

STATEMENT OF THE CASE

Susan Ricketts appeals the order of the Worker's Compensation Board ("the Board") on her claim for disability and medical benefits arising from a work related accident at Subaru of Indiana Automotive ("SIA").

We affirm.

ISSUES

Whether the Board erred when it found that Ricketts was not entitled to any period of disability attributable to the work related accident of March 1, 2004; not entitled to any degree of permanent partial impairment attributable to said accident; and, not entitled to reimbursement for any unauthorized medical treatment.

FACTS

On March 1, 2004, Ricketts was working on the "tester line," performing functional tests on trucks after their assembly. (Exhibits p. 315). For unknown reasons, she was unable to stop a truck as she drove it to the next station, and it crashed into an I-beam. Ricketts was transported to the SIA clinic, with complaints of "neck, arm and foot pain." *Id.* at 49. She returned to work the next day.¹ On March 3, 2004, Ricketts reported to the SIA clinic that her feet were "burning," and felt "like they did before [her prior foot] surgery." *Id.* at 47.

Ricketts' treatment at the SIA clinic included examination by clinic physician Dr. Sliwowski, CT scans of her lumbar spine and cervical spine, evaluation of her feet for allodynia and hyperpathia, an EMG, nerve conduction studies of her lower extremities,

¹ The parties stipulated that Ricketts "was released by Dr. Sliwowski [the plant physician] to work without restriction following the accident and never had any authorized period of temporary disability." (Ricketts' App. 22).

and physical therapy. In addition, SIA referred Ricketts to her podiatrist, Dr. Oliver, regarding her foot pain.

Previously, on September 2, 2003, Ricketts had reported to Dr. Oliver² her bilateral foot pain that “fe[lt] like walking on glass.” *Id.* at 288. On October 3, 2003, Dr. Oliver performed plantar fasciitis³ release on her right foot; Ricketts explained that “[t]hey usually operate on the right foot, then the left foot kind of corrects itself.” (Tr. 6). Five weeks after the surgery, on November 10, 2003, Ricketts reported to Dr. Oliver “burning pain” in both feet. *Id.* at 279. On March 8, 2004, Dr. Oliver saw Ricketts regarding the work related accident on March 1, 2004, and found that Ricketts “exhibited mild contusion of both feet with possible aggravation of her plantar fasciitis.” (Exhibits p. 51). Subsequently, on April 19, 2004, Dr. Oliver attributed Ricketts’ “continued pain and burning plantar aspects of both feet” to “unknown causes,” and recommended she seek a “neurological workup.” *Id.*

Also on April 19, 2004, Ricketts was seen for her “bilateral foot pain” by the SIA clinic physician, Dr. Sliwowski. Dr. Sliwowski noted that Ricketts’ EMG nerve conduction studies were negative; that “her subjective complaints [were] not corresponding to objective findings” -- specifically, “no objective evidence of any soft tissue, nerve or bone or joint injury”; and that she walked with “a normal gait.” *Id.* at 33.

² Previously, Ricketts had complained on April 4, 2003, to Dr. Conway, a podiatrist, that her “feet feel raw and very painful,” and Dr. Conway’s diagnosis was plantar fasciitis. *Id.* at 225.

³ “Plantar fasciitis is irritation and swelling of the thick tissue on the bottom of the foot.” National Center for Biotechnology Information, U.S. National Library of Medicine, National Institutes of Health, <http://www.ncbi.nlm.nih.gov/pubmedhelath/PMH0004438> (last visited 2/22/2011). “The plantar fascia is a very thick band of tissue that connects the heel bone to the toes.” *Id.*

He found “no current evidence of any work related injury.” *Id.* He advised Ricketts that she could return to work “unrestrictive,” that no “further medical treatment related to her feet as relates to her trauma [was] indicated,” and that she was “dischar[g]ed from care.” *Id.* On May 10, 2004, Ricketts complained to Dr. Sliwowski of back and foot pain. He noted that Ricketts walked “without a limp”; found no causal relationship between her back and foot pain; and advised her to “return to full duty.” *Id.* at 29.

