

NOTICE: This order was filed under Supreme Court Rule 23(b) and is not precedent except in the limited circumstances allowed under Rule 23(e)(1).

IN THE
APPELLATE COURT OF ILLINOIS
FIFTH DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

UNIVERSITY OF ILLINOIS,	)	Appeal from the Circuit
	)	Court of Champaign County
Appellant,	)	
	)	
v.	)	No. 25 MR 128
	)	
THE ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION, <i>et al.</i>	)	Honorable
	)	Chad Beckett,
(Dawanna Thomas, Appellee).	)	Judge, presiding.

JUSTICE ROCHFORD delivered the judgment of the court.
Presiding Justice Holdridge and Justices Mullen, Cavanagh, and Barberis concurred in the judgment.

ORDER

¶ 1 *Held:* We affirmed the judgment of the circuit court which confirmed the decision of the Illinois Workers' Compensation Commission, awarding the claimant benefits pursuant to the Workers' Compensation Act (820 ILCS 305/1 *et seq.* (West 2024)), finding that the Commission's determinations as to accident, causal connection, temporary total disability, medical expenses, and permanent partial disability are not against the manifest weight of the evidence.

¶ 2 The University of Illinois (University) appeals from an order of the Circuit Court of Champaign County which confirmed the decision of the Illinois Workers' Compensation Commission (Commission), awarding claimant, Dawanna Thomas, benefits under the Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2024)) for a work-related injury she sustained on August 23, 2019. We affirm the judgment of the circuit court.

¶ 3 The following recitation of the facts relevant to a disposition of this appeal is taken from the evidence adduced at an arbitration hearing held on August 12, 2024.

¶ 4 On August 23, 2019, claimant was employed by the University. She testified that as of that date, she had been employed by the University for just over four years in various capacities, including as a cook and caterer. In her capacity as a caterer, her tasks included setting up and tearing down events. Some events required that she set chafers out on tables for the guests to serve themselves. She described a chafer as a metal container with a lid, weighing at least 35 pounds, which stores food and water that can be kept warm by lighting a candle underneath the container to boil the water.

¶ 5 Claimant testified that, on Friday, August 23, 2019, she was working as a caterer at an event which required the use of chafers. While customers were arriving, she noticed that the wrong sized chafers were on the tables and needed to be exchanged with chafers that were kept in the back storage room. She transferred and replaced four or five chafers with the assistance of a wheeled cart. While moving the chafers, she noticed a shooting pain from her right shoulder down to her elbow. She reported her injury to her supervisor, Michael Downes, who told her she could not leave early. She completed her shift.

¶ 6 Claimant testified that, prior to August 23, she did not have any right shoulder pain and had never sought treatment for her right shoulder. She was working full duty, without any type of restrictions, in a position that was classified as a heavy-duty job.

¶ 7 On the evening of August 23, claimant presented to the emergency department (ED) at OSF Heart of Mary Medical Center (OSF) with right shoulder pain. The medical history provided that claimant had:

“onset left shoulder pain that began 1 day PTA. Reports that she had a cyst removed in the same shoulder 3 months ago. Describes pain as ‘tingling and numb.’ Pain is worse with movement and deep breaths. Denies an injury or hx of gout.”

After a physical exam, claimant exhibited “[m]ild tenderness over the musculature lateral to scapular” in her right shoulder. The diagnosis management comments noted that claimant had “[g]radual onset right shoulder pain after heavy lifting and repetitive movements at work.” Claimant also reported right shoulder pain since “yesterday” and that she “lifts a lot at work and thinks she might’ve pulled a muscle.” Claimant was diagnosed with a right shoulder strain. She was provided with medications, instructed to schedule a follow-up appointment, and discharged without restrictions.

¶ 8 On August 25, claimant presented to the ED at Carle Hospital with right arm pain and tingling that started Friday after heavy lifting at work. She was taking medications, but they were not providing relief. An x-ray showed no acute fracture or dislocation or any significant degenerative changes. Claimant was diagnosed with an overuse injury to the right pectoral girdle. Claimant was instructed to follow up with occupational medicine and to rest, use a sling, and perform activity as pain allows.

¶ 9 On August 27, claimant was evaluated by Dr. David Zeman at Carle Orthopedic and Sports Medicine. Claimant complained of right shoulder pain caused by too much heavy lifting while working on Friday. The items she lifted weighed between 30 and 40 pounds. Claimant reported that she did not sustain any traumatic or other sudden injury while working. Medication did not help the pain. Dr. Zeman assessed claimant with a right shoulder strain and subdeltoid bursitis. He ordered occupational therapy and administered a corticosteroid injection into her right shoulder.

