STATE OF RHODE ISLAND

PROVIDENCE, SC.

WORKERS COMPENSATION COURT
APPELLATE DIVISION

STATE OF RHODE ISLAND	)	
	)	
VS.	)	W.C.C. 2020-01068
	)	
MELISSA A. JONES	)	

FINAL DECREE OF THE APPELLATE DIVISION

This matter came to be heard by the Appellate Division upon the claim of appeal of the respondent/employee and upon consideration thereof, the employee's claim of appeal is denied and dismissed, and it is

ORDERED, ADJUDGED, AND DECREED:

That the findings of fact and the orders contained in a decree of this Court entered on January 13, 2023 be, and they hereby are, affirmed.

Entered as the final decree of this Court this **26th day of May, 2026.**

PER ORDER:

/s/ Nicholas DiFilippo
Administrator

ENTER:

/s/ Olsson, J.

/s/ Feeney, J.

/s/ Reall, J.

STATE OF RHODE ISLAND

PROVIDENCE, SC.

WORKERS COMPENSATION COURT
APPELLATE DIVISION

MELISSA A. JONES	)	
	)	
VS.	)	W.C.C. 2021-04520
	)	
RHODE ISLAND COLLEGE	)	

FINAL DECREE OF THE APPELLATE DIVISION

This matter came to be heard by the Appellate Division upon the claim of appeal of the petitioner/employee and upon consideration thereof, the employee's claim of appeal is denied and dismissed, and it is

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STATE OF RHODE ISLAND

PROVIDENCE, SC.

WORKERS COMPENSATION COURT
APPELLATE DIVISION

MELISSA A. JONES	)	
	)	
VS.	)	W.C.C. 2021-07149
	)	
RHODE ISLAND COLLEGE	)	

FINAL DECREE OF THE APPELLATE DIVISION

This matter came to be heard by the Appellate Division upon the claim of appeal of the petitioner/employee and upon consideration thereof, the employee's claim of appeal is denied and dismissed, and it is

ORDERED, ADJUDGED, AND DECREED:

That the findings of fact and the orders contained in a decree of this Court entered on January 13, 2023 be, and they hereby are, affirmed.

Entered as the final decree of this Court this **26th day of May, 2026.**

PER ORDER:

/s/ Nicholas DiFilippo
Administrator

ENTER:

/s/ Olsson, J.

/s/ Feeney, J.

/s/ Reall, J.

STATE OF RHODE ISLAND

PROVIDENCE, SC.		WORKERS COMPENSATION COURT APPELLATE DIVISION
MELISSA A. JONES	)	
	)	
VS.	)	W.C.C. 2021-07149
	)	
RHODE ISLAND COLLEGE	)	
MELISSA A. JONES	)	
	)	
VS.	)	W.C.C. 2021-04520
	)	
RHODE ISLAND COLLEGE	)	
STATE OF RHODE ISLAND	)	
	)	
VS.	)	W.C.C. 2020-01068
	)	
MELISSA A. JONES	)	

DECISION OF THE APPELLATE DIVISION

OLSSON, J. This matter is before the Appellate Division on the employee's appeals from the trial judge's decision and decrees granting the employer's petition to discontinue benefits (W.C.C. 2020-01068), denying the employee's petition to review seeking permission to undergo surgery (W.C.C. 2021-04520), and denying the employee's petition to review to amend

the description of the injury (W.C.C. 2021-07149). The three (3) matters were consolidated for trial and remain consolidated for purposes of addressing the employee's appeals. After a thorough review of the record, and following consideration of the parties' respective arguments, we deny and dismiss the employee's appeals and affirm the trial judge's decision and decrees.

Melissa Jones (hereinafter "the employee") had been receiving weekly benefits for partial incapacity since August 6, 2017 pursuant to a pretrial order entered in W.C.C. 2017-05918 on December 5, 2017. In that pretrial order it was found that the employee developed right carpal tunnel syndrome due to her work activities which resulted in partial incapacity beginning August 6, 2017.

The employee testified that in 2016 she began working as a housekeeper at Rhode Island College (hereinafter "the employer") shortly after she had graduated from the college and was pursuing her master's degree in social work at the school. The physical demands of her job included stripping and waxing the floors, moving furniture, cleaning dorms, bathrooms, and the like. She specifically recalled having to bag garbage and then throw the bags over the side of a dumpster. The employee stated she stopped working on August 6, 2017 due to severe pain in her right arm up to her shoulder, pain in the palm of her right hand, numbness in her hands, and swelling of her forearm with increased use. She asserted that she did not have any problems with her hands when she started working and that the symptoms came on gradually.