On May 21, 2004, Ricketts filed her application for adjustment of claim based on the work related accident of March 1, 2004.

Ricketts continued to seek treatment for her foot pain complaints with her family physicians at Arnett Clinic and other specialists. On May 21, 2004, Arnett Clinic neurologist Dr. Laycock evaluated Ricketts and noted her complaints of “bilateral foot pain,” but “normal free gait.” *Id.* at 106, 107. On June 21, 2004, Ricketts again saw her podiatrist, Dr. Oliver, for “continued complaints of pain” in her feet; Dr. Oliver noted that previous “MRI, nerve conduction study testing and plain film radiographs” were “negative for any abnormality,” and found “metatarsalgia or neuritis of unknown origin.” *Id.* at 206. On September 1, 2004, Ricketts saw Dr. Laycock “for complaints of continuing foot pain,” which Dr. Laycock noted to be “of unclear etiology.” *Id.* at 104. Dr. Laycock again found Ricketts’ gait to be “normal.” *Id.*

Ricketts saw podiatrist Dr. Perler, who on April 11, 2005, reviewed her “extensive amount” of records from other specialists and suggested possible additional evaluations; and on May 16, 2005, ordered additional tests in his continued search as to “a definitive cause” of her foot pain. *Id.* at 220, 216. On July 18, 2005, Dr. Perler was still “not sure

of the cause” of Ricketts’ foot pain, but nevertheless recommended that she undergo “tarsal tunnel decompression” surgery. *Id.* at 214. On July 27, 2005, Dr. Perler opined that Ricketts’ pain was “somehow related to the accident.” *Id.* at 212.

Subsequent to Dr. Perler’s recommendation of surgery, SIA sent Ricketts to a Board-certified orthopedic specialist at OrthoIndy, Michael Shea, M.D., for a medical evaluation. After his November 7, 2005, examination, Dr. Shea opined that the surgery recommended by Dr. Perler was not “necessary or appropriate,” based on the lack of objective data of entrapment neuropathy. *Id.* at 16. Dr. Shea’s diagnosis was neuralgia, or nerve pain, of “unknown etiology” but which pain had a “chronological onset” coinciding with the March 1, 2004 work accident “rather than true physical findings on examination” in that regard. *Id.* Dr. Shea opined that Ricketts had permanent partial impairment, “chronologically . . . attributable to a work injury on March 1, 2004”; and was “most likely at the point of maximum medical improvement.” *Id.* After receiving additional test results showing no evidence of entrapment neuropathy, Dr. Shea opined on January 16, 2006, that Ricketts had a permanent impairment of “4% of the whole person.” *Id.* at 13.

In the meantime, on December 20, 2005, Ricketts complained to her neurologist, Dr. Laycock of “foot pain.” *Id.* at 102. Dr. Laycock again noted the “unclear etiology” of Ricketts’ foot pain, suggested the possibility of “small fiber neuropathy” and “still ha[d] questions as to whether this is a trauma related problem.” *Id.* at 103.

Seeking a second opinion, Dr. Laycock referred Ricketts to Dr. Pascuzzi, a neurological specialist at Indiana University Medical Center. On December 22, 2005, Dr.

Pascuzzi heard Ricketts' complaints of "burning pains in the feet," reviewed her records, and "suspect[ed]" . . . sensory peripheral neuropathy," the etiology of which was "not clear." *Id.* at 54, 55. Dr. Pascuzzi advised Ricketts that it was "not clear to [him] how the trauma would account for a sensory peripheral neuropathy." *Id.* at 55.