Claimant was released to work with the following restrictions “no elevation or forceful use of right arm.”

¶ 10 Claimant testified that she provided the University with these restrictions. The University did not allow her to work within those restrictions. She was off work between August 24 and September 24, 2019.

¶ 11 On September 6, 2019, claimant underwent an occupational therapy evaluation at Carle Therapy Services. She reported right shoulder pain that developed after work as a cook, which required her to lift heavy pots and pans. She was recommended to undergo skilled therapy for pain management to improve her range of motion, strength, and function of her right upper arm.

¶ 12 On September 24, she followed up with Dr. Zeman. She reported that the injection did not provide any pain relief or improvement. She started physical therapy but did not find it to be beneficial. Dr. Zeman assessed her with right shoulder bursitis with failed response to corticosteroid injection and minimal progress with therapy. Dr. Zeman ordered a right shoulder MRI and modified her pain medications. Dr. Zeman also modified her work restrictions to lifting 50 pounds maximum.

¶ 13 Claimant testified that she presented these work restrictions to the University and was able to go back to work.

¶ 14 On October 18, 2019, claimant underwent an MRI to her right shoulder, which demonstrated: a possible tear in the posterior glenoid labrum, infiltration of the rotator interval fat which could be seen with adhesive capsulitis, and mild infraspinatus tendinopathy. On October 28, Dr. Zeman reviewed the MRI results and assessed her with a symptomatic labral tear. He referred her to Dr. Robert Bane for a surgical consultation.

¶ 15 On October 31, 2019, claimant presented to the ED at Carle Hospital with right shoulder pain. She reported that she was injured when “moving a buffet cart in August” and denied a “direct injury.” An x-ray demonstrated no fracture, and her recent MRI results were reviewed. Claimant was diagnosed with chronic right shoulder pain. On November 2, claimant presented to the ED at OSF with right shoulder pain. Claimant noted that the pain was “secondary to an injury occurring while at work in May 2018,” but also from “pull[ing] a muscle a few months ago.” She attributed the shoulder pain to moving heavy objects at work. Claimant declined an arm sling, was administered gabapentin, and prescribed additional medications. On November 4, claimant presented to the ED at Carle Hospital for ongoing right shoulder pain that was radiating into her chest. A chest CT scan did not identify any source of claimant’s complaints. She was prescribed Ibuprofen, Norflex, and Prednisone. It was noted that claimant showed signs consistent with drug-seeking behavior.

¶ 16 On November 18, 2019, claimant was evaluated by Dr. Bane. Claimant reported that, on August 23, she was “moving a food tray at a catering event and felt pain in her right shoulder” and has had consistent pain since that date. Dr. Bane reviewed the October MRI and suspected that she had frozen shoulder and possibly a posterior labral tear. He ordered a chest MRI and an intra-articular injection. Dr. Bane opined that any labral repair surgery would not be a good option but suggested a possible arthroscopy or debridement if conservative treatment failed. He modified her work restrictions to avoid repetitive use of her right shoulder.

¶ 17 On November 20, claimant received a right shoulder intra-articular injection. On April 17, 2020, after reporting no improvement, Dr. Bane recommended a right shoulder manipulation arthroscopy with lysis of adhesions and labral debridement. On June 24, 2020, Dr. Bane performed

the manipulation, diagnosed claimant with adhesive capsulitis and fraying of the labrum, and ordered physical therapy.

¶ 18 Claimant testified that she was off work from June 24 through August 4, 2020.

¶ 19 On July 9, 2020, claimant attended an initial physical therapy evaluation at Carle Therapy Services and attended her first physical therapy session on July 27. Thereafter, she reported that she was in too much pain to continue. After multiple no shows and cancellations, claimant was discharged from therapy.

¶ 20 On August 26, 2020, claimant attended a post-operative telehealth visit with Physician Assistant (PA) Danny McFarlin. She reported continued pain and that she could only raise her arm about 90 degrees. PA McFarlin ordered another intra-articular injection, which claimant received on September 3. On September 25, during a follow-up visit with PA McFarlin, he was unable to test claimant for impingement as it was too painful. He assessed her with persistent chronic right shoulder pain and some elements of adhesive capsulitis. PA McFarlin performed a third injection, adjusted her medications, and ordered a repeat right shoulder MRI.