The employee explained that after leaving work she was initially under the care of her primary care physician, Dr. Edward Westrick, and that she subsequently had right wrist surgery by Dr. Leonard Hubbard in May 2018. Following that surgery her symptoms "subsided some, but it gradually just came back" and "[t]he pain in [her] shoulder never went away." Trial Tr. 14:3-5. She also alleged that the pain and swelling in her forearm continued, as did the

numbness in her fingers and weakness in her arm. She testified that she has been unable to work since the onset of these symptoms but completes household activities while living with her elderly mother and significant other, who has a disability.

The employee discontinued her treatment with Dr. Hubbard in January 2020 and subsequently came under the care of Dr. Scott Allen in April 2021. Dr. Allen has recommended surgery for which the employee is seeking approval. Her ongoing symptoms included pain from her right shoulder to her fingertips, swelling in her arm, and continued burning in her hand and fingers. She stated that she is currently paying for her medical treatment through her private health insurance.

The medical evidence consists of the deposition and records of Dr. Arnold-Peter Weiss, the deposition and records of Dr. Gregory Austin, and the deposition and records of Dr. Scott Allen.

Dr. Weiss, a board-certified orthopedic surgeon, saw the employee on four (4) occasions at the request of the employer. At the first examination on November 14, 2017, the employee advised him that she was lifting heavy furniture at work in August 2017 and subsequently began to experience right wrist pain, tingling, and numbness, especially at night. The doctor noted physical findings of positive Tinel's and Phalen's signs on the right and diagnosed the employee with right carpal tunnel syndrome. Dr. Weiss found that the employee was partially disabled with a restriction of no heavy lifting over ten (10) pounds. He recommended that the employee wear a wrist splint and undergo EMG and NCS testing. He further advised that, should the diagnosis be confirmed by the electrodiagnostic testing, he would recommend a surgical release.

The second examination by Dr. Weiss was on December 13, 2018, after the employee had undergone a right endoscopic carpal tunnel release by Dr. Hubbard after the electrodiagnostic

testing confirmed the carpal tunnel syndrome diagnosis. On that date she complained of occasional numbness in the palm of her right hand with tip numbness in the carpal tunnel distribution. During the physical examination Dr. Weiss found a slightly positive Tinel's sign, a positive Phalen's test, and some decreased sensation in the right median nerve. He concluded that she was improved but recommended a repeat electrodiagnostic study due to her persistent symptoms. He opined that the employee remained partially incapacitated.

On July 18, 2019, Dr. Weiss completed a third examination of the employee. While she continued to complain of some numbness and tingling primarily in the palm of her right hand, with some radiation to her fingertips, Dr. Weiss stated that her condition had improved from the previous visit. The physical examination revealed a mildly positive Tinel's sign and Phalen's test on the right, but completely normal tests on the left. Dr. Weiss again diagnosed the employee with right carpal tunnel syndrome status post endoscopic release with a question due to her persistent symptoms. As the employee had no additional electrodiagnostic testing between visits, Dr. Weiss again recommended those studies be completed due to the persistent complaints. He stated that, at this point, the employee could work without restrictions.

Dr. Weiss conducted his final examination of the employee on February 11, 2020. He testified that, prior to this examination date, the employee had seen Dr. Gregory Austin, the court-appointed impartial physician. Dr. Austin had agreed with Dr. Weiss' earlier recommendation that the employee needed additional electrodiagnostic testing. Those tests were performed and showed no evidence of either right or left carpal tunnel syndrome, though there was some evidence of right radial tunnel syndrome. Dr. Weiss' physical examination was essentially normal with negative bilateral Tinel's and Phalen's tests.

Dr. Weiss remarked that the employee's right carpal tunnel syndrome had reached a medical endpoint, but there was a possibility of the presence of radial tunnel syndrome, which he characterized as feeling like a deep cramping sensation in the forearm which may cause weakness in the arm only it is very severe but does not cause numbness or tingling. He explained that radial tunnel syndrome is a very rare condition that affects a completely different nerve than the nerve that causes carpal tunnel syndrome and is in a different area of the arm. He stated that it is generally idiopathic and not due to overuse. Dr. Weiss expressed his opinion that the possible radial tunnel syndrome was unrelated to the employee's work activities. He based this opinion on the fact that the radial tunnel syndrome did not arise until almost three (3) years after the initial incident and his knowledge that this condition is not known to be specifically "work-related by either trauma or repetitive use." Er's Ex. D, Depo. of Dr. Arnold-Peter Weiss, at 18:18-25, 19:2-7. Dr. Weiss stated that further treatment for right carpal tunnel syndrome was not necessary and that the employee was able to return to work without restrictions.