On February 16, 2006, Ricketts treated with Dr. Greenwald at Arnett Clinic for complaint of foot pain. He noted that "a very extensive array of treatments, evaluations, and therapies" had not revealed the "cause of the problem," assessed her gait as "normal," and found "no evidence of entrapment syndrome or tarsal tunnel syndrome." *Id.* at 97, 98. On March 1, 2006, Dr. Greenwald noted Ricketts' "normal" gait and "neuropathic-type pain." *Id.* at 94. Dr. Greenwald referred Ricketts to another podiatrist, Dr. House, who evaluated her on April 11, 2006, noted a normal gait and other normal test results, and "suspected neuralgia." *Id.* at 235.

On April 20, 2006, Dr. Laycock noted that Ricketts' tests for nerve disease were negative. On September 22, 2006, Dr. Laycock concluded that Ricketts had "a small fiber peripheral neuropathy" which was "not related to her work." *Id.* at 75.

Meanwhile, on August 24, 2004, John Gorup, M.D., had reported to Dr. Oliver his "orthopedic consultation" regarding Ricketts' "bilateral foot burning pain." *Id.* at 198. Dr. Gorup "ha[d] no good explanation for her symptomatology." *Id.* at 199. On September 17, 2004, Dr. Gorup reported seeing Ricketts after a bone scan, and still "d[id] not have a good answer for her ongoing symptoms." *Id.* at 196.

Ricketts then went to the Mayo Clinic in Jacksonville, Florida, where Dr. Boylan, a neurologist at the Clinic, reported that she was "undergoing medical evaluation . . . for

chronic lower extremity pain” on November 1, 2006. *Id.* at 181. Dr. Boylan did not “identif[y] any specific neurologic dysfunction or diagnoses as the cause” of Ricketts’ pain complaints, and referred her for consultation with Dr. Sletten at the Clinic. *Id.* at 191. On November 14, 2006, Sletten, “Ph.D., Department of Pain Medicine,” evaluated Ricketts and recommended that she complete “the Rochester Mayo Clinic Pain Rehabilitation Program.” *Id.* at 182, 186.

On January 10, 2007, the Mayo Clinic in Rochester, Minnesota, admitted Ricketts to its Pain Rehabilitation Center program with a diagnosis of chronic “bilateral leg and back pain.” *Id.* at 155. Ricketts participated in its three-week program to “gain coping skills to help manage pain,” address her “functional and behavioral morbidities,” engage in physical conditioning, and reduce her utilization of medications. *Id.* at 119, 186.

Upon discharge on January 31, 2007, Ricketts reported a significantly reduced pain level, and was found to have “demonstrated a significant decline in pain behaviors,” made gains in her physical conditioning, and discontinued her use of Darvocet and hydrocodone. *Id.* at 118(b). The Clinic recommended that Ricketts “follow up with psychiatry/psychology” therapy. *Id.* at 119(a).

Ricketts returned to work at SIA on February 13, 2007. On April 4, 2007, her physician, Dr. Douglas noted that Ricketts reported suffering from “severe pain.” *Id.* at 67. On June 11, 2007, Ricketts saw Dr. Douglas again for “foot pain and depression” after being “back to work and having more problems.” *Id.* at 66. His diagnosis was “depressive order” and “chronic foot pain.” *Id.*

On September 6, 2007, Ricketts sought an impairment rating from Dr. Bradley Vossberg, M.D. Dr. Vossberg recorded Ricketts' complaints of foot pain and her account of previous medical evaluations and treatment -- including her report that after the Mayo pain program her "pain was tolerable" but had "worsened since." *Id.* at 238. Dr. Vossberg "fe[lt] her foot pain was caused by the injury sustained on 03/01/04"; and found that Ricketts had a "gait derangement" impairment, which he found to combine with her pain and depression for "a total whole person impairment of 10%." *Id.* at 244, 245.

On September 11, 2007, Ricketts again reported "extreme pain" to Dr. Douglas. *Id.* at 64. On October 29, 2007, she reported to Dr. Douglas of being "very angry" about the burning pain in her feet and being "overwhelmed with her stress at home"; his diagnosis was "stress, depression," and he referred her for counseling. *Id.* at 66, 62.