¶ 21 On October 26, 2020, claimant underwent the MRI, which demonstrated: tendinosis of the infraspinatus, no significant tear; status post acromioplasty, very small amount of fluid within the subacromial deltoid space; and mild AC arthrosis. In an October 27 call log, Dr. Bane indicated that, if claimant still had frozen shoulder, he would recommend another manipulation and intra-articular injection. Claimant did not show up for her appointments with Dr. Bane on December 1, 2020, and January 19, 2021.

¶ 22 Claimant testified that, following the second MRI, she chose not to move forward with a second surgery as she did not feel she could take any more time off work and she also did not undergo any further treatments to her right shoulder.

¶ 23 At the time of the hearing, claimant testified that she was still suffering from daily pain. Claimant uses ice and heat every couple of days and takes Ibuprofen and Tylenol daily. She is right-handed and is not currently employed. Claimant has not had any injuries to her right shoulder since August 23, 2019.

¶ 24 On cross-examination, claimant testified that she noticed pain after moving one chafer. She has previously filed two workers' compensation claims and testified as to several documents admitted into evidence.

¶ 25 On August 22, 2017, she filed an application for adjustment of claim (case number 17 WC 024430), alleging that on July 28, 2017, she injured her right knee and body at work. A July 28, 2017, accident report, noted that she was exiting a closet room filling up a shampoo machine wherein the water hose had a hole and she slipped and fell on water that was behind her. There was a witness to this event. Claimant testified that she had scheduled a right knee exam at Carle Hospital on July 24, 2017, four days prior to the alleged accident date. She further testified that she eventually voluntarily dismissed the claim.

¶ 26 In case number 19 WC 007887 claimant alleged that, while employed as a chef, she had an accident where another employee was carrying a hot pan from an oven and hit her neck, causing scarring. The arbitrator in that case found that certain testimony from claimant regarding a burn and disfigurement to her chin was not credible and not as large as she testified to at trial. Claimant testified that she had scarring on her chin and neck from the incident.

¶ 27 Claimant testified that on August 23, 2019, she signed up to work additional hours as a server for the event. She noticed pain as she was moving chafers from the table to the cart and then to the back room. There were two different sized chafers that she had to exchange, and she noticed pain when she was moving them back and forth from the table to the cart to the back room. The

tables were a little taller than waist height. After injuring her shoulder, she could have left on her own volition but did not as she was worried she would receive a “write-up.” She denied telling Downes that her back hurt and that she needed to leave early due to back pain. After she was released from care and allowed to return to work without restrictions, she did not and has not attempted to seek any further medical care.

¶ 28 On August 26, 2019, claimant completed an accident report regarding the August 23 incident. She indicated that she injured her right shoulder and had a back strain. She further explained that she “felt sharp pain, numbness, tingling right arm.” She did not explain how the injury occurred.

¶ 29 On that same date, Amy Todd, acting as claimant’s supervisor, filled out a report of injury which indicated that claimant felt a sharp pain in her right shoulder and back on August 23, when she was pushing, pulling, and lifting equipment. There were three witnesses to the event and claimant reported the injury on August 23.

¶ 30 An Athletico physical demand analysis report indicated the activities that a server provided at an event mostly fell in the light to medium physical demand level and noted that a chafer weighed 34.6 pounds.

¶ 31 Downes, employed by the University as a unit manager for catering, testified that he supervised claimant’s shift on August 23. On that date, the chafers were misplaced and had to be exchanged for the proper size. He did not see who moved the chafers. A chafer weighed between 25 and 30 pounds when empty.

¶ 32 Downes testified that, during that shift, claimant reported to him that her back had been bothering her throughout the day and asked to be sent home early. She gestured with her right hand “pointing over her—toward over her left shoulder and saying my back has been hurting.” He could

not recall how high or low her arm was when she pointed to her back. She did not mention that she injured her right shoulder or that she hurt herself by moving chafers. Had claimant reported the alleged injury, he would have completed a written accident report and sent claimant to seek immediate treatment.

¶ 33 Downes testified that the University had a “four-hour callback window” policy, requiring that, if an employee was sent home early by the University, they would receive at least four hours of pay regardless of how many hours they worked. Employees were free to leave of their own volition, but if they did so, they would not automatically receive four hours of pay. They also would not automatically receive a “write-up.” Claimant did not receive any disciplinary action for seeking treatment after her shift.

¶ 34 On cross-examination, Downes testified, after looking at the Athletico physical demand analysis, that he had no way to dispute that a chafer, when empty, weighed 34.6 pounds. He confirmed that it was possible that claimant was the employee tasked with moving the chafers.