On cross-examination, Dr. Weiss stated that he disagreed with Dr. Austin's suggestion that the condition may have been overlooked initially because the focus was on the carpal tunnel syndrome symptoms. Dr. Weiss testified that, during the first three (3) occasions he examined the employee, she had no elbow complaints that would suggest a radial tunnel injury. Both he and Dr. Hubbard examined the employee for this condition without finding any evidence that it existed until her final examination of February 2020. Dr. Weiss adamantly maintained that Dr. Austin's statements after examining the employee in November 2020 that the radial tunnel syndrome may have been overlooked or misdiagnosed were "completely speculative, have no evidence." Er's Ex. D, at 28:25-29:1. He repeatedly pointed out that he and Dr. Hubbard examined the employee multiple times from 2017 to 2020 and never recorded any complaints

from the employee that would be indicative of radial tunnel syndrome, nor did she have any physical findings on examination that would be consistent with that condition.

Dr. Austin, an orthopedic surgeon, conducted two (2) impartial medical examinations of the employee at the request of the court. The first examination occurred on October 1, 2019 during the litigation of the employer's prior unsuccessful petition to review (W.C.C. 2019-04835) alleging that the employee's incapacity had ended. Dr. Austin testified that his physical examination at that time revealed no complaints or physical findings consistent with cubital tunnel syndrome or radial tunnel syndrome. His diagnosis was right carpal tunnel syndrome, status post endoscopic release with persistent symptoms. He noted that it was difficult to pinpoint the employee's problem as she reported diffuse complaints around her wrist. He recommended additional EMG and NCS testing and found the employee partially disabled. Dr. Austin also commented that EMG and NCS testing performed on November 30, 2017 found no abnormalities relative to the ulnar and radial nerves but was consistent with right carpal tunnel syndrome.

The second evaluation occurred on November 2, 2020 during the pendency of the petitions currently on appeal. On that occasion the employee complained of pain and numbness in all her fingers as well as swelling in her right forearm. The forearm complaints were not present at the time of the doctor's earlier exam, nor was this complaint present in the reports of Dr. Hubbard. An EMG and a nerve conduction study on October 18, 2019 did not reveal findings of carpal tunnel syndrome but did show a question of posterior interosseous nerve abnormality. This nerve is in the elbow and is totally unrelated to the nerve affected by carpal tunnel syndrome.

Following his physical examination, Dr. Austin stated that the employee no longer suffered from right carpal tunnel syndrome. While it was possible that she did have radial tunnel syndrome, the physical examination for that condition was inconclusive. He indicated that the employee's complaints were not anatomically explainable as the posterior interosseous nerve usually does not cause numbness and tingling into the fingers. Any work restrictions he recommended were based upon the possible radial tunnel syndrome, and not on the employee's work-related right carpal tunnel syndrome.

At the request of the trial judge, Dr. Austin forwarded an addendum to the court dated February 21, 2021. He stated that the employee's initial records and diagnostic testing were indicative of carpal tunnel syndrome, a diagnosis documented by both Dr. Weiss and Dr. Hubbard. Dr. Austin suggested the possibility that the employee had been misdiagnosed, since there is a high success rate for carpal tunnel surgery. He noted that it was also possible that the radial tunnel condition may have occurred at the time of the employee's original injury, but that the condition may have been delayed in manifestation.

When questioned about the addendum during his deposition, Dr. Austin agreed that, if the radial tunnel condition was caused by the employee's work activities, he would have expected the problem to appear well within the two-year period after she left work. He also conceded that he was "speculating" when he remarked that the diagnosis may have been overlooked. (Austin Dep. 30: 8-10) He stated that the possible radial tunnel syndrome did not flow from the employee's previous carpal tunnel syndrome. Further, Dr. Austin stated that he could not relate a 2021 carpal tunnel syndrome diagnosis to the employee's job duties based on the fact that the 2021 diagnostic testing did not indicate the carpal tunnel, his 2020 exam revealed no findings of carpal tunnel, and the employee had not worked since 2017.