On September 24, 2009, the Single Hearing Member of the Board ("the Member") held a hearing and received exhibits reflecting the above. Records reflecting Rickett's pre-March 2004 history of pain complaints and treatment, as well as her history of depression, were also received in evidence. The parties stipulated to certain facts, including Dr. Shea's conclusion that Ricketts suffered from neuralgia which was related to the work accident and an impairment rating to the whole person of 4%; that the Mayo Clinic Pain Rehabilitation program improved Ricketts' functional capacity and substantially decreased her pain levels; and Dr. Vossberg's conclusion that as a result of the accident, she suffered from foot pain, depression and gait disturbance for a 10% permanent impairment of her person.

Ricketts testified that after she returned from the Mayo Clinic Pain Rehabilitation program in early 2007,⁴ her pain was “basically gone,” and that the program had “really helped.” (Tr. 12, 29). Ricketts also testified, however, that by the time of the September 2009 hearing, her pain was only “[f]ifty percent (50%) better” than before the program. (Tr. 12, 13). She also testified that she had resumed taking Darvocet and hydrocodone. Records evidencing her post-Mayo reports of pain on April 4, 2007, June 11, 2007, September 11, 2007, and October 29, 2007 were noted during the questioning of Ricketts.

The Member issued his findings of fact and conclusions of law on February 8, 2010, as follows:

1. Plaintiff first complained of bilateral foot pain prior to the work incident, including symptoms of [] raw, burning and throbbing sensations and the sense that she was walking on broken glass, according to the records of her podiatrists, Drs. Conway and Oliver.
2. As a result of her complaints of bilateral foot pain prior to surgery, Plaintiff underwent a private right plantar release surgery done by Plaintiff’s podiatrist on October 3, 2003.
3. Following the work incident on March 1, 2004, Plaintiff received an extensive work-up and treatment through the occupational clinic and the clinic physician, Dr. Sliwowski including physical examinations, CT scans of the lumbar spine and cervical spine, evaluation of Plaintiff’s feet for allodynia and hyperpathia (extreme pain or sensation reactions), EMG, nerve condition studies of the lower extremities and physical therapy, including massage of the feet.
4. Dr. Sliwowski referred Plaintiff to her own podiatrist, Dr. Oliver, who had no explanation for her complaints of burning feet.
5. Based upon the authorized treatment of Plaintiff, including her own podiatrist who was unable to determine causation following his examination and treatment[,] Plaintiff reached maximum medical

⁴ She was discharged January 31, 2007.

improvement with respect to her work injury by the time she was released by the authorized company physician.

6. Plaintiff's post-injury pain complaints are substantially similar if not identical to the bilateral foot complaints she had before the work incident, so it is apparent that her ongoing complaints are not attributable to a new injury, or to any exacerbation of her pre-existing condition.

7. Plaintiff's own physicians, including Dr. Laycock (neurologist at the Arnett Clinic), and Dr. Pascuzzi (neurologist at Indiana University Medical Center), are of the opinion that her foot complaints are the result of a peripheral neuropathy which is not related to any trauma at work.

8. Plaintiff received an enormous amount of medical treatment from her own physicians at the Arnett Clinic, other podiatrists, and the Mayo Clinic, and none of this care improved her condition or alleviated her complaints.

9. Additional unauthorized treatment obtained by Plaintiff, including treatment received at the Mayo Clinic, was not reasonable and necessary to treat any symptoms related to her work incident since credible medical evidence indicates it did not alleviate her complaints but rather confirms that she suffers from the same complaints of pain as she did before the work incident.

10. Unauthorized treatment for pain resulting in the prescription of pain and psychoactive medications was not reasonable and necessary to treat any symptoms related to her work injury since Plaintiff has a history of such prescriptions pre-dating the work incident.

11. There is no evidence Plaintiff had any period of temporary total, partial or permanent disability as a result of the work incident; and, therefore, she is not entitled to any award of temporary total, partial or permanent disability benefits.