¶ 35 In an evidence deposition, Dr. Bane testified that he first saw claimant on November 18, 2019, for an evaluation of her right shoulder. After examining claimant and reviewing her first MRI, he assessed her with adhesive capsulitis. On June 24, 2020, during the manipulation surgery, Dr. Bane noticed fraying in the labrum, but no significant tears.

¶ 36 Dr. Bane opined that the treatment that she underwent for her right shoulder was reasonable and necessary. Dr. Bane further opined that the events, as explained by claimant, did not lead to any significant tears in her shoulder, but that it caused some degree of inflammation that helped contribute to the development of adhesive capsulitis. He explained that adhesive capsulitis is not a fully understood diagnosis which can happen “out of the blue,” without any precipitating factor. It is also more likely to occur in women and people with diabetes.

¶ 37 On cross-examination, Dr. Bane testified that the fraying in her labrum likely occurred over time and was not attributable to an occupational exposure. He did not know the specific details of how claimant injured her shoulder other than moving a food tray caused her discomfort. Claimant did not exhibit any shoulder instability during her examination. Dr. Bane further testified that patients are typically placed at medical maximum improvement one year after surgery and some can reach it prior to or after one year.

¶ 38 On January 19, 2022, Dr. Nikhil Verma, at the request of the University, prepared a report after a review of claimant's records, diagnostic studies, event contract from August 23, and the Athletico physical demand analysis. Dr. Verma diagnosed patient with right shoulder adhesive capsulitis status post-arthroscopic release which was not work-related. Adhesive capsulitis is a common condition within the general population and frequently occurs in women of claimant's age group. There is no association between adhesive capsulitis and repetitive lifting activities. The type of work that claimant performed would not be associated with the development of adhesive capsulitis. The treatment received by claimant was reasonable and necessary but not work-related. The typical timeframe for medical maximum improvement would be approximately six months following surgery. Claimant's treatment had been prolonged and had not undergone any treatment since 2020. Any additional treatment would be for a non-work-related condition.

¶ 39 In an evidence deposition, Dr. Verma testified that he assessed claimant with adhesive capsulitis status post arthroscopic release. He opined that her right shoulder condition was idiopathic and occurs normally within the general population. His opinion was based on claimant's age group and that the development of adhesive capsulitis typically occurs without an inciting factor. There is no scientific data causally linking adhesive capsulitis to either repetitive injury or trauma. Claimant's treatment had been reasonable.

¶ 40 On cross-examination, Dr. Verma testified that he never examined claimant. He agreed that the records indicated that her right shoulder pain began on August 23.

¶ 41 Following the arbitration hearing, the arbitrator issued a written decision on September 27, 2024, after reviewing and summarizing all of the evidence, including the medical records, finding that the claimant sustained an accident that arose out of and in the course of her employment with the University on August 23, 2019, and that her current condition of ill-being is causally related to that accident. The arbitrator found that claimant was entitled to temporary total disability from August 24 through September 24, 2019, and June 24 through August 4, 2020, her past medical expenses, and permanent partial disability benefits, as the nature and extent of her injuries amounted to 10% loss of her person as a whole.

¶ 42 The University filed a petition for review of the arbitrator's decision before the Commission. On May 6, 2025, the Commission issued a unanimous decision affirming and adopting the decision of the arbitrator.

¶ 43 The University sought judicial review of the Commission's decision in the circuit court. On January 6, 2026, the circuit court entered an order confirming the Commissions' decision, and this appeal followed.

¶ 44 The University first argues that the Commission's finding that the claimant suffered an accident arising out of and in the course of her employment on August 23, 2019, is against the manifest weight of the evidence. It contends that the Commission failed to address "critically important" evidence in its decision. At the hearing, claimant testified that she had an acute onset of symptoms when she injured her right shoulder while transferring chafers. However, according to the University, claimant's contemporaneous medical records contradict her testimony where she denied suffering any traumatic or sudden injury. The University further argues that the

Commission failed to address contradictory evidence in its conclusions of law where claimant's medical histories show various descriptions of how her injury occurred, including lifting at work, lifting pots, pans and a food tray, and moving a buffet cart.