Under cross-examination by counsel for the employee, Dr. Austin acknowledged that both he and Dr. Weiss thought that the employee may possibly have right radial tunnel syndrome. It was also conceivable that the late onset of radial tunnel symptoms could be attributed to the initial work injury, as he was not aware of any activities of the employee after she left her job that would explain her current symptoms. Dr. Austin also stated that the swelling of the employee's forearm may have been overlooked when the employee first sought medical care, as the initial focus was on her carpal tunnel symptoms. Therefore, he felt it was possible that the radial tunnel syndrome might somehow be connected to the original work injury.

On redirect examination, Dr. Austin again emphasized that repetitive work injuries usually improve after the employee stops engaging in the repetitive tasks. Additionally, Dr. Austin agreed that symptoms caused by repetitive work injuries are typically at their worst when an employee stops working and seeks medical attention. He noted that the employee did not complain about shoulder or elbow pain at her initial doctor visit to Our Lady of Fatima Hospital in October 2017; nor did the employee make similar complaints at her August 2017 visit with Dr. Westrick or her September 2017 visit with Dr. Hubbard.

The deposition and medical records of Dr. Scott Allen, an orthopedic surgeon, were admitted into evidence at the request of the employee. On April 8, 2021, the employee was seen by a physician's assistant in Dr. Allen's office, and she saw the doctor for the first time on April 27, 2021. On that occasion he diagnosed the employee with "left carpal tunnel syndrome; right shoulder subacromial bursitis and rotator cuff tendinosis; right hand, wrist and forearm pain with possible mild radial nerve palsy." Ee's Ex. 8, Depo. of Dr. Scott Allen, at 6:24-25, 7:1-2. In addition, he believed she suffered from right carpal tunnel and cubital tunnel syndromes.

Dr. Allen stated that all of the above conditions were causally related to the employee's work injury of August 6, 2017, although there is no mention of how that injury occurred or developed. The employee's counsel asked, "You had an understanding that her job was a cleaner of the building at that facility, right?" Ee's Ex. 8, at 9:20. Dr. Allen simply responded "Yes." Ee's Ex. 8, at 9:21. There was no further explanation in any of the doctor's reports or deposition as to the employee's specific job duties or what building or facility she worked at; however, the doctor testified that the employee was unable to do her job.

The employee underwent an EMG and nerve conduction study by Dr. William Golini on June 15, 2021 on referral by Dr. Allen. Dr. Golini's impression was that the employee's clinical examination was consistent with a right ulnar neuropathy at the cubital tunnel; however, he also noted that the nerve conduction study did not reveal any abnormalities. When Dr. Allen saw the employee again on June 17, 2021, the employee expressed ongoing complaints and continued to exhibit symptoms of carpal tunnel syndrome. Dr. Allen recommended both cubital tunnel release and carpal tunnel release surgeries on the right. He based this decision upon the employee's complaints and her clinical examination, stating that the nerve testing is not conclusive for these conditions. He noted that the radial nerve palsy symptoms from his first examination had resolved, and the shoulder complaints were somewhat improved.

Dr. Allen did not see the employee again until May 19, 2022 when the employee complained of constant right hand, elbow, and shoulder pain as well as ongoing right-hand numbness and tingling, and pain with activities and at night. Dr. Allen again diagnosed the employee with right carpal tunnel syndrome and cubital tunnel syndrome and continued to recommend the surgical remedies. He also noted that the employee continued to have shoulder problems which he related to her work activities.

On cross-examination, Dr. Allen admitted that, at the time of his initial examination, he did not know that the employee had been out of work for almost four (4) years. He agreed that, during his first physical examination, three (3) common tests for either cubital or carpal tunnel were negative. He asserted that three (3) other tests for cubital tunnel and carpal tunnel were positive but acknowledged that these positive tests require subjective responses by the employee. When questioned about the number of conflicting positive and negative test results for cubital and carpal tunnel syndrome, Dr. Allen stated that the tests are "not exactly directly compared that way" and that "you can't really make a generalization like that." Ee's Ex. 8, at 19:12-20.