12. The impairment rating obtained by Plaintiff was based upon the mistaken belief that Plaintiff has permanent gait impairment attributable to the work incident when, in fact, upon examination Plaintiff was not found to suffer from such condition but rather that her gait was typically normal.

(Ricketts' App. 64-65).

The Member then concluded that Ricketts suffered an injury arising out of and in the course of her employment on March 1, 2004. He further concluded, however, that her ongoing complaints of foot pain – for which she sought extensive treatment, including that at the Mayo Clinic – were due to a peripheral neuropathy. Accordingly, the Member concluded that this was not the result of the work injury, and Ricketts was not entitled to any period of disability attributable to the work related accident, or any degree of permanent partial impairment attributable thereto, or to reimbursement for her unauthorized medical treatment.

Ricketts appealed to the full Board. On July 27, 2010, the Board affirmed the Member’s decision.

DECISION

The Indiana Worker’s Compensation Act provides for compensation of injuries by accident arising out of and in the course of employment. *Bertoch v. NBD Corp.*, 813 N.E.2d 1159, 1160 (Ind. 2004) (citing Ind. Code § 22-3-2-2). The claimant bears the burden of proving the right to compensation. *Id.* at 1171.

On the appeal of a decision by the Worker’s Compensation Board, we neither reweigh the evidence nor judge the credibility of witnesses. *Global Const., Inc. v. March*, 813 N.E.2d 1163, 1166 (Ind. 2004) (citing *Walker v. State*, 694 N.E.2d 258, 266 (Ind. 1998)). We review the Board’s decision “only to determine whether substantial evidence, together with any reasonable inferences that flow from such evidence, support the Board’s findings and conclusions.” *Id.*; see also *Hill v. Woldmark Corp./Mid-America Extrusions Corp.*, 651 N.E.2d 785, 786 (Ind. 1995). Thus, we give “deference

to the Board's findings." *Dial X-Automated Equipment v. Caskey*, 826 N.E.2d 642, 647 (Ind. 2005); *see also DePuy, Inc. v. Farmer*, 847 N.E.2d 160, 165 (Ind. 2006). The Board's factual findings are to be affirmed if they are supported by substantial evidence. *Smith v. Champion Trucking Co., Inc.*, 925 N.E.2d 362, 364 (Ind. 2010). "Only if the evidence is of such a character that reasonable [persons] would be compelled to reach a conclusion contrary to the decision of the Board will it be overturned." *Hill*, 651 N.E.2d at 786.

Ricketts first argues that based upon her "summary of medical evidence presented to the Board," that her foot pain symptoms before the March 1, 2004 workplace incident were "different from" those she experienced after the incident. Ricketts' Br. at 9. Clearly she asks that we reweigh the evidence, which we do not do. *See Global Const.*, 813 N.E.2d at 1166. As indicated above, the medical records reflect that in 2003, Ricketts had complained of pain in both feet to Drs. Conway and Oliver, and described the pain as making her "feet feel raw and very painful," and felt "like walking on glass." (Exhibits at 225, 288). Further, two days after the workplace incident, Ricketts reported to the SIA clinic that her feet felt "like they did before [her prior foot] surgery." *Id.* at 47. In addition, the parties stipulated that "various objective tests were done" but none provided "definitive findings." (Ricketts' App. 23). Further, we find no clear express expert opinion in Ricketts' voluminous records that definitively finds the work injury to be the cause of her foot pain after May of 2004.⁵ Accordingly, in light of the evidence

⁵ Various opinions can arguably be read to so state, but the language is either equivocal or uses qualifiers. For example, on May 17, 2005, Dr. Perler, D.P.M., wrote in a "To Whom It May Concern" letter his opinion that Ricketts' pain "is more than likely somehow linked to or exacerbated by the [work] accident." (Exhibits p. 216).

presented and the reasonable inferences flowing therefore, we cannot say that the Board's finding in this regard is erroneous.