¶ 45 To obtain compensation under the Act, the claimant must establish by a preponderance of the evidence all of the elements of her claim, including that she sustained a disabling injury that arose out of and in the course of her employment. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203 (2003). An injury occurs in the course of employment when it is sustained while a claimant is at work or while she performs reasonable activities in conjunction with her employment. *McAllister v. Illinois Workers' Compensation Comm'n*, 2020 IL 124848, ¶ 34. Whether an employee suffered an accident which arises out of and in the course of her employment is a question of fact to be resolved by the Commission, which will not be disturbed unless it is against the manifest weight of the evidence. *Western Springs Police Department v. Illinois Workers' Compensation Comm'n*, 2023 IL App (1st) 211574WC, ¶ 17. For a finding to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Tolbert v. Illinois Workers' Compensation Comm'n*, 2014 IL App (4th) 130523WC, ¶ 39. Whether a reviewing court might reach the same conclusion is not the test of whether the Commission's determination on a question of fact is supported by the manifest weight of the evidence. Rather, the appropriate test is whether there is sufficient evidence in the record to support the Commission's determination. *Benson v. Industrial Comm'n*, 91 Ill. 2d 445, 450 (1982).

¶ 46 Here, claimant in her testimony at the hearing was consistent in describing the accident as it occurred on August 23. She felt pain in her right shoulder while she was working for the University at a catering event. At this event, she needed to move four to five chafers that weighed between 30 and 40 pounds, which are heavier when full. To move the chafers, she had to lift them

from above waist height to a wheeled cart that she pushed to the back room. She had to move these chafers quickly as guests were already arriving. Upon feeling pain in her shoulder, she reported to her supervisor and requested to leave early. Downes's testimony corroborated claimant's version of events where he agreed that multiple chafers needed to be transferred and replaced at the August 23 event and that, although he did not see who moved the chafers, claimant could have been one of the employees asked to complete that task. He further testified that claimant told him that she was injured and requested to go home.

¶ 47 On the same day as the work-related accident, claimant went to the ED for treatment, complaining of right shoulder pain. She also complained of right shoulder pain, on August 25 and 27, and explained that it was caused by heavy lifting at work, noting that she was lifting items between 30 and 40 pounds. Three days after the accident, claimant and another supervisor filled out reports detailing a work injury, noting right shoulder pain from pushing, pulling, and lifting equipment. Claimant continued with treatments and eventually had surgery to address her right shoulder pain. Based on the foregoing, we cannot find that the Commission's finding that claimant suffered a work-related accident was against the manifest weight of the evidence.

¶ 48 The University argues that claimant's testimony was inconsistent with her contemporaneous medical records where, during her initial visits, she reported that her pain began the day prior to the event and denied a traumatic injury. However, looking at the medical records as a whole the records indicate that claimant suffered from right shoulder pain that began after the work accident on August 23. Specifically, the medical records noted that claimant had "[g]radual onset of right shoulder pain after heavy lifting and repetitive movements at work" and that "she lifts a lot at work and think's she might have pulled a muscle." The medical records further describe her injury as occurring while at work on Friday and during her overtime shift as a cook and cater.

These medical records support claimant's testimony and the Commission's finding that claimant suffered an accident arising out of and in the course of employment with the University.

¶ 49 The University also argues that, throughout claimant's treatment, she provided various descriptions of the accident to her medical providers, which were not consistent with her version of events.

¶ 50 In affirming the decision of the arbitrator on the issue of accident, the Commission was aware that the notes in the medical records reflected various descriptions of the mechanism of injury given by claimant to her medical providers. As the arbitrator noted, and the Commission affirmed, claimant's testimony was confirmed by the testimony of Downes as well as the medical records indicating the development of right shoulder pain after lifting at work. We have reviewed the various descriptions of the incident contained in the record that were provided, and although they may differ as to the precise name of the object that she was moving, *i.e.* a chafer, pot, pan, food tray, or a buffet cart, we find that claimant was consistent in reporting that she was injured when she was lifting serving objects at work that weighed 30 to 40 pounds.

¶ 51 The University also argues that claimant's prior non-credible conduct before the Commission establishes a lack of credibility in her testimony where a prior arbitrator found her allegation of disfigurement not credible and where she voluntarily dismissed her claim regarding her left knee pain. However, the arbitrator specifically found that claimant credibly testified that she was injured on August 23, while moving chafers. By affirming and adopting the arbitrator's decision as to accident, the Commission implicitly adopted the arbitrator's credibility finding. It is the function of the Commission to assess the credibility of a witness. *ABF Freight System v. Illinois Workers' Compensation Comm'n*, 2015 IL App (1st) 141306WC, ¶ 19. We find that claimant's

prior conduct before the Commission forms no basis upon which to question the credibility finding of the Commission in this case.