Dr. Allen acknowledged that the initial report from the emergency department at Our Lady of Fatima Hospital on August 6, 2017 and the report of Dr. Westrick from August 10, 2017 both indicate that the employee had only right wrist complaints. In addition, he concurred that the first report of Dr. Hubbard from September 2017 stated that the employee had full range of motion in her right shoulder, elbow, wrist, and hand. He also recognized that the EMG of 2017 showed only a carpal tunnel issue and no right elbow abnormality. He agreed that, if these histories were accurate and the examinations were performed correctly, he would have expected to see documentation of the employee's cubital tunnel and radial tunnel symptoms. Despite this admission, Dr. Allen continued to maintain that the cubital tunnel and carpal tunnel surgeries were needed to treat the employee from the effects of her work injury.

Dr. Allen reviewed the report and addendum of Dr. Austin and stated that they did not change his opinions. He stated that he agreed with Dr. Austin's comments that the radial tunnel and cubital tunnel symptoms may have been overlooked initially because the focus was on the carpal tunnel syndrome and also that the conditions were possibly part of the original injury, but their manifestation was delayed.

The report of Dr. Richard Cervone, a neurologist, was introduced as an exhibit during Dr. Allen's deposition. On November 30, 2017, Dr. Cervone conducted a physical examination, as well as an EMG and nerve conduction study. At that time the employee complained of right arm pain, numbness, and paresthesia as well as right-sided neck pain. The results of the EMG and nerve conduction study were consistent with mild carpal tunnel syndrome but did not reveal evidence of any radial nerve or cubital nerve compression. Dr. Cervone's physical examination was "positive for a cubital valgus and cubitus recurvatum body habitus likely putting some additional stress upon the bilateral elbow and/or cubital tunnel regions." This condition is an abnormal angling out of the arm from the body. The doctor noted however that the testing did not demonstrate a clear ulnar neuropathy. None of the physicians commented on this observation by Dr. Cervone.

For purposes of clarification, as the physicians have described, carpal tunnel syndrome involves compression of the median nerve. Cubital tunnel syndrome is compression of the ulnar nerve, which is located on the back side of the elbow joint. Radial tunnel syndrome is a compression of the extensor muscles of the forearm involving the radial nerve.

In his comprehensive twenty-five (25) page written decision, the trial judge conducted a thorough review of the employee's testimony. He fully and accurately summarized the employee's description of her job for the employer as well as the onset of her pain and the course of her medical treatment.

The trial judge acknowledged that there was a distinct conflict in the opinions expressed by the medical experts as to the issues involved in each of the three (3) petitions. He cited the prerogative afforded to the fact finder in *Parenteau v. Zimmerman Engineering, Inc.*, 111 R.I. 68, 299 A. 2d 168 (1973), to find that the opinions of Dr. Austin and Dr. Weiss were more persuasive

on the issue of any ongoing incapacity due to the employee's right carpal tunnel syndrome. He specifically cited the doctors' reliance on the diagnostic testing as a basis for finding that the right carpal tunnel syndrome had resolved, and the employee did not have any work restrictions with regard to that condition. Consequently, the trial judge granted the employer's petition alleging that the employee's incapacity had ended.

The trial judge also found that the employee did not meet her burden of proof regarding her petition to amend the description of her injury to include right radial tunnel, right cubital tunnel, left carpal tunnel, right shoulder, and right radial palsy. He noted that there was minimal medical support for an amendment to the injury description based on the employee's own initial medical complaints. Also, the trial judge determined that the medical evidence that was presented regarding ongoing disability and causation for the alleged injuries was inadequate. He considered Dr. Weiss' testimony on the cause of the alleged right radial tunnel syndrome to be particularly significant, as Dr. Weiss pointed out that there was no documentation of any complaints or physical findings consistent with radial tunnel syndrome until years after the employee had stopped working. With regard to the employee's petition seeking approval for right carpal tunnel and cubital tunnel release surgeries as recommended by Dr. Allen, the trial judge simply stated that he found the opinion of Dr. Weiss to be more persuasive. Therefore, the trial judge denied both of the employee's petitions.

The appellate standard of review is set forth in Rhode Island General Laws § 28-35-28(b) which states that "the findings of the trial judge on factual matters shall be final unless an appellate panel finds them to be clearly erroneous." Under this deferential standard, the panel may not engage in a de novo review of the evidence without first determining that the trial judge

was clearly wrong or overlooked or misconstrued material evidence. *Diocese of Providence v. Vaz*, 679 A. 2d 879, 881 (RI. 1996).

The employee has put forth essentially one reason of appeal. Broadly speaking, she alleges that the testimony of Dr. Allen was either overlooked or ignored by the trial judge when he determined that the opinions expressed by Dr. Weiss and Dr. Austin were more persuasive. She urges the Appellate Division to undertake an independent review of the evidence and reverse the decrees of the trial judge.