Ricketts presents a series of challenges to various findings by the Board. She first argues that two findings by the Board impermissibly “contradict[]” an express stipulation by the parties. Ricketts’ Br. at 18. She directs us to the following stipulation:

After Dr. Shea’s finding of MMI on November 7, 2005, Ms. Ricketts continued to treat at Arnett Clinic and be seen by Drs. Laycock and Greenwald, who recommended evaluation at the Mayo Clinic. Ms. Ricketts was treated by Dr. Sletten of the Mayo Clinic at Jacksonville, Florida, and at the Mayo Clinic in Rochester Minnesota, from October 31, 2006 to February 12, 2007. That treatment consisted of evaluation, blood work, intense physical therapy, biofeedback, lifestyle, and substantially improved her functional capacity and substantially decreased her pain levels.

(Ricketts’ App. 23). She then directs us to the following findings of fact by the Board:

Plaintiff received an enormous amount of medical treatment from her own physicians at the Arnett Clinic, other podiatrists, and the Mayo Clinic, and none of this care improved her condition or alleviated her complaints.

Additional unauthorized treatment obtained by the Plaintiff, including treatment received at the Mayo Clinic, was not reasonable and necessary to treat any symptoms related to her work incident since credible medical evidence indicates that it did not alleviate her complaints but rather confirms that she suffers from the same complaints of pain as she did before the work incident.

Subsequently, however, on July 18, 2005, Dr. Perler stated that he was “not sure of the cause.” *Id.* at 214. As noted above, Dr. Shea’s diagnosis was “neuralgia” of “unknown etiology,” but based on “the chronological onset of the symptoms, rather than true physical findings on examination,” he concluded that her condition was “due to the work injury of March 1, 2004.” *Id.* at 16.

Much of the evidence noted by Ricketts in this regard appears to reflect her report to the expert of medical facts rather than the conclusion reached by the expert.

(Ricketts' App. 64, 65). According to Ricketts, these findings are impermissibly inconsistent with the above stipulation and, therefore, cannot stand. See *Princeton Mining Co. v. Earley*, 51 N.E.2d 382, 383 (Ind. Ct. App. 1943) ("Board cannot permit a stipulation to stand and then find contrary to it."). We disagree.

The stipulation reflects the report of Ricketts' discharge records from the Mayo Clinic on January 31, 2007, to wit: that she "demonstrated a significant decline in pain behaviors," "discontinued the use of Darvocet and hydrocodone," and improved her physical condition. (Exhibits p. 118(b)). The findings, however, reflect that Ricketts' improvement at the time of her discharge was only temporary. Two months after her discharge, Dr. Douglas wrote that she was suffering "severe pain," and approximately two months after that, Ricketts again saw Dr. Douglas for "foot pain and depression." *Id.* at 67, 66. Also, Ricketts' testimony at the hearing indicated that she had not followed the Mayo Clinic recommendation that she see a psychologist, and that she had resumed taking Darvocet and hydrocodone, as well as anti-depressants. Further, the September 6, 2007 report of her own expert, Dr. Vossberg, states that although Ricketts' foot pain "was tolerable" and "she felt 'human'" upon completion of the Mayo Clinic program, it had "worsened" after discharge, and her pain in the previous two weeks (a time approximately seven months after her discharge) had been as severe as 9 on a scale in which 10 was "crying, kicking, screaming, like childbirth." *Id.* at 238, 239.

Evidence supports the cited findings by the Board, and the findings are not impermissibly inconsistent with the stipulation. Therefore, we find no error in this regard.

Next, Ricketts challenges the Board's finding as follows:

Based upon the authorized treatment of Plaintiff, including her own podiatrist who was unable to determine causation following his examination and treatment, Plaintiff reached maximum medical improvement with respect to her work injury by the time she was released by the authorized company physician.

(Ricketts' App. 64). She states that this finding cannot stand, inasmuch as her podiatrist,

Dr. Oliver, "actually stated in a report dated September 7, 2004, that

'I have been asked to write a letter regarding Susie Ricketts, a 48-year old female, who originally presented to me on 8/30/2003 with chronic plantar fasciitis. Susie underwent endoscopic plantar fasciotomy performed by me on 10/03/2003. She had an uneventful post-operative course and had complete resolution of her symptoms by January 2004.

