by substantial evidence. Accordingly, the opinion, order and award rendered by Hon. Chris Davis, Administrative Law Judge, on July 18, 2012, and order on reconsideration entered August 20, 2012 are hereby **AFFIRMED**.

ALL CONCUR.

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