Contrary to the employee's assertions, the trial judge's written decision documents the fact that he carefully and thoroughly reviewed the testimony of Dr. Allen for over six (6) pages. The employee claims that Dr. Allen's diagnostic tests and clinical observations were disregarded, yet the evidence demonstrates that the objective electrodiagnostic testing since 2019 was negative for both right carpal tunnel syndrome and right cubital tunnel syndrome. Dr. Allen's initial clinical examination showed some negative and some positive physical findings, which the doctor acknowledged relied upon the subjective responses of the employee. Dr. Allen conceded that, if the employee had cubital tunnel syndrome from her employment, he would have expected to see documentation of that condition before his first examination of the employee, almost four (4) years after she left work.

The employee also contends that the trial judge overlooked the fact that Dr. Allen testified that the opinions expressed by Dr. Austin confirmed the diagnoses made by Dr. Allen, which is inaccurate. Dr. Allen was provided with Dr. Austin's reports during his deposition and then questioned regarding the reports. Dr. Allen stated that the reports did not change any of his opinions and they reinforced them to some degree in that Dr. Austin diagnosed right carpal tunnel syndrome and discussed the employee's treatment. *See* Ee's Ex. 8, at 32:7-10. He also

noted that Dr. Austin mentioned the possibility of radial tunnel syndrome, while Dr. Allen thought it might be a radial nerve palsy, but the condition had resolved by June 17, 2021. *Id.* at 32:10-13. Dr. Austin never mentions all of the other diagnoses stated by Dr. Allen and he eventually concluded that the employee was no longer disabled from the right carpal tunnel syndrome. Both physicians speculated that it was possible that radial tunnel syndrome, cubital tunnel syndrome, or some of the other diagnoses by Dr. Allen may have occurred at the time of the original work injury, but both acknowledged that they would expect that there would be some earlier documentation of complaints, symptoms, and physical findings indicative of those conditions.

In contrast, the opinions of Dr. Weiss were clear and convincing. He found the employee not disabled from her right carpal tunnel syndrome on both July 18, 2019 and on February 11, 2020 based upon normal physical examinations and negative electrodiagnostic testing. He explained that radial tunnel syndrome is a rare condition and is generally considered idiopathic in origin and unrelated to trauma or repetitive activities. Dr. Weiss testified that radial tunnel syndrome can cause weakness in the arm if the condition is very severe and only in the later stages in "maybe less than 5 percent of patients." Er's Ex. D, Depo. of Dr. Arnold-Peter Weiss, at 21:21-24. He noted that radial tunnel syndrome does not cause numbness or tingling, which the employee complained of, but rather a deep cramping sensation in the forearm. Dr. Weiss also cited the fact that any complaints or symptoms indicative of radial tunnel syndrome were not documented by any physician until late in 2019, over two (2) years after the employee stopped working. All of these factors formed the basis for his conclusion that any possible radial tunnel injury was unrelated to the work duties of the employee and that competent opinion was

accepted by the trial judge. It should be noted that in his report regarding his June 17, 2021 examination, Dr. Allen states that the radial nerve symptoms have resolved.

There is no basis for this appellate panel to conduct an independent review in this matter. The findings and conclusions of the trial judge are well documented and supported, not arbitrary. He did not overlook or misconstrue any evidence. We would issue a note of caution, however. While it is acknowledged that a trial judge, in the face of conflicting medical opinions, has the prerogative to rely upon one (or more) physician's opinions over those of another, the trial judge must clearly articulate a coherent and competent basis for that choice that is supported in the record. The parties and the appellate judges should not be left to assume or surmise what was the reasoning behind the trial judge's choice to rely upon a particular physician's opinions. In the present matter, the trial judge's explanation of his determinations on each petition was brief, but we find no error. It is clear that the trial judge exhaustively reviewed the medical evidence and incorporated the testimony that supported his conclusions in his review.

Accordingly, the employee's appeals are denied and dismissed, and the decision and decrees of the trial judge are affirmed. In accordance with Rule 2.20 of the Rules of Practice of the Workers' Compensation Court, final decrees, proposed versions of which are enclosed, shall be entered on **May 26, 2026.**

ENTER:

/s/ Olsson, J.

/s/ Feeney, J.

/s/ Reall, J.