Susie was in an accident driving a fork-lift truck at work on 3/08/2004 and began to experience symptoms of burning and pain along the plantar aspects of both feet. I do not believe that the symptoms she now experiences are in anyway way related to her previous surgery. She now complains of symptoms in both feet which certainly would not have been caused by a unilateral plantar fasciotomy.'"

Ricketts' Br. at 20 (quoting Exhibits p. 205).

We note that the finding specifies Ricketts' "authorized treatment" by "her own podiatrist." (Ricketts' App. 64). According to the stipulations, Ricketts received "a one-time authorized evaluation by her own podiatrist . . . , Dr. Oliver." (Ricketts' App. 22). The exhibits indicate that this authorized evaluation was conducted by Dr. Oliver on April 19, 2004. On that date, Dr. Oliver reported that he had seen Ricketts a week after the March 1, 2004 accident, at which time he had noted "possible aggravation of her plantar fasciitis," for which he had prescribed treatment. (Exhibits p. 51). Dr. Oliver's evaluation of April 19, 2004, then noted that subsequent "nerve conduction studies" had

“revealed no abnormality of the plantar nerves to the feet bilaterally,” resulting in his diagnosis of “[b]urning foot syndrome secondary to unknown causes”; and he “advised [Ricketts] that [he] d[id] not see any foot source for her discomfort.” *Id.*

On May 4, 2004, the company physician noted that Ricketts had seen Dr. Oliver, and that he spoke with Dr. Oliver -- who “is not finding any objective findings to correlate with her subjective complaints.” *Id.* at 26. Based upon a suggestion by Dr. Oliver, however, the company physician ordered “an MRI of the cervical spine and lumbar spine to rule out any atypical cause of foot pain.” *Id.* On May 10, 2004, when Ricketts presented to the company physician with complaints of back and foot pain, the company physician reviewed the MRI results; noted that Ricketts walked without a limp; found no causal relationship between her complaints of back and foot pain; and authorized her “return . . . to full duty.” *Id.* at 22.

The Board’s finding that Dr. Oliver was unable to determine causation is supported by the record of Dr. Oliver’s evaluation and treatment of Ricketts in March and April of 2004, and the record of his verbal report thereon to the company physician in May of 2004. Arguably, Dr. Oliver’s letter of September 2004 indicates his conclusion at that time that the workplace accident on March 1, 2004 was the cause of her current foot pain. However, such a conclusion in September 2004 is not inconsistent with the finding that when she was released by the company physician on May 10, 2004, Dr. Oliver had been unable to determine causation in his authorized evaluation and treatment.⁶

⁶ We note that also prior to his September 2004 letter, Dr. Oliver reported seeing Ricketts on June 21, 2004 for “continued complaints of pain” in her feet, and after reviewing the numerous tests, which were “negative for any abnormality,” he found her pain to be “of unknown origin.” (Exhibits p. 306).

Ricketts next argues that the Board attributed opinions not expressed by Drs. Laycock and Pascuzzi in its finding as follows:

Plaintiff's own physicians, including Dr. Laycock (neurologist at the Arnett clinic), and Dr. Pascuzzi (neurologist at Indiana University Medical Center), are of the opinion that her foot complaints are the result of peripheral neuropathy which is not related to any trauma at work.

(Ricketts' App. 64).

On June 21, 2004, Dr. Laycock found Ricketts' pain to be "neuritis of unknown origin." (Exhibits p. 206). On September 1, 2004, Dr. Laycock found Ricketts' "foot pain of unclear etiology." *Id.* at 104. On December 20, 2005, Dr. Laycock again noted "foot pain of unclear etiology" and "still ha[d] questions as to whether this is a trauma related problem given the nature of her symptoms." *Id.* at 102, 103.