¶ 52 The University cites *Head v. Illinois Workers' Compensation Comm'n*, 2013 IL App (5th) 120543WC-U, as persuasive guidance. In *Head*, an unreported case filed under Illinois Supreme Court Rule 23 (eff. Jun. 3, 2025), this court found that the Commission's findings were unclear and provided no specific finding regarding the credibility of a witness. *Id.* ¶ 31-32. We do not find *Head* persuasive where the Commission, in this case, found claimant's testimony credible where it was confirmed by the testimony of Downes and the medical records.

¶ 53 Based on the record before us, we cannot conclude that the Commission's finding that claimant suffered an accident arising out of and in the course of employment with the University on August 23, 2019, is against the manifest weight of the evidence.

¶ 54 Next, the University argues that the Commission's finding that the claimant's conditions are causally related to her work accident is against the manifest weight of the evidence. The Commission adopted its prior argument as to claimant's admissions against interest and contradictory statements. It further argued that the Commission gave too much weight to claimant's own treating physician, Dr. Bane, over Dr. Verma, and that it erred in adopting a chain of events analysis.

¶ 55 The claimant has the burden of establishing, by a preponderance of the evidence, some causal relationship between her employment and her injury. *Caterpillar Tractor Co. v. Industrial Comm'n*, 129 Ill. 2d 52, 63 (1989). Whether a causal relationship exists between a claimant's employment and her injury is a question of fact to be resolved by the Commission and its resolution of the issue will not be disturbed on review unless it is against the manifest weight of the evidence. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984).

¶ 56 Here, Dr. Bane, who examined and performed surgery on claimant, diagnosed her with adhesive capsulitis. He opined, even though adhesive capsulitis can occur “out of the blue,” that the series of events as described by claimant caused some degree of inflammation that helped contribute to the development of adhesive capsulitis. He found that if claimant’s descriptions were accurate, there was causation from the August 23 accident.

¶ 57 In the portion of his decision relating to causation, which the Commission affirmed, the arbitrator found the causation opinion of Dr. Bane more persuasive as Dr. Bane examined petitioner and performed the corrective procedure. Dr. Verma, on the other hand, never examined claimant and relied on the medical records to form his opinion. It was the function of the Commission to resolve conflicts in the evidence, including medical testimony; assess the credibility of the witnesses; assign weight to the evidence; and draw reasonable inferences from the evidence. *ABF Freight System*, 2015 IL App (1st) 141306WC, ¶ 19. Based upon the causation opinion of Dr. Bane, which the Commission found more credible and persuasive than the opinion of Dr. Verma, we are unable to conclude that the Commission’s finding of causal connection between the claimant’s adhesive capsulitis and her August 23, 2019, work accident is against the manifest weight of the evidence.

¶ 58 As to the University’s argument that the Commission improperly adopted a chain of events analysis where claimant had not established a previous condition of good health, we disagree. “A chain of events which demonstrates a previous condition of good health, an accident, and a subsequent injury resulting in disability may be sufficient circumstantial evidence to prove a causal nexus between the accident and the employee’s injury.” *International Harvester v. Industrial Comm’n*, 93 Ill. 2d 59, 63-64 (1982). The record shows that as of August 23, 2019, claimant was working in full capacity without any restrictions and there were no medical records provided that

showed that claimant received treatment for right shoulder pain prior to August 23, 2019. Dr. Bane opined that claimant's description of events on August 23, 2019, contributed to an inflammatory process that caused the development of adhesive capsulitis in her right shoulder. Further, the medical records, confirmed by Dr. Verma, indicated that claimant's right shoulder onset of symptoms began on August 23, 2019. Claimant's testimony coupled with the medical records and Dr. Bane's opinion provided a "chain of events" that was sufficient to establish causation.

¶ 59 Accordingly, we conclude that the Commission's finding of a causal relationship between the claimant's work accident and her current condition of ill-being is not against the manifest weight of the evidence.

¶ 60 Finally, the University argues that the Commission's awards of TTD, medical, and permanency benefits are against the manifest weight of the evidence. The arguments are based solely on the University's accident and causation arguments. Having rejected its arguments as to accident and causation, we also reject the University's arguments addressed to TTD, medical, and permanency benefits for the same reasons.

¶ 61 Based upon the foregoing analysis, we affirm the judgment of the circuit court which confirmed the decision of the Commission awarding benefits under the Act for injuries claimant sustained on August 23, 2019, while working for the University.

¶ 62 Affirmed.