On December 22, 2005, Dr. Pascuzzi saw Ricketts and reviewed her records. He "suspect[ed] . . . sensory peripheral neuropathy," the etiology of which was "not clear." *Id.* at 54, 55. Dr. Pascuzzi advised Ricketts that he "was not sure how the symptoms of peripheral neuropathy could be tied in with her trauma at work," and further advised that it was not apparent to him "how the trauma would account for a sensory peripheral neuropathy." *Id.* at 55.

Finally, Dr. Laycock's records of September 22, 2006, state that Ricketts had "been told at the last 2 visits" that Dr. Laycock believed Ricketts "ha[d] a small fiber peripheral neuropathy and that it is not related to her work. She has also been told the same thing by Dr. Bob Pascuzzi (IU Neurology) and by Dr. Greenwald." *Id.* at 75. Hence, the evidence of record supports the Board's finding in this regard.

Ricketts next asserts that the Board erred when it “assumed the role of a diagnosing physician and . . . chose[] to simply ignore” the opinion of Dr. Vossberg in finding as follows:

The impairment rating obtained by Plaintiff was based upon the mistaken belief that Plaintiff has permanent gait impairment attributable to the work incident when, in fact, upon examination Plaintiff was not found to suffer from such condition but rather that her gait was typically normal.

(Ricketts’ App. 64).

As recounted in detail above, the Board had before it evidence that Dr. Sliwkowski, Dr. Laycock, Dr. House, and Dr. Greenwald all found Ricketts’ gait to be normal. Dr. Shea, stipulated by the parties to be an orthopedist “with a specialty in problems of the feet,” did not find Ricketts to have a gait impairment. (Ricketts’ App. 23). No mention of Ricketts having a gait impairment is to be found in any of the Mayo Clinic records. Further, Ricketts appeared in person at the hearing before the Member. The Board is charged with weighing the evidence before it, *see Global Const.*, 813 N.E.2d at 1166, and substantial evidence supports the Board’s finding that Ricketts does not have a permanent gait impairment. *See Smith*, 925 N.E.2d at 364.

Ricketts next argues the lack of “logic” in the Board’s finding:

Unauthorized treatment for pain resulting in the prescription of pain and psychoactive medications was not reasonable and necessary to treat any symptoms related to her work injury since Plaintiff has a history of such prescriptions pre-dating the work incident.

Rickett’s Br. at 23 (quoting Ricketts’ App. 65). Ricketts cites to no authority requiring “logic” in a finding; rather, the findings must be supported by evidence of record. *See Global Const.*, 813 N.E.2d at 1166. The evidence supports the finding. Moreover, in a

determination of whether pain and psychoactive medications were reasonable and necessary treatment for a claimed work injury, has a logical relationship to the finding that Ricketts' foot pain complaints existed before her March 1, 2004 work place incident.

Finally, Ricketts argues that the Board "fails to address expert authority which does not comport with its conclusions." Ricketts' Br. at 23. Such argument quite clearly seeks our reweighing of the evidence, which we cannot do. *See Global Const.*, 813 N.E.2d at 1169. When conflicting evidence is presented, we consider only that evidence which supports the Board's determination and which is most favorable to the appellee. *Tanglewood Trace v. Long*, 715 N.E.2d 410, 416 (Ind. Ct. App. 1999), *trans. denied*. Put another way decades earlier by our Supreme Court, it is "the Board's prerogative to resolve the conflicts in the expert testimony." *Perez v. United States Steel Corp.*, 428 N.E.2d 212, 216 (Ind. 1981).

The Board concluded that Ricketts was "not entitled to any period of disability attributable to the work related accident of March 1, 2004"; "not entitled to any degree of permanent partial impairment attributable to the work related accident of March 1, 2004"; and "not entitled to reimbursement for any unauthorized medical treatment." Ricketts' App. 72. The evidence and findings do not lead clearly and inescapably to the opposite conclusion. *Global Const.*, 813 N.E.2d at 1169.

Affirmed.

NAJAM, J., and BAILEY, J., concur.